

COMMUNICATING VOICE

SPRING 2016
VOLUME 16, ISSUE 3



The journal of **the british voice association** – the UK's voice for voice

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EDITORIAL

As mentioned in the last edition, I had a growing pile of books ready for review so many thanks to all of you who responded to Jackie's request to write one. There are 4 reviews covering subjects from professional voice use to somatic re-education which ties in well with the reports of *The Voice in Distress: Burnout and Emotional Repair* which took place on separate half days in January and February, a new venture in scheduling, and drew a large audience – see pages 5 – 7. The *Voice Clinic Forum* report starts on page 3.

This edition also features an entirely new look to coincide with the launch of the Association's new website, to find out more read David Siddall's summary of the thinking behind this extensive refresh of both the BVA's public face and the communication style (see right).

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We're also on Facebook and Twitter

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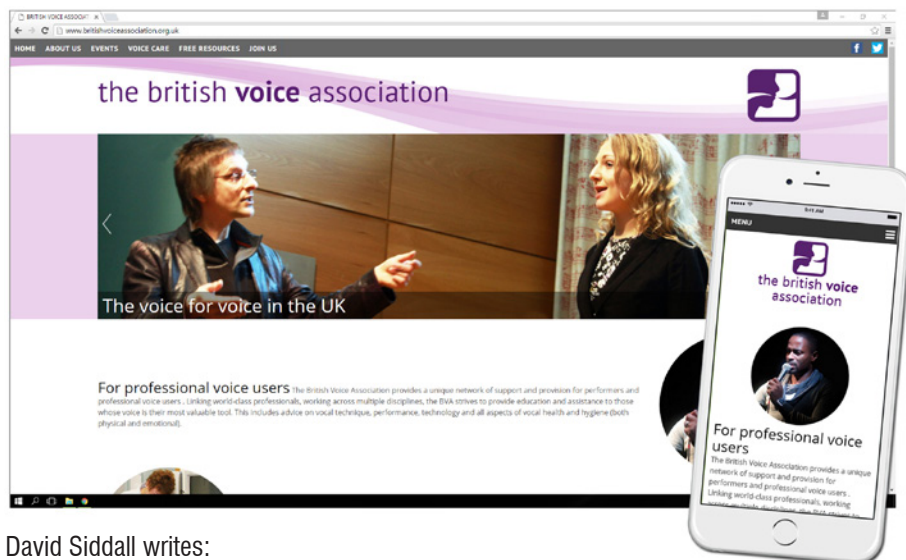
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DEADLINE FOR THE NEXT ISSUE: 15 June 2016



britishvoiceassociation.org.uk

Introducing our new look...



David Siddall writes:

The brief for the Association's new website was a challenging but not unusual one as organisations of all types and sizes seek to engage with a younger audience in the search for sustainability and to respond to the growth in the use of smart-phones and tablets for web access. Indeed, depending on which statistics you credit we are now close to, or have even passed, the point at which hand-held mobile devices overtake desktops as the preferred method of accessing online digital media. In essence, what the Association needed was a contemporary new look designed to appeal to the next generation of members, fully adaptive accessibility via smart-phone and tablets for all its online content, plus the option to quickly and easily apply for and renew memberships online.

One of the first considerations addressed as part of this opportunity to update the Association's look (both on and offline) was the importance of the needs of those approaching the organisation for the first time – particularly potential new members. Would they do so via the acronym 'BVA' or would they search for the organisation's name in full? The conclusion was that they would most likely search for British Voice Association despite the fact that within the organisation members familiarly refer to it by its initials. A further consideration was the need to re-establish the Association's visual identity to counter the growing similarities between the British Voice Association's and the British Veterinary Association's visual presentation – the use of an almost identical green by the latter and a growing tendency to refer to itself as the BVA being the principal motivators.

The Association's new branding therefore features the name in full and we'd encourage members when presenting to the public to refer to the British Voice Association rather than the BVA. This is particularly important in respect of social media as a search for 'BVA + Facebook', for example, is most likely to produce results for British Veterinary Association rather than the British Voice Association!

During the design process numerous colour options were considered with the final choice being a strong, vibrant and distinctive purple. This in turn inspired the development of supporting graphics to fulfil the Council's agreement that the organisation would benefit from a symbol which would position the Association to take best advantages of that most contemporary of digital presentation assets the home-screen 'tile' on hand-held devices. The result is an icon (defined in design terms as 'a graphical representation of a concept or operation') which accompanies the organisation's name in full and seeks to link the two aspects of sound made by the vocal process, the physiological or inner workings and those which are projected as sound or voice.

The new website, launched on 30th March, brings together key aspects of the Council's wish to appeal to a younger audience, to reaffirm the multi-disciplinary nature of the organisation and to communicate with potential members using an altogether more inclusive, narrative style. The story is not quite complete yet either with plans for further developments planned and in the pipeline.

The new branding and its associated visual styling are also now being rolled out across all the Association's publicity material and will shortly be seen on social media and event promotional literature – and, of course, are featured in this re-styled, refreshed edition of 'Communicating Voice'.

BVA Voice Clinics Forum 2015

Report by HEIDI DE QUINCEY

I attended this forum, held in the Governor's Hall at St Thomas's Hospital, close to Waterloo and an attractive setting – but with rather unforgiving acoustics.

I was a little hesitant about attendance as I do not strictly participate in a voice clinic at present, but was heartened to see it was well attended by all representatives of our professions in many current roles.

The introductory presentation was from a GP and commissioner (**Neil Douglas**) who clearly outlined the commissioning process; the essential jargon and clearly pointed out where we and our clients fit in, or of course don't! The 14/15 NHS Outcomes Framework may mention 'positive experience of care' but in no way includes Voice or where that might fit in. I have experiences of zoning out during such explanations, but Neil did make this immediate and relevant – all too relevant of course when needing to prove our specialisation and the quality of our interventions.

He was followed by **Kate Young**, a SLT who deserved a standing ovation for a presentation of her department's bid to retain their voice clinic in the face of staff changes and subsequent less obvious medical enthusiasm. I don't want to turn this into a feminist admiration article, but Kate learnt fast that she had to turn up and prove the value, links and repercussions of retaining the clinic, or its loss, and gain best advice about structuring a successful bid – all this when over 7 months pregnant.

We then heard **Nick Gibbins**, ENT Consultant, who rather critically summed up Laryngology training over 5 decades since

Kate Young



Neil Douglas

the 70s. I suppose like many sub-specialities, its expertise has been created from personal interest, travelling abroad, often self-funding and doing 'a bit of voice on the side'. He made a plea for exposure to the voice clinic as part of junior level training and more apprentice-style learning. Luckily, very necessary coffee followed... and networking amongst the exhibitors.

We returned to hear Medic & SLT, **Rehab Awad**, present her suggestions for a Voice Clinic Training Competency Framework. This clearly displayed the development of the skills and practise contributing to a smooth running and effective clinic. Awad then directly asked for our feedback on the Framework, but I felt

Nick Gibbins





Rehab Awad



Gary Wood

this would be an easier thing to offer on line rather than during this forum, especially as questions were hard to hear without amplification.

Dane Chalfin gave an honest and professional appraisal of training for singing teachers who are part of a voice clinic team, and clearly explored the professional boundaries and delicate relationship, perhaps in the absence of an evidence base, with the professional requirements and 'living' of singers. He clearly stated the value of 'hours of observation' – so valuable for learning and how wonderful an opportunity for younger potential team members. I agree, we don't provide singing training on the NHS, but I have seen many singers and given my best when asked, so we all hope to pull together on this.



Dane Chalfin

The very necessary and welcome lunch happened, and the lovely chat that accompanies it. After a while, however enthusiastic I am about the subject matter, all I can think about is coffee or lunch.

After reconvening, **Gary Wood** gave us his thorough yet gentle overview of useful and essential voice technology. I'm always on the lookout for yet another way to assist our clients and wasn't disappointed. For those not attending and haven't already, check out – Operavox; Speechforgood; Voicetrainer; Warmmeup; and Dailywaterfree apps. I would like an app where Gary was available for advice whenever my confusion levels rise.

The research and audit papers were interesting – exploring data collection on Operavox; the use of a smart phone app for data collection; reflux treatment and its voice relationship – despite it being so hard for us all to maintain focus as the afternoon progresses.

Photos by John Baines



Thank you so much BVA for bringing together such a comprehensive Voice Clinic day.

The Voice in Distress

Report by ANNEKE FREELAND

Space prevents me from doing full justice to the helpful and informative wisdom of our five speakers at our two half days at Baden Powell House on Saturday 30th January and Sunday 28th February, so I must try to pull the main points together with apologies if I do not ascribe each pearl to a particular speaker. Our speakers were:

BURNOUT

Saturday, 30th January 2016

Anne Holmes MA, Dip Ed, MinstGA, a Group Analytic psychotherapist, who introduced her concept of creative repair with reflection on the emotional dynamics of the singing teacher/student relationship. She also considered the psychological significance of finding one's voice.

Christina Shewell, MA, FRCSLT, ADVS, Voice Coach, and Lecturer, whose interest covers links between neuroscience, voice and psyche. She addresses voice work along the continuum of normal-abnormal voice, in singing, spoken voice coaching and voice pathology as demonstrated in her book 'Voice Work: Art and Science in Changing Voices'.

EMOTIONAL REPAIR

Sunday, 28th February 2016

Dr Jo Ashcroft, Clinical Psychologist, Department of Psychological Medicine, based within the severe asthma service at The Royal Brompton Hospital. Jo reviewed the history of the mind-body links and the progress we have

made in our understanding of somatic conditions, including recent neuro-imaging evidence.

Dr Anne Hurren, Speech and Language Therapist, specialising in Voice Disorders and Laryngectomy, working with psychological aspects of dysphonia leading to further research and clinical work in the field of Surgical Voice Restoration.

Ms Lynne Wayman, Singing Teacher, Vocal Coach, Voice Rehabilitator. Singing Consultant for the Voice Clinic at the Queen's Medical Centre, Nottingham.

SUMMARY

Burnout of the voice can be reversed, as the larynx is resilient. The important thing is to diagnose whether any condition is somatic or physical. Creative repair such as exercising or doing the opposite to what is causing stress can have immediate effects.

At all times there needs to be proper diagnosis. When physician or counsellor meets a client or student, watch body language, listen to the voice which could be high pitched, strangled or a small voice in a large body etc. Exhaustion, tight muscles, breath disruption, sleep disturbance, disturbed concentration, circling thoughts, being overwhelmed, anxiety, facial expressions, can point towards a particular condition. Allowing the client to speak may in itself bring about a release and help to set in motion the client's healing process.

Somatisation is the manifestation of psychological distress by the presentation of bodily symptoms. Emotional pain links to physical pain. Key players in this field mentioned were: Descartes' Dualism (spirit and matter, when mind and body interact); Freud & Psychoanalysis on consciousness, pre-conscious, unconscious conscious and Freud & Hysterical Conversion; Charcot, neurologist, who treated patients suffering from unexplained physical manifestations (seizures, paralysis etc); lastly Breur (physician) linked a famous case

The 'Voice in Distress' audience at Baden Powell House



where he took a patient back to a traumatic experience and asked her to express feelings at the time. Freud himself would psychoanalyse by applying pressure on the patient's forehead and ask what came to mind. All these key players understood the importance of diagnosing whether the condition was somatic or physical. Further headings were Aetiology, 'What is organic'? Neurobiology of Somatic Disorders and Neurobiology of Conversion. All speakers included in their presentations therapeutic approaches; how do we engage with a client presenting with potential somatic/psychogenic symptoms?

Lynne presented further case studies which included an amateur tenor who, by caring for his wife became exhausted, worried and isolated. By introducing him to support groups, teaching him to relax his muscles, encouraging him to listen to piano and chamber music and applying vocal exercises including sirens, lip trills and scales for flexibility, he managed, after ten sessions to sing again and reset his muscle memory. Other cases included the importance of checking that dancers do not employ reverse breathing. It was a bonus to see a clip of a singer being interviewed with positive results after ten sessions.

All in all these two half days were most instructive and enjoyable.

Anneke Freeland is a singer and peripatetic singing teacher at Exeter University

MICHAELA BETTS continues BURNOUT

'Creative Repair and the prevention of burnout' – Anne Holmes

Anne described burnout as a very extreme state that can take on different forms and often is the result of a build up of issues that have not been addressed. She mentioned the spectrum of post viral fatigue and that people often have no time to recover or recuperate.

Sustaining psychological health, the concept of creative repair and the restorative powers of music, drama and art were mentioned; name checking Professor Peter Slater's 'Music of the Heart' and Anthony Store's 'Music and the Mind'. She encouraged us to discuss the ways in which we creatively repair. Interestingly, my group discussed the desire to seek out silence because of being around music all day!

Anne went on to talk about being receptive and self aware and suggested writing an inventory of the elements of our lives that drain and repair us, and suggested a non judgemental atmosphere in sessions, being aware of the boundaries of what we, as teachers, can offer. She encouraged the referral of students to a GP if they needed additional support and advised against teachers acting as amateur therapists.

'The Wisdom of the Body' – Christina Shewell

Christina echoed Anne's lecture in that burnout occurs over time. She listed symptoms including exhaustion, tight muscles, breath disruption, sleep disturbance and disturbed concentration and how burnout affects the body and mind.



Photos by John Baines

Jo Ashcroft

However, it is an opportunity for change and displayed a striking image of the Phoenix rising from the ashes.

Using imagery as a powerful tool for transformation featured a lot in Christina's talk and it was fascinating to hear how 90% of the brain regions used for imagining visual images are the same ones used when seeing a real visual image. Mindfulness was also a recurring theme and she quoted "don't just do something, sit there", which got lots of laughs from the audience.

EMOTIONAL REPAIR

Mind over Matter? Understanding the impact of emotional stress on physical health – Jo Ashcroft

Jo began with a potted history of somatisation, current diagnostic criteria, pathways between mind and body, clinical engagement and the therapeutic approach. She discussed the links between emotion and physical symptoms and the language that we use i.e. emotional 'pain', 'sick' with worry etc. She drew on examples from Descartes, Freud "in brief!" with his theory that the unconscious governs a lot of our decisions, Charcot and Breuer.

She covered the key areas of the brain and how stress affects it playing an excerpt from a brilliant Ted talk about how chronic stress and Cortisol can cause the brain to shrink in size! She also talked about how these changes can be reversed, which was reassuring.

Therapeutic approaches e.g. mindfulness, DBT therapy, CFT, interpersonal psychotherapy, distress tolerance and interpersonal effectiveness were mentioned and the fact that "You can't get rid of fears but you can learn to live with them." She also emphasised the benefits of working as part



Lynne Wayman

of a team, being careful with diagnoses and the importance of evaluating the whole person. An example case history was of a young man with a clunking larynx, whose symptoms occurred (frequent cough, chest tightness, vocal cord adduction, voice loss) when he was stressed. On hearing the audio, the delegates discussed how they would work with him in a singing context to alleviate this tension.

'Assessment and management of psychological aspects of voice disorders from a SLT perspective' – Anne Hurren

Anne focused on the theory that underpins SLT practice saying that perfectionism tended to come up a lot, also personality traits gave predisposing factors. She mentioned Janet Baker, the Australian SLT, who brought together 5 models of things that affect the voice listing a demographic profile, stressful incidents preceding the onset, personality traits, coping styles and psychiatric disorders.

This model showed that people with high emotional awareness are able to consciously process things, but people with lower emotional awareness can experience to constriction. She highlighted areas of the SLT role as one of a "disentangler" and that problems were rarely all physical or psychological. There was a fascinating series of 4 aspects of Jahari's Window highlighting what the therapist knows and doesn't know, and what the client knows, or doesn't know, and how to collaboratively piece these elements together. She also quoted Carl Rogers and said that the therapist earns the right to have the client disclose sensitive information, which I thought was insightful.

'The only thing better than singing is more singing' – Lynne Wayman

Lynne began her talk by focusing on the practical aspects of



Anne Hurren

working with people experiencing stress which was affecting their singing voice and how, when they are referred to her from the Voice Clinic, they had often lost the joy and ease of singing. She spoke about how life events e.g. divorce, lack of work and bereavement can happen to professionals and amateurs alike causing anxiety and depression, which can then cause physical symptoms including muscle tension dysphonia and hoarseness. Case studies included a tenor, who had been referred to her by a speech and language therapist, who was suffering from MTD as he was the primary carer for his wife who had Alzheimer's. She explained the relaxation exercises she used to build an awareness of body tension, full body scan and breathing exercises making sure singers were warm and hydrated. She encouraged him to listen to piano or chamber music while doing the exercises as hearing the singing voice could trigger a sympathetic reaction, which I found interesting. She then mentioned a dancer who came for a consultation as she had a hoarse voice but was also underweight. As this problem was beyond her remit she referred the student to the Voice Clinic and upon further investigation found her to be living on a diet of Red Bull and caffeine tablets. The student was referred to a clinical psychologist.

Lynne talked enthusiastically and caringly about other case studies ending with a video interview where a professional singer, experiencing difficulties, explained how this had affected her emotionally. Singers can feel the need to "push through" and they can be overly hard on themselves, which in turn means they are hard on their voices.

To sum up, I found both days full of information which highlighted the importance of working with other voice professionals to offer the best network of support for clients and students.

BOOK REVIEWS

The Vocal Athlete

Leborgne/Rosenberg

ISBN 978-1-59756-458-8

Plural Publishing

Review by Frith Trezevant

This book aims to provide ‘scientifically based information without usurping the art of singing pedagogy’ to CCM singers, and is also geared towards singing teachers working in CCM and speech therapists who have CCM clients.

If you’re looking for a text book to run alongside a pop or musical theatre singing course, you might be interested in considering this book. It’s packed with information and references to books and journals and would form a good backbone for a course. There are the usual in-depth chapters on vocal anatomy and function, posture, breathing and resonance, with added interest provided by those on reflux, the life cycle of the singing voice, medicine - myths and truths, phonotrauma, a singer’s guide to anaesthesiology and a guide to audio technology. The third section – vocal pedagogy for the 21st century vocal athlete – is the unique selling point of the book. According to the authors, there’s currently no book that incorporates all this information into one text.

The writing is mostly clear and concise and you may find yourself understanding concepts you’ve been confused about – I’m always grateful for clarity on subjects like formants and harmonics for instance. However, there are so very many typos and grammatical errors - several in every single chapter - that I wonder whether anyone proof read it at all. One of the worst howlers is on page 146, where a list of operas with roles for children introduces us to “The Magic Flue”. The “stabile larynx”, “vocal timber” and “the soft palace” also feature. A pity.

The vocal pedagogy chapters were those that interested me the most. Chapter 12 gives a historical overview of classical



voice pedagogy and a list of resources. Chapter 13 does the same for CCM pedagogy, except that there is only one book mentioned “How to train singers” (Henderson). Otherwise, 17 articles in publications such as *Journal of Voice*. A shame, then, that British publications such as “Singing and the Actor” (Kayes) or “Ultimate Vocal Voyage” (Borch) don’t get a mention.

Chapter 14 – Belting: Theory and Research – covers such areas as vibrato, resonance, nasality, intensity and laryngeal muscle activity. The problems of proofing continue. In one experiment, laryngeal muscle activity was measured in seven singers. Two were professional classical singers, two sang both classical and non-classical and one was non-classical. What did the other two sing? We’re not told. Once again, the references are solely to articles.

Chapter 15 details principles of vocal training that are based on exercise science. Much of this is fascinating but as an Accent Method devotee, I’m wary of exercises that purport to develop inspiratory muscles, for example. The in-breath is a recoil. Voice building is not body building, where antagonistic pairs of muscles need to be strengthened, and there is a trade-off between strength, flexibility and stamina that singers need to be aware of. Bigger isn’t always better.

I bought for myself the book of exercises that show the practical side of what’s set out in the book. The entries are of variable standards in terms of how they’re explained and the application of science. My favourite has got to be Robert Sussuma’s “The singing self: A Three Part Contemplation”. “Appreciate all the hard work and diligence you have put into your craft”.

Hard work and diligence have gone into this book. It’s not quite there yet, but it’s still worth reading.

Have you thought of becoming a director of the BVA?

The BVA’s Annual General Meeting will take place on Sunday 10th July 2016 at Baden Powell House Conference Centre, London. At that meeting, new directors will be elected to serve on the Council and to act as Trustees. A Call for Nominations will be mailed to all BVA members in early May.

Do you know someone who might make a good director/trustee of the BVA? Are you such a person?

If so, look out for the Call for Nominations paperwork to be sent to you in May and submit a name.

A director and trustee must be a member of the BVA and must have:

- enthusiasm for the multidisciplinary work of the BVA
- a willingness to speak up
- a commitment to devote time and effort to the BVA as there are some 6 Council meetings each year and director/trustees are expected to attend all of them unless there is a sudden and urgent reason they cannot attend
- acceptance of the responsibilities of trusteeship
- an ability to work effectively as a member of a team.

Reasonable expenses for attending Council and Working Party meetings are reimbursed for directors who live outside London.



Body and Voice Somatic Re-education

Marina Gilman

ISBN 978-1-59756-509-7

Plural Publishing

Review by Lucy Legg

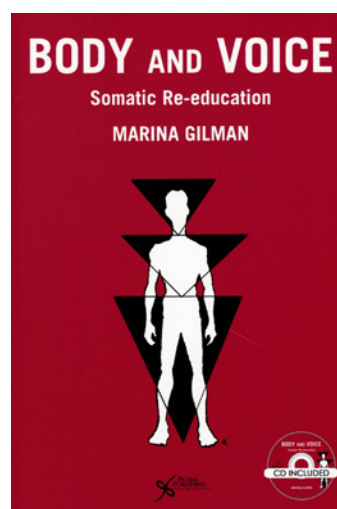
This book is very well written and clearly laid out with an excellent series of anatomical diagrams.

In Part 1 a series of chapters outline: how different parts of the body connect to the voice; how students can learn to feel what is going on within their own bodies, increasing their sensory self-awareness; and how the teacher can refine his or her ability to guide this process from what is observable on the outside.

Some voice teachers will find, as I did, that this book is a clear description of the way that they already teach, for others it may be an interesting explanation of how to take the observational skills they already employ when teaching their students to a deeper level.

There is no surprise at the timing of the publication of a book such as this. When I first started researching the Alexander Technique, an approach to somatic re-education, from a neuro-psychological perspective at the University of Sheffield in the early 1990s, the first studies that used functional Magnetic Resonance Imaging to explore neural activity within different brain centres, were only just being published, and most researchers had no access to such rare and expensive technology; as a result gathering enough scientifically robust evidence to validate the personal accounts of those using the Alexander Technique was difficult.

Fast forward a quarter of a century, and the technology is now available to explore the inner workings of the human body in thought and motion. The scientific community has



moved away from a perspective of the human brain as having fixed properties, towards a model that accepts that the brain has the capacity to adapt to changing circumstances such as stroke, but also to adapt as it learns.

There is also a growing acceptance that the neuro-muscular-skeletal system is much more integrated than first thought. The Awareness

Through Movement approach of Moshe Feldenkrais, on which this book is based, explores this potential mechanism for change and integration.

For those wishing to read more about the scientific studies taking place in this field Gilman's book includes an extensive list of references to research papers at the end of every chapter that introduces new ideas.

Part 2 includes case studies to explain each of the ideas from Part 1 in more depth, with an accompanying CD of tracks to guide the teacher, and student if they wish, through a series of Awareness Through Movement lessons – each focusing on increasing sensory awareness in a different region of the body, although of course Gilman is quick to point out that ultimately the body acts as a whole. Many of the tracks also include the option to vocalise whilst carrying out the movements, so that the singer can observe any change of use within their system as they approach sound making.

As a voice teacher, with the concept of somatic re-education at the heart of my own work, I highly recommend this book for anyone interested in learning to work this way with students.

Is Your Voice Telling On You? – 3rd edition

Daniel R Boone

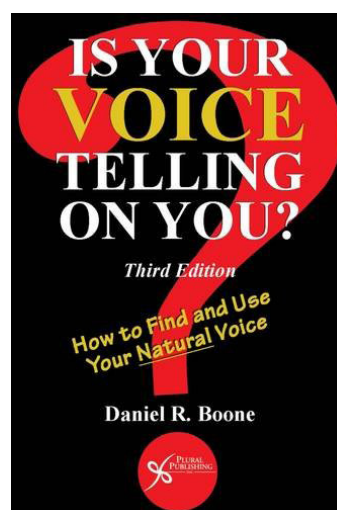
ISBN 978-1-59756-801-2

Plural Publishing

Review by Hayley Groves BSc Speech and Language Therapy Graduate

As a recent speech and language therapy graduate, I am used to reading voice textbooks exploring and labelling specific aetiologies, assessment and management. In *'Is Your Voice Telling on You?'*, however, Daniel R. Boone takes a refreshingly functional approach to our everyday speaking voices in a book which would be very enjoyable to read for anyone interested in their voice at any level.

With an easily accessible format the author encourages and supports the reader to engage with their voice, to explore its function and the effects the voice can have on



one's daily life and interactions with others. The reader is guided through considerations of pitch, 'voice focus' (resonance) and breath, and encouraged to consider how phenomena in everyday life including stress, cultural behaviours and emotions impact our voices.

Each chapter provides easy to understand discussions on many

fundamental aspects of our everyday speaking voices, providing simple exercises, enabling the reader to explore and discover their own voice to deepen their understanding and learning. Further exercises are provided that enable readers to work on specific aspects of their spoken voice they may wish

to develop, with easily signposted sections enabling this book to be ‘dipped’ in and out of easily. Boone writes in a very accessible way and I found that by completing the exercises I learned a great deal about my own speaking voice, much of which I had not considered before. I found this book enjoyable and took away exercises I could use in my own future clinical practice.

The only downside, from my point of view, was the lack of evidence cited throughout the book with much advice provided in anecdotal fashion. I must remember, however, that many people reading the book would appreciate it for exactly this reason – it is accessible and introduces those with little previous knowledge to the wonderful world of voice without becoming bogged down in academic discussions.

Boone’s final chapters introduce the reader to the role of professionals working in the field of voice and discuss when to seek professional help for voice difficulties which I’m sure many readers would benefit from. A clear, concise glossary of these professionals is included to demystify the experience of seeking help for voice difficulties. Daniel R. Boone, a professor emeritus in the Department of Speech, Language and Hearing Sciences at the University of Arizona, has enjoyed a long career in voice. His vast clinical experience and knowledge enables many key aspects of voice function and care to be translated and relayed to the reader in an easy-to-understand manner throughout the book.

In conclusion, I would recommend this enjoyable book to anyone who wants to explore their own speaking voice more fully, regardless of level of previous voice knowledge.

The Performer’s Voice – 2nd edition

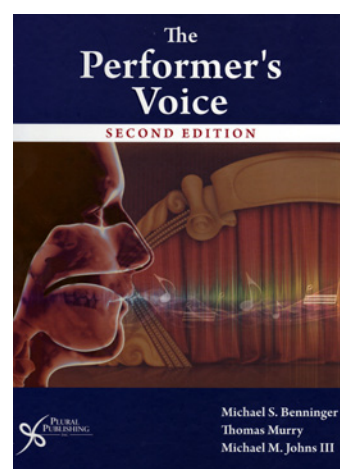
Michael S. Benninger, Thomas Murry, Michael Johns (Editors)

ISBN 978-1-59756-543-1
Plural Publishing

Review by Dr Gillyanne Kayes

This 2nd edition of *The Performer’s Voice* deals with issues relating to the elite vocal performer. A book of this type has a broad remit: the information needs to be pertinent to clinicians, yet understandable to non-clinicians, and also relevant to teachers and coaches working with professional voice users. As a singing voice specialist my personal interest is in the quality of the chapters relating to the anatomy and physiology of the voice, those on vocal function and the life-cycle of the voice, and the sections dealing with diagnostics, case histories and behavioural treatments. This review will focus on chapters most relevant to the teachers and coaches with an interest in vocal function. No comment is offered on chapters dealing with surgical interventions and drug regimes, or the section on building a professional voice practice.

My first observation is that although described as *The Performer’s Voice*, much of the detailed information in the book deals with singers whether opera, musical theatre, singer-dancers or singer-musicians. Both the chapters by Radionoff and LoVetri refer to some of the performing challenges faced by actors and professional speakers but these are paragraphs only and there is no chapter specifically geared towards spoken voice for actors. DeJonckere’s Chapter 12 on aerodynamic and acoustic voice measurement is excellent and clear, but where examples of performance application are given, these are in regard to singing voice. While it may be the case that there is less voice science data available on the actor’s voice than the singer’s, there is certainly some data, and it is a shame that no chapter was devoted to this subject in the book. A synthesis of clinical and research data with case histories of the professional actors would have been useful to those who train and treat the professional actor’s voice. That said, the book is informative and well-researched in terms of accepted knowledge of



practice and research findings, with good clear diagrams and charts, and excellent references for further reading at the end of each chapter. It covers a broad field of interest including musical cognition, and reports of physical therapies and some alternative therapies.

Chapters 4 and 5 offer the detailed, accurate and understandable

explanations of structural and functional elements, required for a book of this type. The presentations of anatomy, physiology and innervation are clear and detailed, the language is user-friendly without ‘dumbing down’, and the information made more accessible to vocal practitioners via references to the practical application of principles such as breath use in singing. Chapter 5 contains a rather elegant description of how muscular and aerodynamic forces combine to maintain vocal fold vibration during phonation, and my heart was gladdened to read that modal or chest register is the most efficient mode of phonation.

With life-expectancy increasing overall world-wide and especially in the developed countries, information about the effects of ageing on the voice was my next port of call. Chapter 8 is a necessary read for those working with members of the elder community. A clear message from this chapter is that as we age, it is important to keep exercising the muscles of the voice just as for the rest of the body. Simple self-help and client help can be offered safely in the form of SOVT exercises to alleviate muscle atrophy and address valve weakness.

Peak Woo’s chapter on Examination of the singer (Chapter 11) seemed to me to be very comprehensive. Woo takes into account that the otolaryngologist – who has likely not trained as a singer or musician – might well see singers’ vocal issues as being psychogenic in origin. He stresses that auditory, sensual and visual observation are important tools for initial assessment, as well as the instrumentation

that allows for viewing of the voice. A range of tests and protocols are recommended that will provide a useful guide for clinicians setting up a voice clinic, including scales, pitch glides, *messa di voce* as well as the more usual GRBAS ratings, reading tests and accepted protocols such as the 'ee-sniff'.

In the Diagnostics section, a chapter of particular interest deals with Acute Assessment of Professional Singers (Chapter 15). Although this chapter reports on dealing with classical and operatic singers in particular, it has relevance to other singing genres. It is concise and readable with interesting case histories and a useful set of tables showing absolute and relative indicators for performance cancellation or possible cancellation: a useful guideline for singers and coaches as well as clinicians. The professional and psychological challenges that singers face when illness strikes - and performances might need to be cancelled - are presented sympathetically. The authors' thoughts on the coping mechanism of psychological regression as a stress response will be of interest to teachers and coaches: "if the singer can be convinced that he is capable of giving an adequate performance, then his biological processes will alter accordingly". The case histories presented are useful and relevant, describing environmental factors, effects of reflux and a possible contract cancellation that was averted after gathering phonetogram and tessiturogram data for the role that the singer was going to perform. This shows a deep understanding of the musical and vocal challenges of a

professional singer, as well as the clinical and vocal functional issues involved.

I was pleased to read a comprehensive chapter on Training and teaching the singer by Riley and Carroll (Chapter 20). Here not only gender, age and voice type are taken into account but also the singer level, genre and performing environment – a useful checklist for anyone setting up a teaching studio.

Finally, I was particularly impressed with Belau's and Murray's contribution on voice therapy for benign vocal fold lesions and scar (Chapter 21). Their analysis of factors to consider in working with different singer types is acute and insightful, taking into account the needs for 'preferred voice' according to performance culture or individuality of the singer, also pointing out that underlying problems of function may well be masked by compensatory behaviours that the singer has used for years to 'get by'. There is a table representing extensive case histories of singers of different types, indicating presenting complaint, type of lesion, interventions and outcomes.

Despite my earlier caveat on the lack of information specific to the actor's voice, I would happily recommend this book: to clinicians specialising in voice, to those studying vocal function and those who must teach it, either in theory or in practice. Like others of its ilk the book does not come cheap, so it is likely that only university and hospital libraries will purchase the entire work. However, Plural does allow purchase of individual chapters or sections by digital download and these prices are more affordable for the sole readership.

FORTHCOMING ASSOCIATION EVENTS

See www.britishvoiceassociation.org.uk for more details

VOICE AND THE NECK: Exploring links between them ** FULLY BOOKED **

Sunday 8th May 2016 – Baden Powell House, 65-67 Queen's Gate, South Kensington, London SW7 5JS

AGM and 'VOICE IN THE EXTREME' Study Day

Sunday 10th July 2016 – Baden Powell House, 65-67 Queen's Gate, London SW7 5JS

Annual General meeting at 09:30 followed by the AGM Study Day 'Voice in the Extreme'. This multidisciplinary study day is suitable for all those working with voice who are interested in groundbreaking, difficult and extreme issues related to Voice. The speakers will address issues including innovation in neuro-laryngology, laryngeal re-innervation surgery, neuro-linguistic programming (NLP) and the extremes to which the human voice can be developed including world records for range, volume and other wonders of agility, tone and voice production.

THE ACCENT METHOD: A 3-day course

Wednesday 13th July and Thursday 14th July 2016 plus Thursday 5th January 2017 – The Priory Rooms Meeting & Conference Centre, 40 Bull Street, Birmingham B4 6AF

The Accent Method is a holistic therapy regime designed to co-ordinate respiration, phonation, articulation and resonance to produce clear and well modulated speech. The aim of this course is to set out the rationale, on which the Accent Method is based, to allow delegates to experience the technique themselves and provide them with practical skills and tools to bring into their own area of work.

METHOD IN THE MADNESS: An introduction to research and audit

Saturday 24th September 2016 – Baden Powell House, 65-67 Queen's Gate, London SW7 5JS

Multidisciplinary study day suitable for all those working with voices who are interested in carrying out research or in auditing their work.

VOICE CLINICS FORUM 2017

Friday 13th January 2017 – The Governor's Hall, St Thomas's Hospital, Westminster Bridge Road, London SE1 7EH

Topics in planning include: A Debate: *This house believes that professionals working in a voice clinic should demonstrate fulfilment of a set of core competencies – the case for and against*; A Multidisciplinary Panel discussion of four difficult cases and their management and *Vocal biomechanics: are vocal gestures meaningful? If so, which ones and why?*

Further information and booking forms also available from administrator@britishvoiceassociation.org.uk

VAN LAWRENCE PRIZE 2016

CALL FOR PAPERS

The British Voice Association (BVA) is calling for submissions for this prestigious award to be presented at the Research Study Day meeting to be held on Saturday, 24th September 2016.

Van L. Lawrence was an outstanding American Otolaryngologist who was known and admired by all those specialising in voice. His death in 1990 was a great loss to everyone in the field. Perhaps his greatest contribution was to the advancement of interdisciplinary education among physicians and voice teachers. He is justly famous as one of the first doctors who could write and speak in such comprehensible English that he was actually fun to read and listen to! To honour his contribution to the voice world, he has a Fellowship in his name in the United States through the joint sponsorship of the Voice Foundation and the National Association of Teachers of Singing. In the UK, the BVA has instituted an award in his name to be offered every other year provided there are sufficient applicants of a suitable standard. The Prize is open to members and non-members of the BVA, including students, and carries a cash prize of £500.

Papers to be considered should be EITHER

A. Research papers

- Research papers may be quantitative or qualitative
- Papers should either consist of research that breaks new ground and has not been previously published, or they should crystallise and/or review existing research in order to provide valuable insights.

OR B. Experiential papers/case studies

- Papers can also be based on a practitioner's experience that invigorates the profession through valuable experiential findings.

Submissions

Those wishing to submit papers should forward the following **by 23rd May, 2016** on separate pages with a print size of 10 point or more in double line spacing to the Administrator of the British Voice Association (*contact details below right*):

- An abstract of no more than 250 words
- A brief biography of no more than 100 words. An acknowledgement will be sent upon receipt.

Selection criteria are as follows

- The minimum number of papers to be short-listed for presentation is three and the maximum four
- If there are only one or two short-listed papers, they may be held over
- The format will be for three or four papers (at the judges' discretion), to be presented, each lasting a maximum of 15 minutes with an additional 5 minutes for questions and discussion
- Work may be that of a group or multi-authored, but presented by one person only
- All media will be considered, namely: presentation with (or

without) audio-visual aids, e.g. PowerPoint, overheads, videos, cassettes, CDs etc.

Judging

Three judges for each year will be appointed by the BVA Awards Advisory Committee from the different disciplines within the world of voice. They will be chosen to reflect the areas of interest presented in the short listed abstracts and their decision will be final. They will be unaware of the biographies and therefore of the authorship of the abstracts.

The authors of the short-listed abstracts will then be required to submit an extended abstract on maximum two sides of A4 paper with a print size of 10 point or more, with double line spacing. This will form part of the basis on which the papers will be judged. The extended abstract must be submitted by 20th August, 2016. These 3 or 4 short-listed entrants will then be required to present their papers at the Research Study Day meeting on **Saturday, 24th September, 2016**. Each presentation will be strictly limited to 15 minutes with 5 additional minutes for questions and discussion (20 minutes in total), with the final adjudication being made by the judges on the day.

The entries are to be judged as an amalgam of both paper and presentation on the following criteria:

- Content and structure
- Relevance to the field of Voice
- Clarity and quality of written material
- Clarity and quality of presentation skills
- Knowledge and understanding of the subject matter in discussion at question time.

Each of the above categories will be marked on a scale of 1–5 (25 points in total as follows): 1. Poor 2. Minimal 3. Average 4. Good 5. Excellent

The paper/presentation being awarded most points will be judged the winner and will receive the Van Lawrence Prize. In the event of equal marks being awarded, the prize will be split equally between the authors.

Authors are reminded that in order to ensure the anonymity of abstracts no discussion must be entered into with any person whatsoever about the submission of an abstract or the contents thereof. Failure to observe this may result in disqualification.

The winning authors will then be expected to submit the extended abstract for publication in the BVA Newsletter.

Whilst this is an open call for free papers for the Van Lawrence Prize, the BVA wishes to stress that the views presented by the authors are not necessarily endorsed by the BVA.

Please note that as a general rule anyone taking part in Van Lawrence Award presentations will be required to pay a registration fee for the meeting at which the presentation is made, and all travel and other expenses will be the responsibility of the participant.

Dates

First abstract must be submitted by **23rd May, 2016**

Extended abstract must be submitted by **20th August, 2016**

Presentation of paper: Saturday, **24th September, 2016**

SUBMISSIONS: (Marked: Van Lawrence Prize)

Email: administrator@britishvoiceassociation.org.uk

Tel: +44 (0)300 123 2773