

First aid for muscular disphonia – Impairment of the singing voice

Symptoms of Muscular Disphonia

The sudden or lingering loss of a singing voice that had functioned well before a certain point is one of the most frightening and troublesome experiences a singer could ever experience during his career. This impairment of a trained singing voice is called "Muscular Disphonia".

Muscular Disphonia is characterized by the uneven sound or rapid exhaustion of the singing voice. In contrast to Dysphonia, there is no physical change to the vocal system. Some SYMPTOMS of Muscular Disphonia include:

Difficulty singing piano: The singer is still able to produce a good forte or mezzoforte sound however the production of a light piano is not possible without significant effort. Whenever the singer attempts a passage requiring piano, the larynx raises and the throat muscles as well as those around the vocal chords become tense. This results in either a squeezed or breathy sound.

Difficulty producing a soft and supple beginning tone : The singer experiences these difficulties as the vocal chords no longer close without applying force at the onset of sound. In such cases, improper muscles are usually employed and too much air pressure is forced through the vocal chords.

Shortened duration of tone : The singer experiences difficulty singing long legato phrases that he was capable of sustaining before. He requires additional breaths between phrases as well as additional energy in order to carry a phrase to completion.

Husky or breathy areas of the voice : This occurs especially in the lower range of the female voice without impairing its ability to sing high passages.

High notes that crack : Advanced muscular disphonia is also characterized by cracking high notes, i.e. they can only be sung forte. In order to sustain this continuous forte, much more energy than usual is required, which in itself leads to –

Vocal fatigue : The singer begins in good voice, however after a while experiences a gradual loss of power. Compensation by over-supporting usual ensues, followed by ever increasing air pressure on the vocal chords. This eventually leads to more serious damage to the voice in the long run.

Lengthy warm-up process : The singer requires more and more time to warm up the voice. This happens whenever the vocal chords are permanently swollen through over-exertion and do not properly adduct at the onset of tone. This swelling then slowly disappears during the warm-up process.

Dry or scratchy throat : When not caused by some other illness, then this can be as a result of vocal dysfunction. In some cases the singer experiences a constant feeling of pressure in the throat.

Abrupt change of registers : The difference in tone when passing from register to register is too abrupt. This can also be accompanied by cracks in the voice.

Causes of Muscular Disphonia

Muscular disphonia can have many causes, which I divide into three scopes :

- A) external causes
- B) technical causes
- C) psychological causes

ad A) External causes :

Persistent vocal strain : This can happen, for example, because of extended rehearsals, and especially to younger singers who are more likely to push the voice. They tend to sing at full voice during rehearsals which for many opera houses can last 6 hours a day for several weeks. Taxing the voice for such extended periods of time doesn't allow much leeway for the final week before a premiere when things really get stressful.

Viral or bacterial infection of the respiratory system : Should the vocal chords not properly adduct after an illness, the singer might be tempted to force the sound with the aid of air pressure which can lead to unexpected vocal problems.

Uninformed conductors or coaches : Conductors without a good enough understanding of the voice or how a tone should be produced can often do much harm to the inexperienced singer. The conductor or coach might insist on a specific tone from the singer, who then complies by adopting a method of singing that is harmful to the voice.

Singing in the wrong register : This can have catastrophic effects on vocal development. A lyric baritone, e.g., trying to sing tenor might eventually damage his voice in the process. His larynx might adopt a high position because of the high "tessitura", or the singer might resort to singing too nasally in order to achieve a tenor sound (the soft palate is not lifted high enough which consequently causes him to resort to the nose as the only resonance chamber).

This quickly leads to an over-exerted voice.

ad B) Technical causes :

Inefficient breath management and support : The singer with an exact knowledge of the importance of an open rib cage, an elastic working diaphragm and active abdominals will

never resort to blowing too much air through the vocal chords thus risking damage to the voice.

Incorrect position of the tongue : A tongue with a depressed or stiff root (it should be “as soft as a sponge”) will have a direct effect on the position of the larynx.

Many singers are also not properly informed of the correct position of the tip of the tongue.

It should always be touching the inner lower teeth or the inner upper part of the mouth and change its position only slightly for different vowel formations. Some singers roll the tongue, which can lead to a “gag reflex”.

Tension in the jaw muscles : A jaw pushed forward, one that shakes during singing or one that’s too stiff should immediately set off an alarm.

Sunken soft pallette : If the soft pallet is not lifted high enough, the voice loses its brilliant sound and overtones. Whenever the singer feels that his sound is not brilliant enough without also considering the correct position of the soft pallette, he might compensate for this missing resonance by singing with too much pressure or singing too much in the nose.

Incorrect position of the larynx : The larynx naturally lowers itself during inhalation and should be held in this position without due force. If the position is too high, then the vocal chords cannot close in a healthy manner. If the larynx is held down by force, then the sound becomes too guttural.

An incorrectly positioned larynx can also negatively affect the root of the tongue and muscles of the throat.

ad C) Psychological causes :

We should never underestimate the psychological factors that contribute to vocal dysfunctions. A negative psychological disposition often plays a leading role in the development and treatment of dysodies. Two aspects seem to be very influential :

1) Heavy Psychological Pressure

2) Fear

ad 1) Singers who are under constant (and often self-inflicted) pressure while working on the voice are usually more likely to develop disphonia over time than other singers who handle their professional goals in a more relaxed manner.

The psychological pressure to achieve very demanding goals within a very short time often causes some singers to exceed their boundaries and that of their voices. This

pattern is also sometimes fueled by over-ambitious voice teachers. The voice doesn't have enough time for healthy development, arduous parts are rehearsed too soon and taxing roles are taken on prematurely.

The singer with this type of personality often neglects to heed body signals and will perform despite illness or vocal indisposition. In the worst of cases, vocal dysfunction is often the result.

Such singers are usually so overwhelmed when diagnosed with disphonia that the process of recovering a healthy voice may last longer than it should. In some cases, their careers even end prematurely.

ad 2) The fear factor should be taken very seriously during treatment for vocal dysfunction.

Fear is very closely connected to the feeling of narrowness and tightness. Let's look at what happens to the singer who experiences these emotions:

The larynx position again rises too high, the muscles of the throat stiffen, the jaw assumes the tense "safety position", the ribs press together and the abdominals will no longer be capable of supporting the vocal chords. Fear causes the neck muscles to collapse into their "safety position" as well.

The constant recurrence of these symptoms over time often lead to muscular disphonia.

Treating disphonia

What can the singer who discovers some (or all) of the above mentioned symptoms do? Who can help this singer to sing as they once did?

The first and most important step has to be a visit to a laryngologist who specializes in the singing voice. A laryngologist who does not specialize in the singing voice might make too unprecise a diagnosis.

The singer will now learn whether he suffers from a functional or organic problem. If the damage is organic, then medical treatment is usually prescribed.

In the case of functional damage, then the knowledgeable laryngologist will usually recommend treatment with a logopedist as well as encourage body relaxing technique or psychotherapy.

The most suitable logopedist is one that's either a classically trained singer or one that mainly works with classical singers. This is important as a regular logopedist will focus mainly on problems affecting the speaking voice. This is naturally of very little use to the classical singer with a healthy speaking voice but who suffers from muscular disphonia.

Of course it's also possible to directly consult a voice teacher before first seeing a logopedist. In such cases I would suggest a voice teacher who has experience teaching

singers with muscular dysphonia. Some of these teachers themselves suffered from vocal dysfunction and therefore make very suitable consultants for singers suffering under the same condition.

At the start of the therapy program, a good voice teacher will first have the singer begin with decreased volume and limited range, taking care not to allow vocalization using an over-relaxed body. The singer must be able to recognize undesirable tension in the jaw, root of the tongue, muscles of the throat, etc. The teacher will then aid the singer in resolving those tension areas in order to produce a beautiful tone and healthy singing voice.

Perhaps the most important issue during these sessions is to connect vocal technique with psychological support. A good 50% of the voice teacher's job will be psychological in nature.

At this point I'd like to touch on the specific case of the singer, who for whatever reason, does not have a teacher capable of helping with this situation:

The singer who has no choice but to work on his vocal dysfunction all alone will require much strength and patience. It is OF COURSE possible to rid one's self of muscular dysphonia without the aid of a teacher, however a few important items must be taken into consideration.

I always advise the following when asked how to work on muscular dysphonia on one's own:

(1) First, please see a laryngologist! It must be very clear that you don't suffer from a physical damage!

Use very simple exercises to see what works and what doesn't.

(2) You should check the following items:

- In which direction does my larynx move whenever I inhale?
- Is it easy to maintain the same larynx position while singing?
- Is the root of the tongue stiff or does it feel like a sponge? (You can check this by hooking the tip of the tongue behind the lower teeth, arching the tongue outside the mouth and then singing "ah". If the root of the tongue feels cramped, then you're most likely not singing this vowel in a healthy manner.
- Is the tip of your tongue in the correct position?
- What about throat muscles, do they collapse while singing or do they open into the east-west space?
- Is my "mimic-art" natural at the onset of making a sound? (It's helpful to lift the cheeks thereby creating an oval shaped mouth, however overdone "mimic actions" do not help while singing and are actually a point of concern).
- Are my shoulders relaxed?
- Is it possible to hum without using too much air pressure?

- Is my mouth oval or horizontally shaped?
- Is my jaw relaxed when I try to move it my hands while singing?
- Does my rib cage remain open?

After checking these items, you should make a list of technical difficulties that you need to work on. Tackle at MOST one area of difficulty per week, e.g., loosening the jaw. Work on these issues in short sessions. In the beginning, 10 minutes per session is more than enough.

Do not take too many breaks and please do not overexert yourself or practice too much. Each step forward could end up as two steps backwards if you overdo things. Begin working 10 minutes each session, three times a day before slowly intensifying your efforts to four daily sessions of 15 minutes each.

Always listen to your body! The neuronal network in your brain responsible for these bad vocal habits can only be deconstructed with much time and patience but never force!

Keep a daily journal of what you practiced and how. In this way, you will have a clear idea of which tactics work and which need improvement.

Don't panic if things don't immediately go right! Try to find in-between steps to your goals.

Make time for relaxation and recreation. Work on the psychological issues that brought on this crisis.

If you ever feel in danger of losing courage, find a patient and encouraging friend to help you in your moment of desperation, or, feel free to contact me at eva.lindqvist@web.de.

I'll try to advise you as best as I can!