

COMMUNICATING VOICE

AUTUMN/WINTER 2018
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AUTUMN/WINTER 2018 VOLUME 19, ISSUE 2

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COVER PHOTO



SARA HARRIS, recipient of the Fellowship of the British Voice Association award at this year's AGM.



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EDITORIAL

Welcome to our Autumn/Winter issue. We look back to our fantastic AGM and study day in September. The AGM was extra-special this year; as well as the usual proceedings, there was the award of Fellowship of the BVA to the remarkable Sara Harris. Sara needs no introduction here, and I was delighted to spend a little time with her as she reflected on her work with the Association and in the NHS – see page 11.



Geraldine McElearney

Another highlight of the day was the presentation of the Van Lawrence Prize, given every two years in the field of voice research. This year's three finalists gave the audience a whistle-stop tour of their projects, and, I'm sure, a very difficult task to judges Tori Burnay, Jonathan Fishman and Linda Hutchison. See pages 6–8 for an outline of the shortlisted submissions and an abstract of the winning paper by Speech and Language Therapist, Anna White.

The previous issue of this newsletter included the views of Gillyanne Kayes and Amanda Smallbone on what, in their experience, are the skills needed to teach singing. Gillyanne's focus was particularly on the HE sector and previewed a event on this theme at the London College of Music in September. Several BVA members attended; on page 13, Louise Gibbs, Sarah Wright-Owens and I pool our thoughts on the day. Sarah has been especially busy at large on the BVA's behalf over the last few months; see page 9 for her report from the London conference of Fitzmaurice Voice Work.

The final big event of this year was the Rock and Pop study weekend which took place in November. It opened with a Saturday evening masterclass/workshop given by Mary Hammond, and continued throughout the following day with a packed schedule of interactive sessions. This was my first R&P event and I wasn't disappointed. As a singing teacher whose own singing experience is exclusively classical, I always feel rather on the back foot when faced with teaching in this genre, so it was great to see some experts at work and take away ideas that I can use immediately. Our President-Elect and organiser of the weekend Craig Lees made some time in his absurdly busy schedule to talk me through the key stages in putting together the event. I'll save it for next time when we'll have members' reports from the day.

Until then, have a wonderful Christmas and a happy, healthy new year.

Geraldine

IN THE NEXT ISSUE

- Rock and Pop Day – report and pictures
- Spring books
- Voice Clinics Forum

Send letters, corrections and suggestions for future articles to:
BVA@gmcelearney.com

PRESIDENT'S LETTER

I have been a friend of the BVA for a long time and I am thrilled to once again be President of the British Voice Association this 2018-19 year. When I first learned about it, the BVA was about to host *PEVOC 1*. At that time, its membership numbered approximately 200 stalwarts. It has been a huge pleasure to watch the BVA grow.

I vividly recall the early days of working with Gunnar Rugheimer and Council as we successfully defended maintaining the word 'British' in our title. At that time, Gunnar was worried that the BVA might disappear, not due to enthusiasm, of which we had plenty, but due to precarious funds. To that end I remember helping him and Council in a spectacularly unsuccessful PR campaign in an attempt to improve our financial position, paying what was for the BVA, a significant sum of money to a respected and professional fundraiser. It was one of those moments when one witnessed first-hand that however good an idea may seem, there could be risks involved!

Ultimately, as many of you know, Council decided that, to keep the BVA going we needed to find a way internally; our largest cost that could be cut was the journal, *Logopedics Phoniatics Vocology* (LPV). A decision was reached that we needed to part ways with LPV as it was just too expensive for us to maintain. This proved a very good decision financially and subsequent Treasurers of the BVA have been very happy to see our funds being in the black on a regular basis.

Making that saving has allowed us to undertake some initiatives that might otherwise not have been viable, including a complete upgrade of our website with a members only area (which is changing and growing all the time) and expansion of our communications and social media platforms, etc. It has provided the Education Working Party the means to continue to offer excellent and varied courses.

Personally, however, I have felt a continued sadness at the loss of LPV and our ability to make available to members up to date information in the field of Voice. Thus I am particularly happy to note that as of this Autumn, the BVA, through its association with IALP (International Association of Logopedics and Phoniatics) is once again in the happy position to be able to offer such to all of our members. Full text electronic access to IALP's journal, *Folia Phoniatica et Logopaedica* is now available to all BVA members; not only the current journal, but archived materials. This is great news for all of us!

Folia Phoniatica provides a forum for international research on the anatomy, physiology and pathology of structures of the



John Rubin

speech, language and hearing mechanisms, with reports on a variety of areas such as function, assessment, management and development in the communications sciences. Research Gate states that this periodical is "essential reading for medical and other professionals concerned with education, social work and training of singers and actors."

A quick look at recent tables of contents shows articles of interest to all constituent groups of the BVA's membership. For example, 'Teachers' working postures and their effects on the voice', 'Personality and voice disorder, a superfactor trait analysis', 'Efficacy of conservative voice treatment in male-to-female transsexuals', 'Tongue and lower lip movement in semivowel/w\production', 'Aerodynamic, electroglottographic and acoustic outcomes after tube phonation in water in elderly subjects,' 'Automatic speech recognition systems for the evaluation of voice and speech disorders in head and neck cancer', 'Personality and background factors and subjective voice symptoms in patients with acquired vocal fold scarring and sulcus vocalis.'...and the list goes on.

I am feeling really bullish about the BVA. We have a good programme of events to look forward to. As this Newsletter goes out, we will have just held the *Interactive Rock and Pop Weekend* with Craig Lees at its helm.

On 2nd and 3rd February 2019, the BVA will cosponsor with the *London Voice CEN* a special two-day Voice Clinics Forum weekend (Tori Burnay presiding). It will be held at Governor's Hall in St. Thomas' Hospital. This year VCF will highlight the Philadelphia voice team including Professor Robert Thayer Sataloff (ENT), Margaret (Peggy) Barood (singing voice specialist) and Bridget Rose (SLT). This is going to be an amazing event!

On Sunday 7th July 2019, the AGM study day will focus on 'Hormones and Voice'. It will include talks by an endocrinologist, a gynaecologist, an ENT Surgeon and a nutritionist. As part of the Study Day, this year's Gunnar Rugheimer lecture will be given by Dr. Jean Abitbol, ENT Surgeon from Paris. He tells me that his talk will focus upon the effects that hormones had in terms of an internationally

known operatic diva. I believe that this day will be of interest to every one of us.

Mark those dates – I believe these meetings are going to be worthwhile for all and more plans are in the offing!

So yes, I am looking forward to a great year. I would like to leave everyone with a small poem that came to me as I was thinking about this report – I call it 'Voice for Voice' and dedicate it to everybody in the BVA.

Voice for voice

*Voice for voice for voice for
voice for voice, for...
Can you hear me?
Yes, I can hear you,
I hear you clearly.
All together now:*

*Voice for voice for voice for
voice, for...
Whose voice?
Your voice, my voice
Every voice, each voice,
Our voice*

*Voice for voice for voice, for...
Multidisciplinary voice,
interdisciplinary voice,
documented voice,
dedicated voice,
unrestricted voice,
primal voice*

*Voice for
voice, for...
The British Voice Association.
The Voice for...
Voice*

Collegially,
John

BVA NEWS

Jonathan Fishman appointed to Association Council

In September, the Council of the BVA welcomed new Councillor, Jonathan Fishman BM BCh (Oxon), MA (Cantab), PhD, FRCS (ORL-HNS). Jonathan is an ENT Consultant and Laryngologist at the Royal National Throat, Nose & Ear Hospital, where he also runs Voice Clinics; he is also Consultant at

University College London Hospitals NHS Foundation Trust and Honorary Clinical Lecturer at University College London.

Jonathan is passionate about treating conditions of the larynx. He was awarded a PhD in 2013 for his research. He has received numerous awards, grants, prizes and research fellowships and has published widely in the field of laryngology. He has lectured both nationally and internationally and has organised and chaired sessions at national, European and international meetings pertaining to laryngology. He is Senior Editor for the Journal of Laryngology & Otology.



Did you know that you can raise money for the BVA with your Christmas shopping – indeed throughout the year?



Give as you Live®

The BVA is signed up to a multi award-winning fundraising platform called *Give as you Live* (www.giveasyoulive.com). Once signed up, you can browse more than 4,100 stores as diverse as Amazon, John Lewis, Harrods, Wickes, and Dyson through their website or app. When you make a purchase, the store pays *Give as you Live* a percentage of the purchase price. Known as affiliate marketing, this income-generating method is completely free to you and a great way to raise money for us.

Next time you are electronically window shopping on your desktop, laptop, smartphone or tablet, why not add the BVA to your shopping basket?

AGM STUDY DAY 'GLOTTAL START'



Professor José R Sañudo, Department of Anatomy and Human Embryology, Complutense University of Madrid: Advances in the understanding of laryngeal anatomy



Dr Teresa Vázquez, Department of Anatomy and Human Embryology, Complutense University of Madrid: New insights in the innervation of the larynx



Dr Justin Weir, Consultant Histopathologist, Charing Cross Hospital, London: Pathology of the larynx - how should this affect treatment?



Professor Stephen McHanwell, Professor of Anatomical Sciences and Director of Unit for Educational Research Development and Practice, Newcastle University: Laryngeal physiology - truths and untruths



Professor Janice Chapman, AUA; Singer/Singing Teacher, London: Sight and Sound: Applied physiology for the singing teacher (with panellists Richard Edgar-Wilson, Louise Gibbs and James Platt)



Dr Taran Tatla, ENT Specialty Clinical Research Lead for the NIHR NW London Comprehensive Research Network: Modern techniques in laryngeal examination: optical 'biopsy'

VAN LAWRENCE PRIZE 2018

Factors influencing pre and post-operative voice therapy

by Anna White

Aim: To explore the factors influencing pre and post-operative voice therapy in patients undergoing phonosurgery for benign vocal fold lesions.

Introduction

Phonosurgery for benign vocal fold lesions (BVFLs) demonstrates positive acoustic, perceptual and quality of life (QOL) outcomes¹. Voice therapy (VT) delivered pre and post-operatively improves QOL and acoustic parameters of the voice.^{2,3} However, what constitutes VT in this population is poorly described and documented. Voice therapy is a complex intervention with multiple interwoven parts. Although schedules detailing therapy content, duration, timing and intensity are emerging for patients undergoing primary VT,⁴⁻⁹ there are additional and unique complexities to be considered in phonosurgical patients including surgical preparation, wound healing and epithelial mobilisation following surgery.

Literature Review

Methods and Findings: To explore what is currently known about this topic, a comprehensive, systematic literature review was undertaken. Articles investigating voice or surgical outcomes after phonosurgery for BVFLs WITH discussion of VT content, timing or duration were included. 380 articles were identified and after exclusions for relevance, duplications, and lack of VT provision or discussion, 16 articles were reviewed and critically appraised.

Findings confirmed significant limitations both in the quality of study designs and the reporting of the VT intervention. Information about VT was generic with wide variations in practice. Variability is an inevitable facet of any complex intervention and tailoring an intervention to a patients' individual circumstances must be embraced in clinical practice. However, of equal importance is the need to develop an evidence base for interventions. The Medical Research Council's framework for developing complex interventions highlights the role of preliminary modelling work.¹⁰ It involves generating an in-depth understanding of the component parts of the intervention,¹¹ leading to the next stage of this research project which aimed to explore the factors influencing pre and post-operative intervention.

Methods

Semi-structured interviews were conducted with ten expert voice therapists working in multidisciplinary voice clinics in England. Participants described the typical content, timing and intensity of VT intervention for patients undergoing phonosurgery for BVFLs. Variations in practice were explored with rationale and participants' views on optimum intervention were discussed. The Framework Method,¹¹ a type of thematic analysis, was used to facilitate analysis.

Results

Participants described the intervention in detail, with significant areas of consensus, such that a comprehensive picture of pre and post-operative VT could be formulated. Factors contributing to variation could be grouped into four themes: 1) *pathophysiological factors*, 2) *patient factors*, 3) *therapist factors*, and 4) *service factors*. VT intervention varied according to pathophysiological factors which included the type of lesion, the extent and detail of the surgical procedure undertaken and the presence of scarring or tethered mucosa.

Patient factors related to an individual's goals, vocal requirements, motivation and compliance. Individual precipitating factors such as vocal trauma and laryngeal irritants and the presence of a muscle tension component in the laryngeal gesture influenced intervention heavily.

Therapist factors related to a therapist's clinical experience with BVFLs, their understanding of wound healing, epithelial mobilisation and motor learning theory, together with their interpretation of perceptual, acoustic and endoscopic assessment findings. These factors influenced the therapist's aim of intervention and choice of direct techniques.

Finally, intervention varied according to service factors which included the strength of the multidisciplinary team, referral processes, access to surgical information, issues around capacity and the ability to provide continuity of care. Participants described the beliefs underpinning decisions, though did so with concern and doubt as to their rationale; acknowledging that decisions were often made in the absence of an evidence base.

Views on optimum treatment highlighted the importance of both pre and post-operative intervention. Pre-operative input would comprise education, advice and preparation strategies plus direct voice therapy if an additional MTD element was suspected. Exercises aimed at re-establishing the mucosal wave, would be taught pre-operatively and re-introduced early on in the post-operative phase. Post-operative work related to voice care, reducing inflammation and scarring and the introduction of exercises to improve epithelial mobilisation. Continued intervention would follow where underlying causative factors needed further work. The use of endoscopy to guide intervention and speed up exercise progression was also referred to.



(left) *Van Lawrence Prize winner Anna White with Association President Nimesh Patel.*

(bottom left) *Dean Adams' demonstration of his hypothesis that the vocal tract functions like a series of Helmholtz resonators.*

(below) *Rebecca Moseley-Morgan, 'Can anything be done pedagogically to enable the mature female singer to sustain vocal competency and health?'*

(bottom right) *The Van Lawrence prize panel: Tori Burnay, Linda Hutchison and Jonathan Fishman.*



Conclusions

The literature review highlighted the paucity of studies describing VT content, even where studies specifically aimed to consider the impact of VT on phonosurgical outcomes. Subsequent interview data explored the multitude of factors influencing VT intervention in this specific population and in so doing, provided significant advances in our understanding

of treatment schedule iterations for this population. This study has identified areas of consensus and reasons for variation in pre and post-operative VT. Further consensus work in the form of a Delphi study is now proposed, together with patient involvement work to ensure acceptability of an agreed intervention. This can then be tested for proof of concept and effectiveness.

References

1. Akbulut, S, Gartner-Schmidt, J; Gillespie, A; Young, V; Smith, L and Rosen, C. (2016) 'Voice Outcomes Following Treatment of Benign Midmembranous Vocal Fold Lesions Using a Nomenclature Paradigm', *The Laryngoscope*, 126 (2) pp.415-420.
2. Ju, Y., Jung, K-Y., Kwon, S-Y., Woo, J-S., Cho, J-G., Park, M., Park, E-H. and Baek, S-K. (2013) 'Effect of voice therapy after phonomicrosurgery for vocal polyps: a prospective, historically controlled, clinical study', *The Journal of Laryngology and Otology*, 127, pp.1134-1138.
3. Tang, S. S and Thibeault, S.L. (2015). 'Timing of Voice Therapy: A Primary Investigation of Voice Outcomes for Surgical Benign Vocal Fold Lesion Patients', *Journal of Voice*, 31(1) pp.129.e1-129.e7.
4. Burg, I. Meier, B. Nolte, K. Oppermann, T. Rogg, V. And Beushausen, U. (2014) 'Selection of Voice Therapy Methods. Results of an Online Survey', *Journal of Voice*, 29, 6, pp.776.e1-776.e6
5. Roy, N., (2012) 'Optimal dose-response relationships in voice therapy', *International Journal of Speech and Language Pathology*, 14, (5) pp.419-423.
6. De Bodt, M., Patteeuw, T. & Versele, A. (2015). 'Temporal Variables in Voice Therapy', *Journal of Voice*, 29(5), 611-617.
7. Patel, R. R., Bless, D. M. & Thibeault, S. L. (2011). 'Boot Camp: A Novel Intensive Approach to Voice Therapy'. *Journal of Voice*, 25(5), 562-56.
8. Gartner-Schmidt, J. L., Roth, D. F., Zullo, T. G. & Rosen, C. A. (2013), 'Quantifying Component Parts of Indirect and Direct Voice Therapy Related to Different Voice Disorders', *Journal of Voice*, 27(2), 210-216.
9. Wenke, R. J., Stabler, P., Walton, C., Coman, L., Lawrie, M., O'Neill, J., Theodoros, D. & Cardell, E. (2014). 'Is More Intensive Better? Client and Service Provider Outcomes for Intensive Versus Standard Therapy Schedules for Functional Voice Disorders'. *Journal of Voice*, 28(5), 652.e31-652.e43.
10. Gale, N., Heath, G. Cameron, E. Rashid, S. and Redwood, S. (2013) 'Using the framework method for the analysis of qualitative data in multidisciplinary health research', *BMC Medical research Methodology*, 13; 117 Available online: <http://www.biomedcentral.com/147-2288/13/117>
11. Craig, P. & Petticrew, M. (2013), 'Developing and evaluating complex interventions: Reflections on the 2008 MRC guidance', *International Journal of Nursing Studies*, 50(5), 585-587.
12. Sermeus, W. (2015). 'Modelling process and outcomes in complex interventions', from Richards, D. & Hallberg, I. (eds.) *Complex Interventions in Health: An overview of research methods*. Oxon, UK: Routledge.

BVA/CEN Voice Clinics Forum 2019

'The Philadelphia Voice Clinic Approach to the Management of Professional Voice Users'



Saturday 2nd and Sunday 3rd February 2019, St. Thomas' Hospital, London

A unique collaboration between the British Voice Association and the London Voice Clinical Excellence Network

'Freedom and Focus' – Fitzmaurice Voicework

by Sarah Wright-Owens

Geraldine McElearney: Were you at the fantastic BVA study event last March, 'Freeing the Dancer's Voice'? If, like me, you braved the unexpected snow that morning to travel to the Arts Educational School in Chiswick, West London, you may recall the very first presentation of the day, given by the school's own Christine Mottram and Laurann Brown. Talking about the way dance students are taught voice, Christine made fleeting reference to various voice training methods utilised within the curriculum, including Fitzmaurice and Linklater. Both were new names to me and I was keen to know more, which Christine was happy to give in a conversation we had later.

Reckoning that if these methods were unknown to me, chances were that they might be to at least some other members too. Sarah Wright-Owens combines work as both singing teacher and speech therapist; who better then to investigate for us? She shares her experience here:

When asked to write an article about Fitzmaurice Voicework (FV), I was going to decline as I didn't know much about it but then I wondered why that was, having worked so long as a vocal practitioner? My curiosity was well and truly 'pricked' so I started a journey of self-discovery, ending up in the Fitzmaurice Voicework, 'Freedom and Focus' Conference this summer at Rose Bruford College in sleepy Sidcup.

I lay on the floor with my legs waving in the air alongside other actors, singers, therapists, dancers from all over the world in similar positions (over 100 participants attended). In the beginners' group, we started to learn a new way of releasing tension and connecting our voices to the all important transverse abdominis!

FV developed out of Catherine Fitzmaurice's self-confessed, lifelong obsession that "breathing matters" above all else in voice-work, which I hope all of us would agree with. However, she controversially states that "there are schools of thought and systems of vocal training that effectively or even intentionally ignore it, focusing primarily on sound – resonance, placement, articulation, and language skills – and sometimes a rather metaphysical 'connection' to a somewhat mystical, mysterious, and magical self that seeks expression, ignoring how the body may distort itself to achieve an approximation of the desired sound effect" (Fitzmaurice, 2015).

Catherine Fitzmaurice became a teacher in London at Central School of Speech and Drama in the mid 60s, notably with Cicely Berry and previously studied with CSSD alumna, Barbara Bunch, who was also Berry's earliest teacher. She was introduced to the work of psychoanalyst Wilhelm Reich, a contemporary of Freud. She said that this "encounter was the profound shift" that started her on "a lifelong quest



Catherine Fitzmaurice

for new ways of looking at: a) the world, and b) the voice" (Meier, 2010). What fascinated her most of all was Reich's use of tremor in his somatic therapeutic approach. She continued to develop the concept of tremor into her own voice work, initially with her husband David Kozubei. They realised that tremor could be used to identify "chronic tension blocks" which then could be released "when the person felt ready to allow it" (Mier, 2010). After moving to America, she continued to hone tremor into her 'whole body' voice teaching at institutions such as UCLA, Julliard, the Yale School of Drama and New York University.

Catherine coined the words 'destructure' and 'restructure' in her new model of voice work. When destructuring, tremors are induced in the limbs and torso with a variety of yogic-type positions. I might add this shouldn't be mistaken for the tremors bought on by a neurological disorder. The induced tremor is akin to a natural response when feeling very cold, fearful or excited, for example. Animals will do this after escaping from a predator to bring the body back into equilibrium but humans seem conditioned to suppress it most of the time. In the different poses, by over-stretching muscles slightly, for instance in the legs or arms, a tremor can be triggered: "trusting your breathing reflex, and then vocalising on that spontaneous breath pattern; this takes you out of the mindset of responding to a problem by tightening and holding your breath". (Kotzubei & Fitzmaurice 2005).

One Fitzmaurice associate teacher working in London describes restructuring as "putting together the 'mess' due to having broken into tiny pieces in destructure!". Fitzmaurice

states she incorporated in restructure the early Italian singing method of breath management. “The Bel Canto basis of my Restructuring is what Elsie Fogert, who founded Central in 1906, would teach to speakers/actors, and which was taught continuously there by Gryneth Thurnburn and then Cicely Berry, and J. Clifford Turner (and others including me) until recently” Finally “we add the “focus line” for communication with others, and encourage vocal sound that is appropriate to the context, rather than ‘good’ sound.”

From all accounts, FV seems to share the same physiological insights into the breathing mechanism as the tried and tested Accent Method practiced by many BVA members, although the Fitzmaurice learning process is dissimilar, being more self-driven and spontaneous rather than regimented by beat and rhythm. “We encourage dynamic and appropriate intentional use of the external intercostal muscles to respond to thought in inspiration, and of the deep transverse abdominis muscle, isolated from other abdominal muscles, to ‘support’ the rib cage and manage breath flow on expiration for vocalization”.

Cathryn Robson, who teaches FV in London to singers, shared her thoughts of the work. She said that “I am continuing to ask questions about how Fitzmaurice may apply to the specific issues that concern singers, for example the dichotomy between spontaneity and the controlled breathing required for song material, dealing with passagi, tongue and jaw tension and blending throughout the voice. I find that there are specific dynamics in the deconstructing sequence that seem to help singers with these issues”.

The main difference FV has from other voice methods such as Linklater, Berry, Rodenburg and Lessac is the use of tremor, which FV practitioners might say brings a heightened sense of vocal freedom and a feeling of exhilaration and energy. Catherine Fitzmaurice states that the Feldenkreis somatic method is probably closest to the principles of her body work focusing on movement and breath.

Saul Kotzubei, Catherine’s son and a Master Teacher of Fitzmaurice voicework himself, says that they are very interested in accessing the self-regulation of the autonomic nervous system (ANS). “It is related to social engagement when you have stimulation with no real threat response as you would when you are performing”.

This last point has links with the emerging interest across disciplines of Porges’ ‘Polyvagal theory’ (2003), alluded to not so long ago in a BVA meeting by Janice Chapman who, as most BVA members will know, made ‘primal sound’ an intrinsic part of her teaching model for singers. Porges theorises the importance of the interactions of the sympathetic and parasympathetic nervous systems on social behaviour and communication. The talented performer may perhaps have a superior control of the ANS, giving them a more dynamic stage ‘presence’. FV associate teacher, Jed Ellis-Owen Clark describes the concept of ‘presence’ in FV when the performer can connect with “the space, the people on the stage and the audience” with greater freedom and honesty. He goes on to say that other voice ‘methods’ have an end goal where as “FM frees us from that striving – just lets us play”.

Awareness of the senses is encouraged and practiced regularly in FV, very similar to mindfulness strategies in popular psychology. Fitzmaurice calls it ‘synaesthesia’ – “seeing and feeling at the same time” – similar to the

term ‘proprioception’ in science. Finally practitioners will ‘play’ with their new found freedom of mind-body-breath connections using the ‘focus line’ to achieve ‘artistry’ with a heightened sense of creative freedom. An added benefit and one explored particularly by Saul Kotzubei, is using FV to help people suffering from performance anxiety.

I asked the American actor Dennis Elkins why he thought FV was not widely known in the UK having taught it for many years around the world? He hypothesised: “I think there certainly is something to be said regarding the different senses of cultural freedom in recognizing, or claiming, our bodies in the space around us. In places such as Colombia, Spain and Ireland, I observed a culture that embraced the ‘tremoring’”. Possibly there is an element of truth in this and perhaps in England there is a more cerebral approach to voice work. For example, at the BVA Chain Reactions event last November, 2017, in ‘the singer’s gym’ lead by Michael Dahl Rasmussen, I noticed that for some participants, the idea of spending time on the floor as a regular part of a vocal warm up wasn’t the norm. From most of my conversations with FV practitioners, I got the impression that it is difficult for some students to embrace the work seriously; age may be a factor at HE level but also, the emphasis on inducing tremors for long periods of time can put people off. Catherine Fitzmaurice herself admits with a wry smile that it must seem bizarre looking in from the outside.

Personally, I will continue to explore many of the ideas introduced to me by Catherine Fitzmaurice and all FV certified practitioners who guided each participant in the Freedom and Focus Conference with such empathy and generosity of spirit. This somatic approach certainly gave me a different perspective to my work and I recommend it to any performer, teacher or health professional who would like to experience an alternative way of connecting the voice to the breath. To breathe and vocalise, stretch and release muscular tensions via the tremor reflex (destructure) and then to rebuild, develop technique, energise (restructure), finding presence and freedom of focus to communicate. For some, this will make a lot of sense and could even be life changing.

To find out more information about the work, together with several articles that are free to download and a calendar of opportunities for study worldwide, go to:
www.fitzmauriceinstitute.org

Many thanks to Catherine Fitzmaurice and all FV practitioners mentioned in this article for sharing their thoughts and experiences.

References:

- Fitzmaurice C (2015), *Breathing Matters, Voice and Speech Review*, 9;1, 61-70, DOI: <https://doi.org/10.1080/23268263.2015.1014191>
- Kotzubei S, Fitzmaurice C (2005), *Interview with Catherine Fitzmaurice*, www.fitzmauriceinstitute.org
- Meier P (2010), *Approaches to theatre training: Pillars of Voice Work*, <https://www.americantheatre.org/tag/approaches-to-theatre-training/page/4/>
- Porges, S (2003) *The Polyvagal Theory: phylogenetic contributions to social behavior Physiology & Behavior*, 79 p.503-513

SARA HARRIS

recipient of the 2018 BVA Fellowship award

At the AGM in September, outgoing President Nimesh Patel presented the BVA's prestigious award of Fellowship to Sara Harris in honour of her years of achievement, the service she and her small but dedicated team of colleagues paid to the voice professions in the UK in establishing the BVA, and the enormous contribution she continues to make.

Interview by Geraldine McElearney

Sara, anyone who had the pleasure of being present when you were given the Fellowship will have been struck by your reaction. You were really taken aback, and so modest in receiving it!

"It was such a surprise! And it was the reaction of everybody – I've never heard applause like that – well, not for me; it was terribly moving and incredibly heart-warming, and I was very touched."

You're one of the founders of the BVA, you've seen it through all sorts of change, you've served as President. What is your proudest BVA achievement?

"Well, that [the Fellowship] was it! It was so moving to see the amazing response of my colleagues, which left me quite speechless and completely embarrassed – very pleased though."

The other thing Sara takes justifiable pride in is the BVA's series of leaflets on vocal health and voice conditions.

"When I see them all laid out I'm so glad... that was my plan for my Presidential year, and I think I've done most of the ones I wanted to do." (*Puberphonia is the outstanding topic and is planned for 2019.*)

The BVA began in 1983 as the Voice Research Society, set up by Juliet Glover, Tom Harris, Ingrid Stahl and Gunnar Rugheimer. She recounts how it came into being: "It's all Gunnar Rugheimer's fault! It came as a suggestion from him at a dinner after our first conference – our first multi-disciplinary day ('Recent Advances in Voice Conservation'). Gunnar stood up and said, 'What we need is a society for multi-disciplinary work.' I thought 'NO! Because it will all fall on me', and mostly, it did. I was much more keen to have a regular yearly professional voice conference, and build slowly.... [However] we needed to do something similar to the Voice Foundation in New York... so we started the Voice Research Society." She recalls the painstaking work of contacting the people that had attended the conference as potential founding members.

The society grew and merging with the Voice Care Network in 1991, became the British Voice Association. Sara is quick to acknowledge the support of all those who helped bring the Society into being through their generosity with time, money and contacts, most notably Stahl, Rugheimer and Van Lawrence, the last two of whom inspired the BVA's annual awards.

The involvement in those early days of peers such as Ingrid Stahl and other European colleagues was significant in setting the outward-looking mindset of the Association, opening up the UK profession as it did to a new source of influence and inspiration. Sara cites this as one of the primary benefits she has gained personally through BVA membership: "European SLT techniques [were] far more eclectic, and far more holistic" than those she'd encountered before. "We were always much more exposed to the Americans, who were very good, but Europeans have had a very long-standing tradition; I think we underestimate how good some of their techniques are and how much they've got to teach us." Accent Method is a case in point; since her introduction to it by Bibi Fox, at that first conference, Sara has been a keen advocate and expert teacher of the technique.

What was the catalyst for bringing these experts together and creating the "world of voice" that Sara envisaged at the beginning? "Serendipity" she says, and her aspiration to start a Voice Clinic in England. Together with Tom Harris, she opened the Oxford Voice Clinic in 1982. "I was given Tom", she says, describing him as "an unusual person, amazing ability to see things in 3D and to understand and be interested in vocal function and not just structure, which was very unusual for a surgeon then.... he also had a sister who's an opera singer [Dinah Harris], a mother who'd been a singer and a wonderful concert pianist, he had perfect pitch and had played rock and roll at Cambridge, so he had the musical background. We started the conference because we needed to create awareness of the voice clinic work."

Voice Clinics make a vital contribution to UK vocal health, although national availability of such a service is variable. You've been at the forefront of this model of treatment since the beginning. What were the main concerns/issues then, and has there been much change?

"In the early days we didn't have a lot of singers... it was mostly ENT and speech therapists and our main concern was trying to bring those two professions together and to create an understanding of voice and particularly, not damaging it. When I was first in Oxford, they were still stripping vocal folds and rendering voices unusable because they took away the mucosal wave [which made the vocal folds stiff]. So the emphasis was, 'please don't operate and strip vocal folds, please give speech therapy a go first'. A lot of the people we saw, we could improve dramatically and they didn't need surgery. For those that did, we tried to persuade [surgeons

to perform] more conservative surgery. [Now] the techniques of surgery have become so good, if there are lesions there, particularly if they're stiff, we don't waste time.... we go straight to surgery, and it's the speech therapy afterwards that creates the rehabilitation."

"We started with a mirror, and then Tom bought a stroboscope himself, out of his own money."

A massive change in the clinic has come about with advances in equipment. When Sara and Tom first opened in Oxford "we couldn't see!" she laughs. "We started with a mirror, and then Tom bought a stroboscope himself, out of his own money... Of course, there was no video; pretty quickly we attached a camera to it and took still shots which we put in the notes; I had to look over Tom's shoulder to see the image. It wasn't really until later and video came in that we both began to see."

Since then, there has been a upsurge in the numbers of voice patients. Sara's own review of back data from several ENT clinics shows that a very small minority of cases treated were voice issues; the overwhelming majority were for ears and nose, especially the former. Doctors "weren't interested in voice because they didn't know what to look for. [Nowadays] people are [being] referred more – we've become even more dependent on voices in our work lives because of technology, so I think our understanding has changed, but also the demand has changed, and our response has changed – there are actually things you can do for people with hoarse voices. Whereas often [in the past] the GP would check it wasn't cancer and that was it. Nobody was interested [in investigating] any more."

"We've become even more dependent on our voices in our work lives because of technology."

Nowadays however, Sara sees a rise in demand for voice-care because of the ever-greater dependency of people on their voice. "Call centres didn't exist, classrooms have altered, classroom acoustics have altered, they've got open plan, bigger classes, far more distress in schools because of the curriculum changes and the pressure on teachers, and changes, I'm afraid, in the behaviour of pupils. A lot of these things have added extra stress on voices. The amount of noise we have in our world now, we're all speaking against noise a lot of the time, so a lot of things have changed."

Are these changes reflected in the kinds of cases you're seeing in clinic?

"Possibly. I don't think I know because I'm not sure what we weren't seeing years ago because so many of them weren't getting to us. They were seeing the GP, the GP would give them antibiotics, if that didn't work and there was a risk of cancer they would go to ENT, they would say there's no cancer and they would send them away. So they were missing cysts, sulcuses, scars... functional voice disorders in terms of emotional stuff.... all the muscle tension ones... they just sent them away, because they weren't going to die, so that was it really."

So, what does Sara think is the key issue facing voice community now? In terms of voice clinics, she thinks it's largely a question of funding: "In healthcare generally, anything that isn't life-threatening tends to get sidelined. We've been incredibly lucky with the support we've had for our voice clinic at Lewisham.... but if the money becomes even more difficult, we're going to have terrible trouble getting replacement equipment [as it starts to break down].... so we can't do our job. So I think money is the biggest threat we have to our voice clinic world, and therefore to the world of voice generally, because it's only going to be as good if we can diagnose and treat people."

As both a founding and current member of the BVA, Sara has an almost unrivalled view of the association. Looking forward, she sees its main challenge in continuing to serve the of members across different professions to a level that makes being part of the BVA worthwhile. "It's become very top heavy with singing teachers and singers. It's not a bad thing and I'm delighted they're there..." but she sees a danger that, in striving to make events inclusive and accessible to everyone, we dilute the quality of the content. In consequence, "we've lost a lot of our ENTs and Speech Therapists to the BLA [British Laryngological Association]. So one of the things I'd love to see happen is more collaborative work with the BLA because I think it's so important singing teachers continue to work with us.... collaboratively because they have so much to offer and we have so much to offer them."

What's the solution? How can the BVA manage all of those different interests, keep everyone involved and thinking collaboratively, when collaboration is its point? Sara doesn't fudge: "I don't know, and I think the only thing one can do is continue with teamwork; ask members what they want to see at events, encourage people to still come to things outside their specialism and use them as opportunities to learn more, and then to go and find out more." She's very positive about what singing teachers have to bring to the party: "Singing teachers are wonderfully curious" and speaks with enthusiasm about those undertaking doctoral research – "what we need to do now is get those people working in teams, with voice clinics, and that's going to be difficult: life's busy, life's expensive... so it's an enormously dedicated person who is prepared to give up a morning of their time to work collaboratively with a clinic team – if they can find one who will take them on!"

This collaborative ethos is at the heart of the BVA, and chimes with what Sara believes her greatest professional strength and interest to be: "If I had a single skill that would be it – knowing that I can't do everything but finding people who then can, learning from them, getting them involved, and getting new and exciting stuff going."

Interview concludes on page 14

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LCM/TEACHING SINGING IN HIGHER EDUCATION

by Geraldine McElearney

In the last issue of *Communicating Voice*, readers were invited to attend a one-day conference that promised to grapple with the hardy perennial of what it takes to be a singing teacher. Homing in on a sector in which both fees and expectations are high and getting higher, *Teaching Singing in Higher Education – Core Competencies, Towards Best Practice* was a much-needed opportunity for leading practitioners to set out their beliefs about professional practice in an unregulated field.

Gillyanne Kayes threw down the pedagogical gauntlet as she embarks on her role as Visiting Professor at London College of Music, joined by keynote speakers Janice Chapman and Professor Johan Sundberg. There were also contributions from Tori Burnay, Dr Denise Borland and Ali Bell, and Dr Susan Yarnall Monks. In the audience were many familiar faces from the BVA, as well as colleagues from AOTOS and beyond – and no wonder, with such a panel. **Louise Gibbs, Sarah Wright-Owens** and I were among them; a few weeks later, the three of us regrouped to reflect on what the day contained and whether it seemed to us to have achieved what it set out to.

The funding context of the HE sector is significant to this conversation: the contract between institution and students has been redrawn by the marketisation of the sector in recent years, notably the introduction of fees. Where once, prospective students may have been satisfied by a few 'names' on faculty lists, the prospect of one shot at a higher education qualification and the guarantee of long-term debt, applicants may now be more searching in their expectations. This undoubtedly principled impetus towards professionalisation may be underscored by a need for greater accountability – many of us have colleagues whose college experience was one of great frustration and disappointment, or worse, but at least it didn't leave them with a house deposit-sized debt.

Louise began by suggesting that in the education sector, the term 'competencies' carries a very specific meaning, codifying what a person must be able to do to carry out their job. How useful or necessary is the notion of 'core competencies; furthermore, how realistic is it when the current HE sector is so large and diverse? To have any chance of success, she advises, "one of the things we have to address is the variability of what is required by different

institutions..... One of the first things you have to be able to do is assess your situation..... what are the needs of the type of student that's being recruited, the institution and its requirements, the way the [singing] lessons are integrated within the programme generally?". It's paramount that a teacher should first be able to negotiate the three-way relationship of the student, the institution and themselves.

So, what does teaching singing in UK HE look like in 2018? The development of the sector in recent years – eg changes in the status of many institutions (and corresponding expansion of degree/HE qualification-awarding courses), the introduction of a national framework for HE education awards, the 'upgrading' of practical music courses to degree level, and the widening of the available music degree curricula to include less traditional areas of study – means that any prescription for what a teacher must be able to do has to take into account the size and scope of the landscape. Certain skills may be particular, but vital to one area and entirely redundant in another, even within the fairly narrow discipline of teaching singing. Louise's experience in a number of settings illustrates this variability: at one end of the spectrum, conservatoire students will typically arrive as freshers with a high level of musical proficiency, often accompanied by a good grounding in theoretical and critical elements of the subject, including to degree level in many postgraduate cases. At the other, students on a pop or musical theatre course may arrive with little or no formal theoretical skills such as reading notation, requiring of a teacher the ability to provide considerable support in helping the student develop their general musicianship, as well as instrument-specific technical development.

Gillyanne and Janice both gave presentations of the calibre we are privileged to expect from them. Each set out something resembling a manifesto of what good teaching looks like, and their respective processes of delivering it. Gillyanne's presentation addressed the existential construct of 'Being a Singing Teacher'. She described an approach to teaching that would apply in any situation, being responsive to the individual character, their needs as a singer and student, as well as the institutional context of the lesson(s). Her interpretation of 'singing teacher' was particularly insightful, recognising that the role of teacher is often, perhaps unconsciously, inhabited by people not explicitly positioned as such but who nevertheless occupy some of the singing teacher's territory – coaches and choir leaders are clear examples.

Reviewing again the content of Janice's and Gillyanne's talks, we could see, between the two, a clear ideal of teaching ethos and practice: with Gillyanne, an iterative process of assessment, diagnosis, prioritisation, instruction and learning, which makes conscious and repeated reference to the student's individuality. Janice maps out the optimal

pathway based on her nucleus/satellite model – this seeks to build a solid technique, with stamina and efficiency increasing incrementally. Both touched on the vocational dimension: what it means to teach – again, that baseline of what Gillyanne called “reflective competence” – the “ability to do something without thinking about it, yet retain a level of awareness about how you do it [that] enables you to teach the skill to someone.”

Both Janice and Gillyanne feel that the advances in voice science in recent decades and the availability of pedagogical tools mean that it is incumbent on all singing teachers to have a reasonable command of anatomy and physiology. Sarah believes that such A&P knowledge should be a “baseline for employment” in HE, but in her experience, does not appear to be so. Janice bravely posed the challenge ‘Is the current teaching model fit for purpose?’ It would appear that the shape of things at present is a little too free to be considered a model, so the question rather answered itself. Proper rigour in the recruitment and development of vocal faculty must be a necessity if the profession wishes to have confidence in its collective integrity.

Dr Denise Borland and Ali Bell (collectively ‘Noble House’), presenting The Singer’s Psyche Toolbox, added another layer of potential complexity around the interpersonal dynamics of the teacher-student relationship and the internal narrative of the student/performer. As already noted, situational awareness, emotional intelligence and perceptive response are explicit components to Gillyanne’s pedagogy; likewise, Janice’s holistic ethos and personal style is run through with an alertness to, put simply, who’s in the room. Generally though, ours and other discussions around teaching competencies concentrate on the elements that can be book-learned: anatomy, physiology, musicianship, repertoire (to a degree), and those that are learned through practice and refined through experience: hearing, deconstructing, diagnosing and correcting and building a voice, plus, in Janice’s words “mapping vocal elements onto musical

ones.” The plenary discussions, when audience and presenters together debated the day’s main theme, also revolved around these priority areas. The Singer’s Psyche Toolbox set out a raft of additional considerations which could also feature amongst professional requirements of staff if institutions wish to value effective, respectful relationships between teachers and students.

Brief mention must be given to the other complementary presentations, ie those that did not address directly the conference question, but provided valuable supporting content. Hearing Johann Sundberg speak was a tremendous experience as he whistle-stopped us through a few “fake facts” about voice science. Tori Burnay spoke about BAPAM’s (British Association for Performing Arts Medicine) Vocal Health Working Group, including its work to develop standards for singing practitioners in voice clinics. It was reassuring to learn that BAPAM’s rehabilitation initiative is also applicable to full-time voice students. European perspective was shared by Dr Susan Yarnall of EVTA; the HE sector is international so it is of the utmost relevance that we understand the wider education market context in which UK institutions operate.

So, did the day result in defining a clear set of competencies? Not exactly, but then, there was probably no expectation of such an outcome - no precise scope of ambition was stated. However, it certainly succeeded in several other respects. Above all, a conversation was initiated which it seemed that all of us present were excited to be part of – so much so that even within our trio, ideas are emerging which we look forward to feeding back in. Ivor Flint of LCM was the day’s chair and host; as well as leading the department at the college itself, Ivor will be familiar to many readers as a key figure within AOTOS, so it’s good to know that the issue is on both their radar and ours. There was a real sense of optimism at the end of the day that progress had been made; let the conversation continue!

Continued from p12

Interview with Sara Harris

From such team-led instincts the UK voice clinic network was built, including bringing laryngeal osteopathy into the mix with Jacob Lieberman. The current generation of voice professionals, not to mention our patients and students – are the fortunate beneficiaries of the pioneering work of Sara and her colleagues.

Sara, it’s your dream BVA education event. What’s the line-up?

“Scott Moisik who’s just amazing on laryngeal function;

Markus Hess to talk about advances in surgery;

Linda Hutchison – I love the way Linda takes my exercises and translates them into something meaningful for singers;

Janet Baker on the psychology of voice disorders;

Christina Shewell for speech therapy treatment;

Jacob Lieberman for advances in laryngeal manipulation techniques and their effects.

Those people are the people I’ve learnt so much from.”

“The perfect day would also include something on brain function; I could not think of a speaker who could encompass the holistic approach I was hoping for, which was more about integration of emotion into voice, speech, body language and

action, as well as how these aspects link with one another.”

The theme? “How do you deal with disordered voice? How does it happen, what happens, what are the components that might set people off, what should we be looking for, how do we fix it and how can we work together.”

Desert island voice book? “Christina Shewell’s Voicework: Art and Science.”

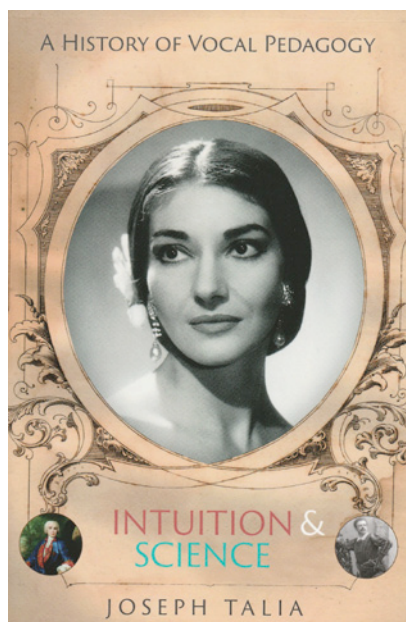
Desert island other book? “Complete works of Charles Dickens “There are so many terrific stories in there... I love to read, I love stories, which is why I love patients of course, they’re all stories.”

“Fiddle and find out!”

Finally, do you have any advice to young Sara? “Don’t sweat the small stuff. Don’t get so anxious. You ARE on the right track – keep listening to patients and stay with that broad field of interest in terms of other disciplines. Grab whatever you can from them and apply it.... Don’t be put off by people telling you should do it this way – there is no one right way to do it. We’re only evidence-based for the things that we can be; if there’s no evidence it just means we haven’t collected it yet, it doesn’t mean it doesn’t work. We tie ourselves down. Fiddle and find out!”

A HISTORY OF VOCAL PEDAGOGY – Intuition & Science

Joseph Talia,
Australian Academic Press, 2017.
654 pages
ISBN-10: 1922117811
ISBN-13: 978-1922117816



Reviewed by
Richard Edgar-Wilson

With *A History of Vocal Pedagogy*, noted Australian singer, teacher, researcher and opera director Joseph Talia has produced a huge and hugely informative history of the main 'methods' of singing teaching espoused over the past 450 years. Beginning in 1562 with the first physiological disquisition by Giovanni Camillo Maffei, this is a largely chronological compendium of thoughts, treatises and writings on a subject that is both fascinating and controversial. At some 650 pages, this isn't even his last word on the subject: his discussions of the optimal approach to the teaching of singing have continued in his 350-page publication, *Vocal Science for Elite Singers* (2018).

The presence of Talia's companion volume may lead to some omissions here, notably with regard to recent discoveries, but this is nonetheless an impressive feat of research. The bibliography runs to 29 pages, and the author's Italian heritage means that original works in that language prove no obstacle, notably in a section on the Modern Italian School. But this is

not some dry academic tome. In her Foreword, fellow Aussie singer (and now teacher) Lisa Gasten rightly acknowledges that because Talia "embraces the protagonists' flawed humanity and genius, the text serves as a lively biography of the Art of Singing, not just a technical account of diverse pedagogists".

The early Italian and French pioneers are examined, and the Lamperti and Garcia dynasties explored in detail. There are in-depth discussions of onset, including a staunch defence of Garcia's "favorite" (but much derided) *coup de glotte*. An entertaining diversion into "A Brief History of the Larynx" takes us back even further to the writings of Aristotle, the surgical experiences on wounded gladiators of Claudius Galen (described as "the founder of laryngology and the godfather of phoniatrics and voice source"), and the experiments of Leonardo da Vinci. A main regret is that there is no index. Publishers should be encouraged to invest the time and expense required to facilitate easier exploration of such detailed and informative material.

Central to Talia's approach is the Italian dictum that he quotes towards the beginning of the book: "*Chi sa respirare e pronunciare sa cantare*" ("He who knows how to breathe and pronounce knows how to sing"). With respect to the former, Talia pins his colours firmly to the mast early on (p.xxii):

"I believe, as did Francesco Lamperti, and more recently Richard Miller, that the appoggio system of breath management ["leaning upon or against"] remains the most important and influential system of breath control... The effect of the *appoggio* system on both voice and expression accounts for the 'he who knows how to breathe' aspects of singing."

He is particularly influenced by the work of Richard Miller, who is "in complete command of the science and physiology of the voice... His description of the *appoggio* breath management method is simply outstanding and highly recommended...". At the very end of the book, Talia devotes a section to Luciano Pavarotti ("not only the greatest lyric tenor of the 20th century and possibly of all time, but... also the greatest vocal technician of the 20th century"), who also believed in the fundamental importance of "the engagement of the diaphragm". In an interview with Jerome Hines, Pavarotti is asked if he marks when learning a new role: "I always mark... but I do it on the diaphragm. With the falsetto, the diaphragm is not working. I believe that if I let my diaphragm be lazy

for five or six days, it will not be ready when it's time." Talia may not have had a chance to see Ron Morris and Linda Hutchison's recent book *If in doubt, breathe out!* that takes issue with aspects of the appoggio method, and in particular Lamperti's assertion that "The appoggio, or support of the voice, was to be gained by the action of the muscles of the chest and diaphragm upon the lungs after opening the lower part of the throat..." Contrary to Lamperti, Miller, Pavarotti (as quoted here) and Talia himself, Morris and Hutchison conclude, "it is clear that the concept of appoggio in this form is not based on physiological fact."

So yes, there is controversy here, but the author knows it. Refreshingly, he is aware that when it comes to 'methods' or 'schools', nothing is fixed: "... musical styles and taste are constantly changing, as are the size of theaters, rising orchestral pitch, and [the] constant march forward of emerging scientific knowledge, a situation that demands flexibility of thought, and where necessary, modification and adaptation." The subtitle of Talia's book is "Intuition and Science", and it is very much to the benefit of those learning their craft today that science can now explain some of the gaps in our understanding that could formerly be filled only by imagery and intuition.

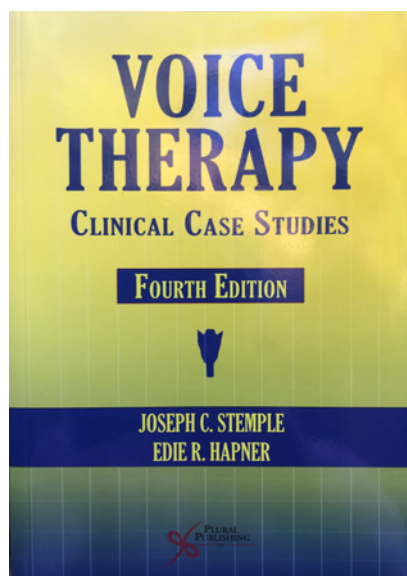
The teacher in Talia is always to the fore, and that is no bad thing. At the conclusion of this exploration of the past comes a prescription for any aspiring professional singer of the future which pertinently suggests where his own book, and indeed all the 'methods' he writes about, should sit:

"I hope that we will produce a generation of artists who have a good knowledge of the precepts of the Traditional Italian School, a good knowledge of vocal science and the intuitive understanding that both are insufficient unless they are accompanied by a wonderful voice, a high level of musicality, and a keen musical intelligence capable of plumbing the depths of both music and text in order to create a believable and interesting character for the stage. When all these qualities are combined with a high level of ambition, a desire to aim for perfection, even when we know it is going to evade us, and a daring to take judicious challenges when they present, then and only then are you likely to become an international artist worthy of taking your place in the pantheon of the legendary artists of the past."

Richard Edgar-Wilson, singer and singing teacher, is Treasurer of the BVA

VOICE THERAPY CLINICAL CASE STUDIES (4th Edition)

JC Stemple and ER Hapner
Plural Publishing, 2014
560 pages
ISBN-10: 9781597565585
ISBN-13: 978-1597565585



Reviewed by Nick Gibbins

I came to this book from an outsider's perspective. As a surgeon, the art and subtle techniques of the speech therapist can sometimes be mysterious and so I was excited to delve deeper into the area. Having had many discussions with expert colleagues about how they handled their patients with what seemed,

to me at least, very similar exercises but with slightly different approaches depending on the psychological makeup of the patient, I understood completely the idea of a book entirely devoted to case studies. I am an advocate of 'you have to be in the room and see the whites of their eyes before deciding what can be done' school of thought and expected this book to be along similar lines rather than a text book dictat.

I was not disappointed. It is a reasonably hefty tome for a case series, at 512 pages (without appendices), but the fact that this is a 4th Edition suggests that it has found a market and continues to serve it [5th edition due]. It is an American publication and with 74 contributors in total I was interested to see there was only one Canadian, one Brit (our own Sara Harris) and four Brazilians. The remaining 68 are geographically widely spread Americans. This is neither good nor bad but before starting to read something that I do not know much about I had to bear in mind that there may be an American slant to the writing. Having read it, I'm still not sure whether there is! I would be interested to hear what other readers might think. I was pleased to see that there was not a 'this is how you do it' but rather a 'this is how we did it in this situation and it seemed to work' tone.

The book is divided into Sections, with a general overview of the Principles of Voice Therapy and Comments on Voice Evaluation leading the way that will be helpful for the novice. The main sections are (broadly) Muscle Tension Dysphonia (MTD), Glottal Incompetence, Neurological Disorders, Irritable Larynx/ Cough, Professional Voice and finally it is

wrapped up with a section on Successful Therapy. The sections are sensible but there are a couple of problems, the first of which the editors appear to have got around quite neatly, the second not quite as well. The first is that there are so many ways of classifying MTD that a couple of pages describing the different nomenclatures and comparing them to each other is present. It was clearly the case that trying to get case reports of each subdivision of MTD was not attempted. Instead a broader front was used with primary and secondary tensions described and seems to work.

The second issue I had was with the neurological section. There were only six case reports, three on spasmodic dysphonia, one on tremor, one on Parkinson's and one on telehealth. I feel they have missed a trick here as there are many more neurological conditions that come through the voice clinic that need help. Maybe a bigger and broader section for the 5th Edition (it appears to be available on Amazon from 28th December 2018) would be my suggestion.

Overall, this is a good book for under £100. The sections are sensible, the chapters show a wide range of pathologies and techniques and, importantly, are listed in an easy to read format at the front so that you can scan both pathology and technique and refer to it at will. I thoroughly enjoyed dipping in and out of this and it will definitely be sitting on my book shelf at work.

Mr Nick Gibbins
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FORTHCOMING ASSOCIATION EVENTS

See www.britishvoiceassociation.org.uk for more details

or contact administrator@britishvoiceassociation.org.uk or +44 (0)300 123 2773

BVA/CEN VOICE CLINICS FORUM 2019

'The Philadelphia Voice Clinic Approach to the Management of Professional Voice Users'

Saturday 2nd February 2019, 12.30pm – 5.45pm and Sunday 3rd February 2019, 9.15am – 5pm,
St. Thomas' Hospital, London. A unique collaboration between the British Voice Association and the London Voice Clinical Excellence Network.

World Voice Day

Tuesday 16th April

AGM and Study Day: Hormones and the Voice

Sunday 7th July 2019, 9.30 am, Baden Powell House, London SW7