



# The Voice

The Voice

VOICE OF THE EDITOR

Mary Sandage PhD

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## INJURED SINGERS IN VOCAL CRISIS

BY MARY SANDAGE, PHD

Working with the injured singer in vocal crisis is a perfect topic for the Winter edition of this newsletter. Often during the coldest months of the year, when performance spaces are even drier than usual and when flu and upper respiratory infections abound, we are more likely to encounter a singer in vocal trouble. Helping the performer meet professional obligations by mitigating vocal distress is an important role for the singing or acting teacher, the laryngologist, and the speech language pathologist.

Once again, we have three excellent contributions from internationally acclaimed voice professionals. Paul Kwak, M.D., lar-

ngologist, grounds his medical support for the injured voice professional within an operational framework for defining the special characteristics of a vocal crisis. Jackie Gartner-Schmidt, Ph.D., CCC-SLP, speech language pathologist, shares a clever mnemonic to help scaffold our care of the injured singer. Last but not least, Joan Lader, who is so well regarded for her work in voice training and performance in elite performers, shines a light on those aspects of vocal crisis care that require our careful attention.

It is a privilege to have these esteemed authors share their expertise.



MARY SANDAGE, PHD

Assistant Professor  
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*Voice  
of  
the  
Editor*



# NAVIGATING A VOCAL CRISIS

BY PAUL E. KWAK, MD, MM, MSC

I recently spoke with one of my colleagues in Psychiatry, who was treating a patient in the midst of a psychiatric crisis. My colleague told me that some psychiatrists and psychologists define a crisis as a moment when the patient is in a state in which he is no longer able to cope with and adjust to the recurrent stresses of everyday living in a functional way, with the tools with which he has been equipped to that point in life. I loved thinking about that definition in terms of singers who are in the midst of what we often term a vocal crisis – a term we do not always take the time to define or characterize precisely. Through the academic lens of psychology, it is helpful to understand a vocal cri-

**“SINGING IS SUCH AN ACT OF COURAGE AND VULNERABILITY ROOTED IN CHARACTER AND SPIRIT.”**

sis as a moment when a singer is in a state in which she is no longer able to cope with or adjust to the recurrent stresses of everyday singing in a functional way, with the tools with which she has been equipped to that point in life. Singing is such an act of courage and vulnerability rooted in character and spirit, that when a singer loses the ability to sing, however momentarily and for whatever

reason, it can feel as though he is being robbed not simply of his livelihood, but

of his very identity. Understanding the multiple dimensions of this kind of moment illuminates the reasons I feel so strongly about a team approach to supporting singers during these moments.

In some ways, my role in this moment is the sim-

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PAUL E. KWAK, MD, MM, MSC

*Paul E. Kwak is a laryngologist and laryngeal surgeon  
NYU Voice Center  
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The  
Voice  
of the

Laryngologist



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plest; I examine the anatomy of the larynx to see if there is any acute change, whether that be an infection, inflammation, hemorrhage, a new mass or lesion, or some combination of the above. I believe that a laryngoscopic exam is essential as an initial step in the management of a singer in a moment of crisis, because it provides us with basic information about the state of the laryngeal anatomy. However, in the same way that I do not believe that the anatomy of the larynx is solely and absolutely determinative about the function of a healthy and functional voice; so I would not presume that a laryngoscopic assessment of the larynx is solely and definitively prescriptive in a moment of crisis. Often when there is an acute pathologic process clearly in play – like an upper

respiratory infection, a hemorrhage – it can seem to both patient and clinician that there is a “straightforward” medical antidote or solution. Indeed, sometimes singers are “just” sick, and “just” need medicine and/or time to recover. But in a vocal crisis – again, I hearken back to the definition my psychiatrist colleague provided – when a singer is no longer able to cope with or adjust to the recurrent stresses of everyday singing in a functional way, with the tools with which he has been equipped to that point in life – *that* is the moment when we need all hands on deck, because we are not only rehabilitating the larynx at that point, we are rehabilitating the whole singer. Insofar as singing activates and requires mobilization of not simply the tissues and organs of the

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body, but the mind and spirit as well, so the support and nurturing of a singer in crisis requires care of the body, mind, and spirit.

Rehabilitating a voice in crisis, therefore, requires a multidisciplinary team. I firmly believe that this team includes not only the patient's laryngologist and speech-language pathologist, but we do well to include in that team the singer's teacher(s), coach(es), house and stage management, artist management, even family and friends. I feel this deeply, because what I find underlies so much of the anxiety in these situations is fear based on assumptions that are in turn rooted in miscommunication or, at times, a total lack of communication between parties who should ultimately be dedicated to the singer's success. There is

no such thing as too much communication among members of the singer's care team, but the barriers to communication are most often rooted in linguistic differences; we do not always know how to speak the same language. It is our responsibility as members of a multidisciplinary voice team to learn the lexicons of our team members because, unquestionably, this ability to dialogue seamlessly not only solidifies a unified plan during crisis, but assures the singer that all members of the team are communicating effectively, which, I believe, remains one of the most important ways to help a singer feel fully supported, reassured, and confident about the ability to recover and make progress forward.



**Paul E. Kwak** is a laryngologist and laryngeal surgeon at the NYU Voice Center, and Assistant Professor in the NYU Department of Otolaryngology-Head and Neck Surgery, specializing in care of the professional voice and phonemic resection of benign vocal fold lesions. He treats patients with vocal cord cancer, vocal fold paralysis, and laryngeal papilloma, and is experienced in surgical techniques for laryngeal microsurgery and use of the KTP laser. Dr. Kwak completed his clinical fellowship in laryngeal surgery with Dr. Steven Zeitels at the Massachusetts General Hospital, and his residency in otolaryngology-head and neck surgery at Baylor College of Medicine and MD Anderson Cancer Center. He is also a graduate of The Juilliard School, where he earned a master's degree in Collaborative Piano with Margo Garrett, studying vocal accompanying and opera coaching.

In 2003, Kwak graduated *magna cum laude* from Harvard University, where he studied the history of medicine and medical ethics and wrote an honors thesis on the history of trust in the physician-patient relationship. Kwak spent a year abroad at Oxford University, on fellowship from Harvard, where he earned a master's degree in Comparative Social Policy, writing an honors dissertation on patients' rights legislation in the United States and in the United Kingdom. In February 2006, Kwak was awarded the Paul and Daisy Soros Fellowship for New Americans, and in May 2006, the Helen Fay Prize for Outstanding Pianist at Juilliard. He is a graduate of Case Western Reserve University School of Medicine, where he was named the 2010 Outstanding Graduating Medical Student.

Dr. Kwak's clinical and research interests center on the care of the professional voice, and his most recent publications examine physiologic and acoustic effects of opera performance, in ongoing collaborations with The Juilliard School, The Metropolitan Opera, and the Houston Grand Opera. Additionally, his work focuses on phonemic surgical approaches to benign subepithelial vocal fold pathology, paralytic dysphonia, and recurrent respiratory papillomatosis.

# To The **RESCUE**

## My Role in Times of Vocal Crisis for the Performer

BY JOAN LADER

For over 36 years, I have lived in the land of “vocal crisis.” Taking care of professional singers is an extremely interesting and challenging, not to mention, emotionally charged vocation.

It has been said that voice is the barometer of human emotion. Emotional states can cause a malfunction in the instrument, thereby limiting vocal range and flexibility, i.e., the voice is out of control. The emotional state of an individual may actually cause a vocal pathology, and medical conditions limiting vocal production, may in turn, exacerbate and heighten emotional states, thereby affecting the voice. So, what’s the etiology of the problem, and when the show must go on, what do we do?

Often the line is blurred between the psychological and technical aspects of a problem. **When we sign on to participate in the rehabilitation or habilitation of these people, we**

**need to develop an understanding of the individual performer, the limitations of the performer at this point in time, and the specific demands placed upon them.**

The ideal working situation is to have the performer in the room with you. Beyond, listening to the vocal production of a singer, it is extremely helpful to have both your eyes and hands on the performer. So many problems arise due to faulty biomechanics, muscle tension, alignment and airflow. Taking this a step further, observation during an actual performance is advisable whenever possible. So, that’s the ideal scenario! However, problems often rear their ugly head during an out of town performance. Years ago, we relied on phone sessions. The most absurd took place with an opera



**JOAN LADER, BFA, SLP**

*Private Teacher/Coach  
Estill Master Teacher  
Alexander Technique  
Fitzmaurice Voice Work  
The work of Arthur Lessac.*

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## PUTTING OUT THE FIRE, CONTINUED

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singer calling from a telephone booth at an airport. We competed with the sound of airplanes, the running announcements, and people interrupting. Today we have the technology to observe via Skype or FaceTime. Unfortunately, there is often a delay and we are unable to accompany the student unless they have a pre-recorded track or can accompany themselves.

The [performer's] level of anxiety often foreshadows the outcome. The presence of the smallest "excrescence" can sabotage some singers, while

**"THE PRESENCE OF THE SMALLEST 'EXCRESCENCE' CAN SABOTAGE SOME SINGERS, WHILE OTHERS, WITH MORE SIGNIFICANT PROBLEMS, ARE ABLE TO COMPENSATE AND EVENTUALLY AFFECT CHANGE."**

others, with more significant problems are able to compensate and eventually affect change. Those of us who care for these professionals usually have an expansive tool box at our disposal. A recent case

involved a singer with a vocal fold polyp. Surgery was indicated, but there was not enough down time following the proce-

dure before he would have to perform in a pre-Broadway run out of town. The goal was to get him through this three-month period. Surgery was scheduled following the run with a month and a half to rest and retrain before Broadway rehearsals were to begin. The fact that he had such a positive attitude made the job easier. He

was placed on a week of voice rest with a steroid and we slowly developed a program addressing vocal hygiene, vocal exercises, and eventually the actual dialogue and music. Cooperation from the show's team (musical

director, director and composer), made the job even easier. Interestingly enough, the polyp was actually smaller when he returned

to New York.

Another case had the opposite effect. A singer with both an undergraduate and graduate degree in voice was cast in a show in which she had to belt. Her training had been purely classical. She was diagnosed with fibrous mid fold masses. Singing was pressed and extremely effortful when moving from a legit sound to thicker vocal folds and mixed belt. There was confusion in terms of place and space when accessing different qualities. She improved with therapy and training and within a few months her vocal folds looked essentially normal. However,

she has been unable to return to performing. The level of anxiety is too great and vocal quality and performance are inconsistent and effortful. Many people are psychologically burdened. However, with

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## *The Voice of the Singing Teacher*

## PUTTING OUT THE FIRE, CONTINUED

singers it often impacts on their art. In these cases, we try to be as supportive as possible, but additional professional support from psychologists or social workers is advised.

There are as many scenarios as there are talented, but complicated individuals, and there is no single formula for dealing with them. Each one is sui generis. I like to think of my work as vocal triage...putting out the fire!



Joan Lader and client Roberta Flack  
at the 2014 Voice Foundation *Voices of Summer Gala*

**Joan Lader's** more than thirty years of providing vocal training and rehabilitation for professional voice users was commemorated last June when she was presented with the American theater's highest honor, a **Tony Award for "Excellence in the Theater."**

Ms. Lader received a BFA from Penn State University in Theatre Arts with a Minor in Music. Trained as a Master's level speech pathologist, she specializes in working with singers and actors, and in collaboration with New York's top otolaryngologists, rehabilitation of injured voices. Her extensive practice includes leading actors and singers from Broadway, film, opera, R&B, rap, rock and pop.

Ms. Lader is a certified Master Teacher of the Estill Voice Training System, and has extensive training in the Alexander Technique, as well as Fitzmaurice Voice Work and the work of Arthur Lessac.

She has given Master Classes at universities and summer programs throughout the country, is a consultant at NYU's The New Studio and is on the advisory board of the Voice Foundation and the Manhattan School of Music. She is particularly proud to be involved with the National Young Arts Foundation, whose participants so often become the stars of tomorrow.

**Jackie L. Gartner-Schmidt, Ph.D., CCC-SLP, ASHA Fellow** is Co-Director of the University of Pittsburgh Voice Center, Professor of Otolaryngology and Director of Speech-Language Pathology-Voice Division at the University of Pittsburgh Medical Center. Dr. Gartner-Schmidt's 25-year clinical and research focus specializes on care of the professional voice, as well as clinical effectiveness of voice therapy and psychological considerations in the assessment and management of patients with voice and breathing disorders. Dr. Gartner-Schmidt's federally funded research as a co-investigator focuses on the development and efficacy of different voice therapy programs. She has published over 35 peer-reviewed papers and presented over 250 lectures nationally and internationally. Dr. Gartner-Schmidt is the director of the largest voice therapy conference in the nation occurring biennially. **Read her article on the next page!**

# WORKING WITH INJURED SINGERS IN CRISIS

BY JACKIE GARTNER-SCHMIDT, PHD

Singers in crisis are a special patient cohort. The *best care* for singers with acute voice problems can be described with the mnemonic **BEST**, which stands for **B**: Blood; **E**: Emotional support; **S**: Schedule, and **T**: Timing. Let's take a look at each element.

**BLOOD:** When a singer complains of a sudden onset of dysphonia, the fear is that their vocal fold(s) have bled. A vocal fold hemorrhage is an acute phonotraumatic injury due to broken blood vessel (s) in the lamina propria. To make matters worse, sometimes vocal fold bleeds are accompanied by a "friend," resulting in a hemorrhagic polyp. Varices, which are uncharacteristically dilated blood vessels, are generally considered to cause vessel fragility making them susceptible to rupture. Voice rest and a discontinued performance schedule with serial stroboscopic surveillance of the resorption of the blood are in order. The important decision to be made is whether it is *safe* for the singer to sing. Said differently: what is the vocal cost benefit ratio? After an acute episode,

most performers return to the "spot light" and perform without residual vocal fold injuries. For singers with recurrent bleeds, surgery is typically needed.

**EMOTIONAL SUPPORT:** Most people go to work to support their families. Professional singers do the same but also indirectly support many others (e.g., band members, vendors, touring companies, fans, venues, etc.). The guilt and emotional toil of not performing can be burdensome for a singer. Shame and anxiety are also common reactions. The stigma of a pitcher going for Tommy John Surgery (TJS) on their elbow is not commensurate with a singer being "grounded" from touring because of a vocal injury. Loss of confidence and fear of future injury are important discussions to be had with the interdisciplinary voice care team. Empathy, patience, non-judgment, and assurance are critical skills.

**SCHEDULE:** Often there is a truncated *treatment* window due

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University of Pittsburgh  
Medical Center

The  
Voice  
of the  
Speech-  
Language  
Pathologist

## WORKING WITH INJURED SINGERS IN CRISIS (CONTINUED)



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to performance and touring schedules. Performance schedules are immediately canceled when, for example, a hemorrhagic polyp is diagnosed. It can take up to three months for a singer to be rehabilitated. Some professional singers on tour may want clinical care “back home”, so follow-up evaluation is a rarity. The clinical care team often recommends trusted voice care colleagues around the country and abroad, if needed. Singers are given digital records of all their laryngeal exams, so that other voice care

professionals will have a means for comparison. Some singers may only need steroids to “get through” a performance if the voice care team is comfortable that vocal safety will not be threatened, the singer is confident in their abilities, and subsequent scheduled performances are few. Professional singers usually know if they capable of performing.

**TIMING:** By definition, a crisis is not planned and consequently seldom is an evaluation scheduled for a singer in vocal crisis. The timing of a voice evaluation is usually either in the middle of a

clinic, at night or on the weekend. The duration of the initial visit is often long. In addition to a templated History of Present Illness (HPI), information about tour schedules, venue locations, genre of music sung, number of meet ’n greets, in-ear monitor use, radio/marketing engagements, importance of performance from a reputation and financial stance, etc. are questions asked by the voice care team. In addition, the timeframe for performance and allowance for vocal rest are also crucial to know when considering treatment options.

It is the delicate mixture of patient vulnerability, urgency of evaluation and treatment, and emotional support that make singers in crisis a special patient cohort. The BEST care for a singer in crisis isn’t an option. It’s proven approaches that move singers from crisis back to the stage and studio.



## CHAPTER NEWS



Mara Behlau, Déborah Feijó, Maria Russo, Claudia Eckley, Beth Amin, Glaucya Madazio, Thays Viano



Dr. Paulo Pontes, Dr. Luciano Neves, Dr. Mara Behlau



Mara Behlau, Paulo Pontes,  
1st Prize winner Leonardo Lopes, PhD,  
Maria Russo, Leonardo Lopes



Dr. Brian Galante presented at the NW Chapter  
Click [HERE](#) to listen to his presentation

### The Brazilian Chapter

had its inaugural meeting on November. Paulo Pontes, MD, contributed prize money to be used to attend the Annual Symposium in a competition for best research. Their second meeting, with presentations by Dr. Mara Behlau, Dr. Glaucya Madazio, Dr. Claudia Eckley, SLP,-CCCs Déborah Feijó, Beth Amin, and Thays Viano drew 78 audience members

### North Carolina Chapter

Will have their first meeting on ....World Voice Day, April 16!

### Mexico Chapter

Dr. Fermin Zubiar and Dr. Carlos Manzano are planning their very first meeting in Mexico City.

### Houston Chapter

Had the first meeting for 2018 in March

### Northwest/Seattle Chapter

Dr Brian Galante, Associate Professor of Music and Associate Director of Choral Studies at Pacific Lutheran University in Tacoma, WA, presented ["The Acoustical, Physiological and Perceptual Characteristics of Vocal Vibrato"](#).

Send your chapter pictures and event reports!

**VOICE FOUNDATION NEWS**  
**47<sup>TH</sup> ANNUAL SYMPOSIUM:**  
**CARE OF THE PROFESSIONAL VOICE**

CHAIRMAN, ROBERT T. SATALOFF

**MAY 30—JUNE 3, 2018 PHILADELPHIA PENNSYLVANIA**

**Wednesday, May 30**

Basic Science Tutorials  
Presentation Coaching  
Accent Reduction Coaching

**Thursday, May 31**

Science Sessions  
Quintana Awardee: Luc Mongeau, PhD  
Keynote Speech - Boris Alexander Klebe,  
PhD

**Friday, June 1**

Special Session: Exercise and the Voice  
Nancy P. Solomon, PhD

Young Laryngologists Study Group  
Vocal Workshops

***\*Voices of Summer Gala\****

**Saturday, June 2**

Medical, SLP Session  
Panels  
G. Paul Moore Lecture: Nicholas Maragos, MD  
*Vocal Master Class*

***Sing Along with  
Grant Uhle***



**Sunday, June 3**

Medical Session  
Panels  
Voice Pedagogy Session

The Brazilian  
Chapter inaugural  
meeting in  
November 2017





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Advancing understanding of the voice through interdisciplinary scientific research & education

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