Excellent vocal technique is a cornerstone of healthy voice production, despite the singing style used. In this edition of the Voice Foundation Newsletter, I have invited two recognized teachers of singing to contribute to a discussion on vocal pedagogy, both of whom actively incorporate exercise science principles into their work. Liz Johnson Schafer skillfully weaves a muscle physiology perspective into her scaffolding approach to jazz technique. To the best of my knowledge, Liz is one of the first, if not the first, to formally write about applying the principle of specificity to jazz pedagogy.

Matthew Hoch has been interested in the merger of muscle physiology with classical singing pedagogy for some time and expertly provides an historical review of skill acquisition and singing training. While the term muscle specificity is a contemporary term used in exercise science, it is clear that singing pedagogues have applied this principle for far longer than has been formally recognized.

Our third author, Brian Petty, provides a spirited take on the role of the speech language pathologist (SLP) in treating the professional singer, particularly if the SLP lacks a singing training background.

Let the discussion begin!
As a teacher of jazz voice at a university that offered no other commercial voice lesson options, I attracted a range of students who wanted non-classical voice lessons for a wide range of reasons. Charged with teaching “jazz,” I discovered that jazz-style singing was an effective tool for training healthy vocal function and musicianship that mapped onto other styles of contemporary music. This lower volume singing encourages vocal fold flexibility, airflow management, diction practice, and ear training. It was the perfect style of music in which to address functional issues and very often get a voice up and running while simultaneously training the brain to practice unfamiliar harmonic structures.

Jazz is highly rhythmic. In fact, mastery of rhythm is one of the most important aspects of traditional swing-style jazz playing. In order to be a rhythmic singer, the voice has to be able to move between intervals quickly and smoothly, and within the prosody of speech. The melodies of jazz standards are so well crafted that the voice must be functionally viable in order to execute them and still sound conversational. Along with traditional vocal exercises, the process for being able to sing a jazz standard gives contemporary singers an exceptional training opportunity. Working through a song from the Great American Songbook from a stylistic perspective that even approximates the rhythmic and conversational approach of jazz, teaches vocal function that can be used as a foundation for most other styles of commercial singing.

One way to approach voice training using a jazz standard is through interval analysis and practice. In this article, I offer one way to use a song from the Great American Songbook, sung in jazz style, for functional voice training. Since most jazz standards are full of interesting intervals, one does not have to search long or hard to find a song that offers a

“Within the confines of these three bars, one can cull a myriad of vocal exercises”
Figure 1. Measure 22 of *Skylark*.

(Continued from page 2)

treasure trove of vocal exercises. For this example, I’ll focus on the tune, *Skylark* by Hoagy Carmichael and Johnny Mercer (1941)

Measures 22-24 in Figures 1 and 2 are from the bridge of the song and contain seven different kinds of intervals when counting from note to note: 2 half steps, 4 whole steps, 4 minor thirds, 1 major third, 3 major fourths, 1 tritone, and 1 major sixth.

These bars of *Skylark* are shown below in the standard key of Eb. Most singers will need to transpose this song into a key that sits as comfortably as possible in their lower to middle/mixed register. Although pure upper or head voice register is necessary for a fully functional voice, it is typically not used in the bulk of a jazz melody. If a singer can execute these three bars, they have practiced seven different kinds of intervals from note to note. Obviously, this greatly surpasses the intervallic athleticism of the average radio pop song. Sing *Skylark* and get a workout? I argue “yes.”

Within the confines of these three bars, one can cull a myriad of vocal exercises. For example, if I have a student who had trouble singing the tritone interval, I would isolate bar 22, shown in Figure 1, and have them sing just those 5 notes on the vowels of the lyric. I would then move that passage up and down by half steps so their muscles could learn those intervals (muscle specificity) on different pitches or at different vocal fold lengths with the corresponding vowel shapes. Once a student could smoothly transition from vowel to vowel with correct intonation in several key areas, I mix it up and have them sing the notes with nonsense vowels like “blah, blah, blah,” or “yah, yah, yah,” or “lo, lo, lo,” depending on their resonance and functional needs. Then, I have the student put the words back in and match the notes to the prosody of their everyday speech. This way, the student learns the melody, has the vocal ability to move from note to note, and can relate the melody to the text in a conversational way.

Not only can these three bars become an entryway for addressing any number of functional vocal issues such as breathing, tone, resonance, registration, intonation, vowel color choices, enunciation, tongue/jaw independence, etc., they can also be used for training musicianship and pitch perception. Another exercise I have students do for short passages such as this, is to play the bass note of the chord while slowly singing the written melody note above, either on a nonsense syllable or the lyric. This
Structured Pedagogy Continued

(Continued from page 3)

Teaches a singer to hear and experience the interval between voice and piano. The ears and body start becoming aware of simultaneous pitches and their relationships in real time. Sung in this manner, a singer will experience the tonic (or unison with the bass note), 3 major thirds, 1 fourth, 1 tritone, 1 fifth, 1 sharp fifth, 1 sixth, 2 minor sevenths, 1 major seventh, and 2 ninths, in just the three bars of Skylark as shown in red in Figures 1 and 2.

In some ways, I think of jazz as the classical singing of the contemporary voice world. If a student can sing in a style that even approximates jazz, they will have gained vocal and musicianship skills foundational to any kind of contemporary music.

Figure 2. Measures 22 and 23 of Skylark.

Liz has a Master’s Degree in Commercial Vocal Performance, a Bachelor’s Degree in Psychology, and also completed a Certificate in Vocolology through the University of Utah and the National Center for Voice and Speech. She has been a professor of Jazz Voice at Vanderbilt University, held voice faculty positions at both Trevecca Nazarene and Belmont Universities, and currently teaches at the Nashville Jazz Workshop and owns her own business. She primarily works in vocal habilitation, and is dedicated to bringing practical vocology tools to audiences and professional working singers across the US. Liz has also newly founded a blog for her vocal practice as a way to disseminate free voice information that integrates psychology, vocal pedagogy, jazz and science. blog.loverevolutionvocalstudio.com
This is an exciting time for voice pedagogy. The past 25 years have seen an explosion in research and technology that has revolutionized research in the singing voice. New fact-based resources, both in book and electronic formats, are at the fingertips of every singing teacher, and solid voice pedagogy curricula exist at hundreds of institutions across the United States and elsewhere. Perhaps most important, there is more dialogue than ever between singing teachers, speech-language pathologists, ENTs, surgeons, and voice scientists. Professional organizations like the Voice Foundation have provided a great service for voice pedagogy by fostering an environment for this kind of interdisciplinary dialogue.

In this era of objective measurement, it is helpful to reflect for a moment on the history of voice pedagogy and what our discipline looked like until several decades ago. Throughout the vast majority of its history, voice pedagogy focused primarily on the vocal warm-up and was geared toward essentially one purpose; it was designed for the singer to acquire a very specific set of skills necessary to needed to sing a specific genre of classical repertoire. An examination of the classic methods of Vacek, Concone, Panofka, and Marchesi—to list four of the most popular and still-used methodologists—reveals that these pedagogical staples are organized almost entirely by vocalises geared toward various facets of skill acquisition. It is interesting to note that concepts such as breath management and resonance—quintessentially important to the classical singer—are largely ignored in these publications. While it is safe to assume that these aspects of classical singing were highly valued and thus addressed by the singing teacher, there was not extensive discourse about these topics in pedagogical works.

In 1967, two seminal voice pedagogy works were published in the same year: William Vennard’s Singing: The Mechanism and the Technic and D. Ralph Appelman’s The Science of Vocal Pedagogy: Theory and Application. These books paved the way for a new era of voice pedagogy, one that revolutionized undergraduate and graduate curricula throughout the United States. The master-apprentice method of teaching, while still alive and well, was now blended with a newer approach, one that was more scientific and fact-based in nature. Then, in 1986, Richard Miller published The Structure of Singing. This book advocated for a systematic method for training singers, one that blended goal-oriented vocalises with explanations that were firmly grounded in practical voice science. Over the course of the following generation, voice scientists such as Ingo Titze and Johann Sundberg had considerable influence over pedagogical research. This influence is keenly felt in modern voice pedagogy texts, the most famous of which is perhaps Scott McCoy’s Your Voice: An Inside View (2004, rev. 2012). Singing
teachers can no longer graduate from DMA programs without some knowledge of practical acoustics and the singer’s formant. Hence, modern voice pedagogues have a broader and more inclusive view of what it means to be a singing teacher in the twenty-first century. While this has certainly been a positive development, the traditional focus on skill acquisition has been somewhat ignored in recent pedagogical research as more and more singing teachers have focused their efforts on various aspects of voice science and vocal health. But as the saying goes, “one should not throw out the baby with the bathwater”: skill acquisition is still quintessential in the training of singers. What, then, are the next steps in the continued development of a skill acquisition-oriented voice pedagogy?

First, voice science research can and should extend beyond the acoustic and the medical, and exploring the function and behavior of muscles can be a fruitful avenue. Specific to skill acquisition, singing teachers take a chapter from exercise scientists by incorporating the specificity principle into their routine technique regimens. The specificity principle states that changes in muscle function are very specific to the type of exercise, even when the same muscle groups are used. This is due to the fact that specific muscle groups are recruited for specific tasks. For example, if an athlete wants to improve his leg presses, he must practice leg presses. Practicing squats will not help to improve his leg presses; even though squats utilize the same muscles as leg presses, what is important is that they are not being used in the same way. Hence the specificity principle.

Second, by extension of this principle, skill acquisition exercises must be thoroughly grounded in the specific repertoire that the singer is being trained to perform. For example, classical Italian fioratura vocalises will do little to help train the Broadway belter in her upper chest-mix. Rather, these exercises will only help the classical singer improve her flexibility in selected passages of Italian bel canto repertoire. In order for the Broadway belter to improve her upper chest-mix, she must be assigned an exercise that directly addresses the upper chest-mix. This is, to an extent, common sense. Our CCM colleagues have known this for several decades, but classically trained pedagogues, who are often in teaching situations where they encounter musical theatre students, have been a bit slower to tether this concept into their warm-up routines.

Finally, armed with this increased knowledge of exercise science principles and repertoire/performance goals, modern voice pedagogues can begin untangling different strands of skill acquisition by applying the same scrutiny to warm-up exercises as repertoire selection. While teachers of singing routinely consider singers’ skill levels when assigning repertoire, systematic approaches to

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skill assessment have not been readily available. Rubrics may be helpful in untangling various aspects of vocal technique to assess the various skill levels of student singers. Adaptations of rubrics designed by Hopkin (2002) and Arneson (2014) can be fruitful when assessing skill acquisition in singers. These skill rubrics can then be compared to literature rubrics for optimal repertoire assignment. Rubrics, in their effort to objectify and quantify, are inherently imperfect in that they are in the end subjective and perception-based. Utilizing rubrics, however, when assessing vocal technique and assigning literature can serve as a useful checklist that can standardize and demystify a complex and routine process in the voice studio. Musical theatre and CCM pedagogues also should consider dissecting and developing skill-based rubrics within their repertoire, likewise constructing a systematic set of vocalises that speak directly to the skills their performers need to perform these very specific repertoires and styles.

In conclusion, consideration of exercise science principles, particularly in the area of muscle training and skill acquisition, can be an invaluable tool when assigning vocal warm-ups, and these vocalises should be thoroughly grounded in the specific repertoire that the singer will perform. Integrating these principles into one’s teaching routine encourages successful outcomes when honing specific aspects of singing technique. Untangling these various aspects of vocal technique through assessment rubrics can also prove to be invaluable.

References


2. During exercise, all of the motor units within a given muscle are not employed at the same time. Skill acquisition tasks train the muscle fibers to produce just the right amount of tension required for the task. The author is indebted to Mary Sandage, PhD, CCC-SLP, for her assistance in applying this topic to voice pedagogy.


ON THE FETISHIZATION OF THE CLASSICAL SINGER

BY BRIAN E. PETTY, MA, CCC-SLP

The early 20th-century Austrian satirist Karl Kraus once wrote in Beim Worte genommen (1909) that “there is no more unfortunate creature under the sun than a fetishist who yearns for a woman’s shoe and has to settle for the whole woman.” While Kraus’ career depended in no small part upon a cult of personality, these pithy words may have been more insightful than even he realized.

To fetishize something, one must ascribe to it an irrational reverence or obsessive devotion. We humans have a particular talent for this process, fetishizing such disparate things as ignorance, family farms, cell phones, and cultures. The unifying characteristic that ties all those Classical and/or operatic singers of the western tradition (hereafter referred to as “singers”) are among those for whom fetishization can serve as a double-edged sword, at once creating a sense of professionally-valuable artistic mystery, and hindering the understanding of the singers’ reality among those whose expertise the singer needs. Like many other professional voice users, the demands upon singers are specific to their work. As Dr. Johan Sundberg summarized, singers (when they are singing) clearly utilize a wider range of their available respiratory, phonatory, and resonant abilities than do nonsingers. But can this not be said of other professional voice users? An auctioneer or an actor (especially Shakespearean or classical Greek)

al application, wouldn’t they have similar communicative needs? Why, then, do we health care providers so often view the singer as a voice user requiring a quite rarefied skill set, when even they spend the majority of their average Tuesday using their voice in non-sung activities? Author and opera lover Wayne Koestenbaum posited that the attraction of star singers is an ability to raise the status of the abnormal to the supernormal, suggesting erroneously that the singer and the non-singer have no relevant commonality. When we accept that singers share many of the same vocal concerns and goals common among nonsingers, it changes the discussion about how the singer should be treated, and by whom.

“Focusing on these fundamentals can be very effective in helping the patient manage the totality of their communicative lives, rather than simply focusing on their singing.”

things together is the observer’s devotion to the idealized concept rather than the often-dull reality.

actors) may different but have equally-daunting vocal demands. However, when they are not using their voice in their particular profession.

There exists a spirited debate among those who work with professional voice users as to whether a speech-language

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pathologist with training and experience in voice disorders should work with singers in a rehabilitative context, or whether these patients should be seen by their singing teacher or a “singing voice specialist” instead. Aside from valid concerns regarding regulatory issues, professional liability, health information security, and third-party reimbursement, the debate addresses an important scope of practice issue. The American Speech-Language-Hearing Association, the national professional organization for American SLPs, has long advocated collaboration with singing teachers and voice trainers while emphasizing the network of laws governing delivery of service to patients with communicative disorders (including voice disorders). Therefore, assuming that the SLP is confident in his or her skills, can they see a singer for treatment?

In short, they can and they should. When providers encounter a singer whose career we admire, the fetishization effect can sometimes allow consideration of only the patient’s professional (sung) activities. Thinking of the singer as a “patient who sings” would acknowledge the very specific demands placed on their instrument while still remembering that there is an extra-laryngeal individual who deserves the same comprehensive consideration afforded to all other patients. Adoption of this mindset also empowers the non-singing provider who may be tempted to refer immediately to a colleague with a singing background. While the impulse to refer is a valuable one, we should not reflexively do so out of a dearth of confidence. It is the role of the speech-language pathologist, with an understanding of the totality of the instrument’s uses and the effects of other systems and disease processes on its functionality, to pinpoint the behaviors upon which the patient should focus their attention.

This approach often reveals that the singer’s dysphonia can be attributed to behaviors that happen outside the concert hall or studio. Voice therapy, therefore, addresses the totality of the patient’s vocal activities. If the patient’s vocal demands include prolonged speaking (such as teaching, fundraising activities, and lecturing), employing strategies such as resonant voice therapy would help to improve laryngeal efficiency and reduce overall vocal load. Some patients find themselves helping with their children’s soccer team, calling their dogs, or other tasks that require vocal projection. Establishing strategies for healthy and efficient projection with relaxed musculature and adequate respiratory support will also help to reduce overall vocal demand. Patients who experience persistent vocal changes after upper respiratory infection or after tonsillectomy can also benefit from a course of voice therapy to help re-establish stable and consistent vocal technique. Even for professional voice users, the fundamental concepts of minimal effort at the laryngeal level and a sense of anterior resonant focus still hold. Focusing on these fundamentals can be very effective in helping the patient manage the totality of their communicative lives, rather than simply focusing on their singing. Singing tasks may or may not be appropriate in the context of a voice therapy session, depending on the patient’s individual...
ON THE FETISHIZATION... CONTINUED

needs. ASHA’s scope of practice indicates that we work with voice in all of its functions. Referral to an SLP who is also a singer or singing teacher may be appropriate at some point during the rehabilitative process, but only if the patient’s therapeutic needs are specific to that activity.

Most patients who present with voice disorders use their voices in a wide variety of ways. Singers are no exception. The reality of the singer’s life, with its early morning interviews, rehearsals, coaching sessions, and appearances at donor events, involves a high vocal demand that is independent from the sung activities for which the singer has trained. It also involves vocal demands that they share with the rest of the world, such as talking on the phone, ordering coffee, and calling to their kids from one room of the house to another. The non-singing SLP with experience in treating patients with voice disorders, regardless of their etiology, has much to offer this often-fetishized, “special-but-not-that-special” population.

References:


Brian E. Petty, M.A., CCC-SLP holds a Bachelor of Music in Voice Performance from Oklahoma State University, as well as dual Master of Arts degrees in vocal pedagogy and in speech and hearing science, both from The Ohio State University. He is in clinical practice at the Emory Voice Center in Atlanta, specializing in disorders of the professional and singing voice. He is a past coordinator for Special Interest Group 3, Voice and Voice Disorders, for the American Speech, Language, and Hearing Association, and is a frequent lecturer on the clinical management of voice and upper airway disorders.
**VOICE FOUNDATION NEWS**

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**MAY 31—JUNE 4, 2017 PHILADELPHIA PENNSYLVANIA**

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**Wednesday, May 31**

Basic Science Tutorials
Accent Reduction Coaching

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**Thursday, June 1**

Science Sessions
Quintana Awardee: Dimitar Deliyski, PhD

*An Engineer in Dysphonialand*

Keynote Speech: Robert Zatorre, PhD

Panels
Poster Session

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**Friday, June 2**

Special Session:

*Transgender Voice: Insights and Updates*

Nancy P. Solomon, PhD
Lance Wahlert, PhD
Wylie Hembree, MD
Robert T. Sataloff, MD
Adrienne Hancock, PhD, CCC-SLP
Jenni Oates, PhD, M App Sc.
Georgia Dacakis, B App Sc (Sp Path), Grad Dip Comm Dis., M. Ed

Young Laryngologists Study Group
Vocal Workshops

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**Saturday, June 3**

Mixed Sessions
Panel: *NIDCD Funding of Voice Research*
G. Paul Moore Lecture - Sten Ternström, PhD

*Mind the Gap*

Special Session:

*Training for the Professional Speaker*
Aliaa Khidr, MD, PhD, CCC-SLP, Moderator

*Professional Speakers Work Force*

Eeva Sala, MD, (Finland)

*Future Speech-Language Pathologists*

Aliaa Khidr (USA)

School Teachers

Fabiana Zambon, SLP, MSc (Brazil)

Television Reporters

Vanessa Pedrosa, MSc (Brazil)

Radio Reporters

Bernadette Timmermans (Belgium)

Fitness instructors

Anna Rumbach, PhD (Australia)

Teklemarkers

Ana Elisa Ferreira (Brazil): Catholic Preachers

Kate Burke, MFA (USA)

*Vocal Master Class*

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**Sunday, June 4**

Medical Session

Panel: *What ENTs Need To Learn from Their SLPs: Tough Love From Your Most Important Voice Care Partner*
Panel:

Voice Pedagogy Session
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