

COMMUNICATING VOICE

SPRING 2022
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A note from the president

Come the end of March 2022, our Company Secretary of more than 20 years, **Kristine Carroll-Porczynski** will retire, some four years after her initial notice.

After Kristine first told us of her wish to step down, recruitment notice was duly posted in a number of places, including the BVA website. No suitable persons presented themselves, possibly daunted by the list of responsibilities. Then came Covid. Uncertainty, and the need for stability and wise counsel, was turned to our advantage as we prevailed upon Kristine to stay another year, and then another. The organisation has been living on borrowed time.

To say that Kristine's departure is an earthquake is not hyperbole. I have to confess I felt mild panic at the thought of taking on the presidency without her knowledge and guidance, a sentiment previous post-holders are likely to recognise. For so long, Kristine has been the BVA's centre of gravity and corporate memory. What is even more astounding is that her dedication has been applied so generously over two decades without payment.

It is clear that there can be no exact replacement for Kristine and the many roles she has assumed as Company Secretary. Inevitably, her leaving has precipitated internal reorganisation. These tectonic changes in the BVA have been compounded by the recent and unexpected death of our equally long-standing designer and webmaster, **David Siddall**.

The Company Secretary job has now been reconfigured into four distinct roles to cover: 1) the legalities of governance in relation to the Charities Commission, 2) organising, attending and minuting Council and Executive (C&E) meetings, 3) advising C&E on continuity and gate-keeping, 4) the coordination of volunteers and staff in carrying out the wishes of the president and working parties, and reporting to C&E.

Thus, it is crucial that we honour Kristine's immense contribution to the BVA by continuing to build on her legacy. One very positive development is that our experienced Councilor and Executive member, **Sarah Wright-Owens**, has agreed to assume at least one of the roles, and become the new BVA Company Secretary. If you think you could contribute to any part of these and other organisational roles or want to find out more, do not hesitate to contact me for an informal chat.

Louise Gibbs

president@britishvoiceassociation.org.uk



Louise Gibbs (BVA President)

Connecting through the Professional Voice Network

Reporting the outcomes of the pilot project

Louise Gibbs

An hour online in early January brought the BVA's **Professional Voice Network (PVN)** one-year pilot to its conclusion. This final plenary drew together the four regional groups to review and make recommendations on how the project should be rolled out to all members from May 2022. What sang out loud and clear was the value of the PVN to keep us connected: "Great for keeping up with colleagues", "Seeing where the future lies", "Inspirational! Didn't know what to expect, but found the meetings very beneficial".

One of the positive developments of the pandemic (there aren't many so we should celebrate them!) has been the extensive use of online meeting rooms, which circumvent some of the practical difficulties of bringing together busy people from disparate locations. Without Zoom the PVN is unlikely to have got off the ground. Beginning in March 2021, we ran small online group meetings to realise our objectives:

- Offer voice professionals the opportunity to network across their region, and connect local voice professionals for advice and referrals;
- Provide a forum to discuss 'hot topics' in vocal health, share knowledge and practical expertise, and encourage multidisciplinary collaboration and research.

How was the PVN project run?

With the busy professional in mind, a commitment of one 45-minute evening meeting every three months was made. Each group (maximum 15) was drawn together by location, and had a chair and a scribe. No sound or video recording was permitted so that discussion could be completely open. The main obligation to the BVA was that

a brief and anonymised summary of discussion be sent to the PVN coordinating team (see below) to identify 'hot topics' and possible unmet needs for voice professionals.

After initial introductions it became clear that participants were not short of professional issues to air, problems to solve, and questions to ask. While the discussion was generally freewheeling, the 10-minute 'soapbox' provided an opportunity for individuals to present on a pet topic.

Here the range of discussion was impressive: *The Therapeutic Use of Hypnosis; The Hormonal Effects on the Female Voice; The Psychological Effects of Muscle Tension Dysphonia; Speech Language Therapy for Singers; the GRBAS system of vocal analysis*. A nervous first-time presenter confessed:

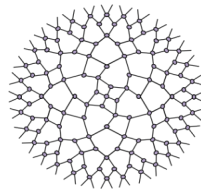
"Where else would I get the chance for such knowledgeable yet sympathetic feedback?"

Feedback from the pilot and implications for the Professional Voice Network in 2022 and beyond

- Meetings can be slightly longer (60 minutes is good).
- 5-6 members in a group (maximum 10) is best for a good discussion.
- Keep the groups geographically local to facilitate referrals
- Maintain the same chair (a rotating scribe).
- Local groups have their own character and shared reasons for coming together.
- There is a need for more ENTs to be involved.
- Keep the PVN as a BVA membership benefit, perhaps allowing one free attendance for non-members.
- 'Soap box' items presented by individual members are valuable, but better still would be short topics brought for discussion by all members of the group.
- Allow PVN members to attend other groups' meetings as observers, by request.
- Encourage the sharing of topics and presentation materials amongst different groups.

The details of the full roll out of the Professional Voice Network to all BVA members from May 2022 will be available after mid-April. If you would like to be a part of the network, including setting up or chairing a group, please get in touch with your name, specialism, and locality to: pvn@britishvoiceassociation.org.uk

Louise Gibbs (PVN North – and BVA President 2021-22)
 PVN Regional Chairs: (EAST) **Richard Edgar-Wilson**;
 (SOUTH) **Rehab Awad**; (WEST) **Sarah Wright-Owens**



Q&A between Christina H Kang, Speech-Language Pathologist, and Tori Burnay, Speech and Language Therapist

Tori: Welcome Christina! We are looking forward to hearing your presentations at our Voice Clinic Forum on 11th March. Tell us about your transition from singer to Speech-Language Pathologist? What made you decide that you wanted to retrain?

Christina: 'Thank you for the invitation! Speech and language therapy is my fourth career! My first one was in international relations in Japan and the second was in advertising. The third was singing. Before moving to singing, I was very sick for a year and couldn't work. I said that if I ever got better, I was going to do what I really wanted to do. I grew up singing all the time but I wasn't encouraged in creative arts at home.'

'After I became well, I re-enrolled in school to do a second Bachelor's degree. I originally thought I would do drama, but I ended up in a music department audition [and then] completed a performance degree. [After that] I got into a Master's programme in Connecticut and that was when I started to have voice problems. I say that I "squeezed" my way through an early career!'

'My voice teacher suggested that I see an ENT. [The ENT doctor] had a look and said, "you aren't breathing properly" and referred me to work with a Speech and Language Pathologist. I had two sessions but didn't really understand or appreciate what the therapy was about. I quit and continued to struggle. A year later, I went back to the doctor with my tail between my legs and started working with another therapist. I was always interested in the medical

side of things and so enrolled in the Master's programme in Communication Sciences and Disorders at MGH (Massachusetts General Hospital) Institute of Health Professions to train as an SLP.'

'I went in very focused on voice as the main interest. I was fortunate to do a whole year of internship at MGH Voice Center. In hindsight, I should have experienced more of other SLP fields of work but I was so one-track minded in voice. I became an SLP because I was so confused about my own mechanism and function.'

Which areas of clinical placement do you wish you'd had more involvement with in those early days, in relation to the knowledge base needed for working in the field of voice disorders?

'Swallowing and neuro-rehab - there's so much of neurology that is relevant to voice, and that really scared me as I didn't have a lot of exposure to that in the clinical setting. [Thinking about that question now]... I would say more about general medical conditions such as auto-immune diseases, oncology, and even gastroenterology.'

What skills do you think a voice clinician needs?

'Good diagnostics, not just in terms of the vocal folds, but for the whole person. Dr Joseph Stemple, whom I always consider to be my mentor, taught me early on that we are not technicians. We treat people. People with feelings, different backgrounds, cultural differences and life events, which may have had an impact on their health. When we have younger clinicians coming to train with us, they don't have a lot of life experience and they are [most] concerned about what technique to work on. I ask them "What can you tell me about this person?" You can talk about vocal function exercises but if this person has a mild cognitive delay or depression and anxiety, we need to take into account that they might be overwhelmed by a regime of exercises.'

Who has been the most influential person in your development as an SLP?

'Dr David Lott [with whom] I co-founded the Mayo Clinic Voice Program in Arizona, Claudio Milstein in Cleveland Clinic, and now [my] husband David Rosow, laryngologist, all influenced me as a researcher. Dr Stemple taught me to be a holistic clinician. He also encouraged me to think about research.'

Which post-graduate training courses that you have taken outside of a Masters degree have you found most useful in your daily practice?

'Vocal Function Exercises developed by Dr Stemple, Resonant Voice Training with Kittie Verdolini Abbott, Conversation Training Therapy with Jackie Gartner-Schmidt, MBSImP, and manual therapy techniques with Walt Fritz, a physiotherapist. I also value attending voice conferences like The Fall Voice annually.'

What are the benefits of working as part of a hospital team vs working in independent practice?

'When I am doing private practice, I get stuck in the same routine. When I work in a hospital setting, I am constantly being updated in the medical field. It challenges me to be a better clinician.'

Having a dual qualification and training as a singer and SLP – how have you negotiated your professional boundaries between both roles?

'In the clinical setting we often encounter patients diagnosed with muscle tension dysphonia that are singers without proper training. I put heavy emphasis on education [and] get them primed to start taking voice lessons after the therapy. I teach them about optimal voice function, and introduce resonant voice speaking techniques that can be segued into singing. If I have a connection with good voice teachers, I refer them. When rehabilitation turns into habilitation, that's when I discharge them. I tell singers, if you are serious about your career you need to have a laryngologist, SLP, a voice science savvy vocal teacher and a massage therapist!'

How did you transition into clinical research?

'In grad school I was overwhelmed by research. When teachers asked us to summarise an article, I was petrified. I was looking at data, and numbers really scared me. During my fellowship Dr Stemple said, "You do research on people who walk through your door." I encountered many patients with aberrant throat sensation who had no medical reason for this. Within the first few months at the Mayo clinic, I saw the same issues. I saw many women over 60 years experiencing swallowing problems, where all the usual tests were normal. The patients were extremely frustrated by being told that there is nothing wrong with them and receiving no care.'

'We observed consistent laryngeal muscle tension in these patients so I reviewed 18 months' of swallow studies; the rest is history, with three peer reviewed papers on the topic. This was a lot of work and all in my own time. Once it was published it caught on because it was so frequently observed by other voice clinicians all across the country. I did the research because I was curious and felt empathy for the patients. I was looking to find treatment for patients who weren't getting what they needed.'

I am really interested in hearing your presentation on chronic pain and how we might review how we approach working with these people.

'The chronic pain understanding came when I started to study laryngeal neuropathy and neuroplasticity. The throat is so sensitive. The brain learns pain and it starts to change how it processes the information from the throat. At Mayo I treated patients who were also enrolled in a pain rehabilitation programme. I enrolled in this programme myself, and it was life-changing.'

You have a very successful Instagram presence. How difficult is it to maintain this and what advice do you have for other SLPs?

'I first started social media with The Voice Forum on Facebook in 2016 because I was frustrated with patients not having access to voice therapy in the US.... I started to post short videos of easy voice exercises and breathing tips. In a short time it had 16,000 followers. I did not like the Facebook platform [so] became inactive for some time. [However] one of my friends encouraged me to [try] Instagram. I post whatever inspires me and don't think about who will like it or not. I try my best to stay positive in content. I honestly don't spend a lot of time on it unless I want to make a short video to deconstruct vocal myths. Just stay true to your values would be my advice.'



Christina H Kang will present 'Chronic Pain, Voice and Upper Airway Disorders: The Brain Learns Pain' and 'Muscle Tension Dysphagia: Diagnosis and Treatment' at the **Voice Clinic Forum**, Friday 11th March, online.

This isn't just FYI!

The Contemporary Commercial Music (CCM) Singer



27th and 28th November 2021
Molly Parker

I was so excited to be able to watch the Contemporary Commercial Music Singer workshop and training event, especially as it has been so long since I have been to a vocal conference. My background has mostly been in classical singing and Musical Theatre so I found this a really insightful experience that delved into the practical elements of the genre.



Dr Marisa Lee Naismith and Jo Sear's interview kicked off the programme. I was happy to see that they were questioning the term 'Contemporary Commercial Styles' itself, which is a hot topic for academics and pedagogues. We had the chance to witness not only two experienced professionals discussing their individual standpoints, but also, to listen to the perspectives of delegates from different geographic locations; the point was also made about how UK conservatoire training has neglected CCM. From my experience, I have to agree that it's about time we and our training programmes viewed CCM or 'popular' music as a legitimate vocal style in its own right, and recognise that it is not part of Musical Theatre. It seems that the first step in this would be for CCM teacher training to be introduced in the UK.



Another talk that moved away from a Eurocentric teaching focus was Dr Trineice Martin-Robinson's talk on singing Soul music. She defined Soul as the "unapologetic communication of what you are, what you believe and how you feel about it". I was transfixed by Dr Martin-Robinson's words and fell in love with her pedagogy of nurturing students as individuals — bringing out their uniqueness rather than 'stripping' away before building technique. As a voice coach myself, I was fascinated by her approach of listening to the student's speaking voice and determining what it says about them as a vocal artist. When taking the group through improvised soul singing, I found it to be a joyous conversation (despite the muted screens) and was genuinely humbled as a white witness to learn more about the Black American experience of Soul and its cultural ties.

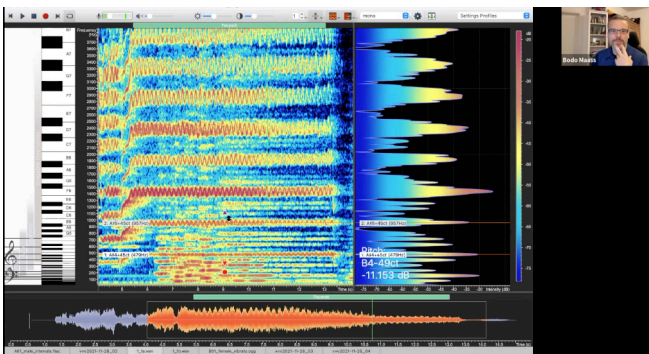
1. Stamina, stamina, stamina! More tips...

- Get the keys right first time
- 'No sound check, no gig, no exceptions' (Wilson, 2013, p. 64)
- In-ear monitors – the double 'win win' (see Essential Kit)
- Resonance boosting – "more bang for your buck" (Bradford, 2019)
- Befriend the sound guy (Thompson, 2014; Wilson, 2013)

Jo Sear's webinar was another really pragmatic workshop for the gigging singer. Covering health, finance, set work and equipment, this talk gave practical tips on everything the gigging artist needs to know, with a particular emphasis on the importance of vocal stamina and how to nurture it.



This theme carried on through to **Meredith Colby's** Neuro-Vocal Method talk. This was a practical lecture on how harnessing neuroplasticity can be one of the most effective ways to alter the way you sing — something that can truly aid vocal recovery. It was brilliant to see so many experienced vocal teachers experimenting with Colby's techniques and it reminded me of the ever changing nature of our work.



The last two workshops of the programme once again demonstrated how principle meets practical. **Bodo Mass'** demonstration of VoceVista [sound analysis software] walked us through a technology that registers the frequency and harmonics of the voice. VoceVista can seem intimidating at first but after a few minutes of the demonstration, it was evident how useful it is for the teacher and student. The software lets the user map the voice visually, allowing the potential to understand it to increase.



Lastly, **Chris Johnson's** talk on acoustic inertance ran through a potentially complicated topic in a way that was clear, and more importantly, useful. After explaining the anatomy of vocal fold movement, his practical tips on what this means for the singer meant that none of it was just "for our information", but for our practice as well.

Overall, this BVA workshop did not disappoint, delivering a great mix of informative, practical and soulful content. I always welcome relevant discussions on terminology in the field and I absolutely came away with a greater sense of where vocal pedagogy is going in order to celebrate the individual, as well as new techniques that I can start bringing to my students.

***Molly Parker** is a voice, accent and presentation skills coach based in London.*



The *Longevity* of the Mature Female Voice

Does maintenance of vocal functionality have wider implications for the health and well-being of the singer?



Rebecca Moseley-Morgan

My passion for working with the older voice began many years ago. Like most singers, I had a portfolio career which included both teaching and singing; I was still a working opera singer and the mum of three small boys. The family schedule made it impossible for me to teach children, and so began my journey of working with the older voice. I am fortunate enough to live in Oxford where choirs are plentiful and where singers are keen to improve and sing to the best of their ability. I too was keen to learn. I will always be grateful to the BVA for the many excellent courses I was able to attend, which inspired my own research journey.

I observed in my voice studio that although science predicted that voices would fail with age, this was not what I was witnessing amongst my students. I wanted to know why. My research began with doing a master's degree in musicology. I was lucky enough to meet Professor Graham Welch whilst doing this and I was able to make my master's dissertation the pilot study for my PhD under Graham at UCL.

There was (and still is) sparse literature on the topic of the ageing voice, especially that written from the perspective of a singer and a musicologist. The time was right for this research, as attitudes to older women had changed so

much. In past literature, the older woman was often portrayed as a witch, associated with ugliness, infertility and wickedness, or as a poor, degraded, frail grandmother. Older women are now of increasing importance to the vitality and stability of society and the economy. Average life expectancy of a woman is approximately 86 years; women are in a better state of health and are living longer, more active lives.

Research Questions

1. What are the components of a healthy voice?
2. How does a healthy voice function?
3. Does the female voice change with age?
 - a. What are the anatomical changes that occur with age?
 - b. What impact do these changes have on:
 - Respiratory function
 - Laryngeal function
 - The musculoskeletal system
 - Vocal acoustics and psychoacoustics

4. Can effective training mitigate the effects of ageing?
5. Are there other benefits to the mature female singers to be derived from maintaining the functionality of their voices?

Methods and Sample Size

My research methods included a literature review, an experimental study in which singers performed vocal tasks to test their vocal functionality, a questionnaire, volunteer diaries and my own research log. 54 women aged 55 and over took part. 34 were amateur choral singers, 10 were professional singers and 10 were self-proclaimed non-singers. They met on four occasions over six years and on each occasion, they performed tests which I had devised. These examined the singers' agility, breath control, onsets, legato line, vibrato, intonation, pitch range and fundamental frequency.

Predictions

The literature review predicted that over time the following would occur: the respiratory muscles would weaken leading to a decrease in expiratory flow and lung pressure; the vocal folds would suffer from atrophy, bowing or oedema, causing a breathy or creaky sound or hoarseness. The vocal tract calcifies and ossifies over time causing changes to its elasticity. This can affect both resonance and vibrato. The menopause can bring about many and varying problems, such as a loss of the upper register and dryness of the mucosal membrane, leading to an increase in phonatory effort and loss of vocal comfort. Muscle atrophy in the tongue can cause loss of motor function and strength, changes to the temporomandibular joint can cause jaw tension and loss of teeth, and finally, changes to neuromuscular control can lead to changes in stamina and mental function.

Despite this, I was inspired by sports science research that suggests respiratory function can be improved and that any muscle can be strengthened with exercise.

Findings

The findings from my research showed that respiratory function and agility could be improved and maintained over time. Training could improve vocal onset so that it was neither forced or breathy. Intonation was largely influenced by early musical training rather than vocal technique. Where the breath control improved, vibrato was more controlled, and the rate and regularity of the vibrato was more problematic than the extent. The pitch range did indeed show that the fundamental frequency dropped over time as the literature suggested, but many volunteers retained and even increased their upper pitches. The story behind the data showed that the more proactive the singer was, the better their voice coped with the ageing process.

Finally, the stories hidden in the questionnaires and diaries showed how important singing was for maintaining health and wellbeing. Over 82% of the singers in this study reported that they were in a state of good mental health. They said that singing gave them a sense of achievement which improved their sense of identity and self-worth, and helped them maintain a positive attitude in other areas of their lives. Singing helped them deal with grief, illness and loneliness. The overarching message from this research is keep singing, stay happy, use it or lose it!



*Contact me with questions or for more information:
r.moseley-morgan.14@ucl.ac.uk*



World Voice Day 2022 'Lift Your Voice'!

This year, the BVA will be podcasting to mark WVD, **April 16th**. Hosted by **Tori Burnay**, Clinical Lead SLT at Guys and St Thomas' NHS Foundation Trust, we present two podcasts on working in the **voiceover** and **presenting** industries. The theme for this year is 'Lift Your Voice', and the BVA will be showing us how to do just that, without hurting it.

The voice artist's role is extremely varied and often very vocally demanding. We'll be exploring the role of the voice artist, delving into what the work entails and the vocal extremes that may be expected.

Artists working in areas such as presenting, or recording character voices in genres like gaming or anime, often find that their work requires the use of heightened voicing techniques.

In these podcasts and the accompanying advice leaflet, the BVA aims to raise awareness of some of the issues that can accompany working in these industries, and offer appropriate advice on voice care.

Singing for Health and Wellbeing: Lessons learnt from practice and research

Our Next Event



Singing for Health and Wellbeing
Saturday, 23rd April 2022
10.00-17.00 GMT

Whether as performance or therapy, alone or in a choir, **singing is known to improve health and wellbeing, bringing about increased engagement, agency and confidence. But do we understand why and how?** This interdisciplinary study day brings together leading voice researchers, therapists and vocal practitioners. From their diverse corners in the arts and sciences, our presenters share what has been learnt from innovative projects and specific interventions to improve singing and speech outcomes, and to employ voice work to promote physical and mental integration and wellbeing.

Topics include: *The larynx and Covid-19, dispelling the myths; Beatboxing for Muscular Dystrophy and Cystic Fibrosis; Singing for Lung Health (COPD, Asthma, and pulmonary fibrosis); Therapeutic Application of Osteopathy to Singing; Songwriting for Perinatal Mental Health; The Longevity of the Female Voice; Singing for Health Network: Bridging research and practice.*

Presenters: Georgina Aasgaard, Ann Coxhead, Sophie Dunn, Emily Foulkes, Dr Rachel Goldenberg, Rebecca Moseley-Morgan, Dr Natalie Watson, Dean Yhnell.

	Early Bird (Deadline, Friday 1 April)	Standard (From April 2)
BVA Member	£30	£35
Non-member	£45	£50
Student (ID required)	£20	£25

Tickets

<https://www.eventbrite.co.uk/e/singing-for-health-and-wellbeing-lessons-learnt-from-practice-and-research-tickets-297894429257>

Topics and presenters



Georgina Aasgaard

NIHR Pre-Doctoral Fellow;
Musician, Live Music Now.

The Lullaby Project: Songwriting for Perinatal Mental Health

This session reports on a Live Music Now initiative (with Carnegie Hall's Weill Music Institute) that invites parents to create and sing personal lullabies for their babies with the help of musicians. Since launching the project in October 2021 with NHS partners, Live Music Now has worked with over 50 mothers in England and Wales, including those experiencing peri-natal mental health difficulties. Evidence shows that creating, singing and sharing lullabies promotes maternal health, child development and parent-child bonding.



Ann Coxhead

The Therapeutic Application of Osteopathy to Singing: How trauma and a dysfunctional breath pattern can challenge the larynx

In this session Ann offers an anatomical and physiological approach using breathwork and osteopathy to explore dysfunctional breathing patterns that hinder the mechanics of the larynx.



Sophie Dunn

Director, Live Music Now South West
Beatboxing for Muscular Dystrophy and Cystic Fibrosis (with Dean Yhnell)

This session introduces a project initiated during the early Covid lockdown which has proved hugely beneficial to a group of secondary school students. Weekly online beatboxing sessions with students with complex needs (often non-verbal), have developed motor control of mouth and tongue muscles leading to significant outcomes for speech, communication and eating.



Emily Foulkes MA

Singing for Health Network: Bridging Research and Practice

Emily is Founder and Director of the National Singing for Health Network, which aims to bridge research and practice and support the Singing for Health movement.



Rachel Goldenberg EdD, EdM, MM

Singing for Lung Health: Where are we now?

The 'Breathe, Sing, Move!' programme, first held at Breathe Well Physio in Calgary, Canada, combines traditional group singing lessons and physiotherapy, to improve symptoms of lung disease. In this presentation, we will explore the current available research and theories about why singing is beneficial to people living with impairments in the respiratory system.



Rebecca Moseley-Morgan

The Longevity of the Mature Female Voice: Implications for the health of the mature singer

Rebecca has worked with the older voice for over 30 years and her PhD thesis has revealed some fascinating results on optimum ways to teach the older singer, and the enormous health benefits that can be gained from maintaining the functionality of the voice from midlife and beyond.



Natalie Watson MBBS, Msc

The larynx and Covid-19, dispelling the myths

Natalie is an ENT surgeon in the NHS with a passion for laryngology, singing and the Arts. She co-founded the EPSRC-funded PERFORM working group researching respirable particles emitted during singing, playing woodwind and brass instruments, physical exercise, and carrying out speech and language exercises.



Dean Yhnell

aka **Beat Technique**,
Musician, Live Music Now

After making the leap into professional beatboxing in 2010 and performing at venues including Glastonbury, the O2, Royal Ascot and Silverstone, Dean now spends the majority of his time teaching young people in schools and youth organisations the art of beatbox, rap, dj-ing and music production, improving their communication, literacy and confidence levels through his teaching style. Dean has been part of Live Music Now since 2017.



David Siddall Remembered Father, grandfather, dog-lover

David William Wellard Siddall

January 31, 1957 - January 21, 2022

Noel McPherson, Compton Publishing

How sad to learn of the quiet passing in his sleep of **David Siddall**, who will perhaps be known (perhaps unwittingly) to most BVA members through his fine work on the Association's print and electronic media.

David was introduced to me by **Meribeth Bunch Dayme** in her favourite haunt at the Institute of Directors in London in the mid 1990s. I have no idea how their association came to be, but I am glad it happened, because it served to set me on course for a 30-year professional and personal relationship that sadly ended with his peaceful death following a stroke, on January 21.

David was a graphic designer who worked in publishing and advertising for much of his life, before metamorphosing into a one-man multimedia agency in the late 1990s. He worked on as diverse a range of subject areas as you could imagine – from aviation to voice. At the time we first met, the BVA was planning to ramp up its organisation under **Gunnar Rugheimer**. I was handling admin for the BVA with the indomitable **Muriel Mitchell** and, having sorted out the membership (then, a mere 300 of which fewer than 200-odd were paying!) and the

constitution as the BVA became a company, we started to look at continuing education and communications. It was with David that I came up with the original corporate 'V' logo (much to **Adrian Fourcin's** annoyance, as it looked nothing like a voice print!) and the first issue of *Communicating Voice*, which you are either holding in your hand, or reading online on the website that we jointly devised and that David transformed over the years.

Aside from his talents as a designer (every single Compton Publishing jacket was his work), David was huge fun socially, and we spent many late nights planning the BVA's fortunes fuelled by copious rations of ale. In recent years, he had moved from his base in Monmouth to return to his hometown in Dartmouth and any of his Facebook followers will have been regaled with tales of his obvious romance with his location, as well as adventures at sea in his dinghy. Faced with adversity, David was a fighter, coming back from the brink financially (and at the time, mentally) and, throughout 2020, a brain cancer, from which he appeared to have recovered. Sadly, there was one more battle he was destined not to win.

God bless you, David.

Craig Lees, BVA President 2019-2021

In my time as President of the BVA I worked closely with David on a variety of different projects. The diligence, professionalism and vigour with which he approached his work was invaluable to both myself and the charity, helping us to establish a visual style, identity and brand. He was also an incredibly generous man, always more than happy to give his time to talk through new ideas and projects, offering his expertise and knowledge. When David received his initial diagnosis, the BVA was just about to launch our advertising campaign for our biggest project to date: a three-day virtual voice conference. Despite the physical and emotional impact that the diagnosis must have had on him, David insisted to me that he wished to continue doing whatever he could to help us make the event a success. This is how I will always remember David, as a kind and committed gentleman who loved his work and those he worked for.

The BVA has made a donation to Dartmouth Caring in David's memory. www.dartmouthcaring.co.uk