The Choir Director as the Primary Voice Teacher: Strengthening your choral singers vocal technique through vocal pedagogy

Overview
This session will explore the Choir Director’s role as their student’s primary vocal teacher in the choral classroom. We will examine how to build understanding of the vocal process into your curriculum as well as how to correct common vocal fault in singers of all ages.

What is Vocal Pedagogy and why is it important?
Vocal Pedagogy is the study of the art and science of voice instruction. It explores what singing is, how singing works, and how proper singing technique is accomplished -Wikipedia

“The reason for investigating how the voice operates is to avoid muddled notions that make learning to sing more complex than it ought to be.” (Miller, 2004, pp. 222)

Building Vocal Pedagogy into your curriculum
It is not enough just to know the components of the vocal process. Efficient singing is better achieved when students know how the vocal components function. Furthermore, students need to experience what efficient singing feels like.

Applications
What Vocal Pedagogy can be used for in the choral classroom:
• Build and strengthen singers’ vocal technique
• Correct common vocal faults
• Proactive: teaching with and applying knowledge of vocal pedagogy can head off vocal problems before they can become habits

Anatomy and Physiology (The components of the vocal process)
Your Body is your instrument
How to help your student find good posture
Demonstrate: Body warm-up sequence (Babette Lightner)
• “Turn on the Stars”
• Find the place where there is no Pressure
• “Squish” at the waist
• Draw a picture

“Careful control of muscle tension is fundamental to good vocal technique.” (Sataloff)
Mechanics of breathing

“Like water, air seeks the lowest possible level. When subglottic pressure falls at the moment of inspiration, air freely enters the vocal tract…and the lungs”

(Miller, 2004, pp. 9)

During inhalation, the ribs lift up like the handle on a pail. (Rundus)

Inhalation is facilitated by the diaphragm and intercostal muscles which allow space for the elastic expansion of the lungs

“The process of exhalation occurs due to an elastic recoil of the lung tissue which causes a decrease in volume, resulting in increased pressure in comparison to the atmosphere; thus, air rushes out of the airway.” (Boundless)

Internal and external intercostal muscles work in direct opposition

Demonstrate: “Round Ribs” gesture

Creating Pitch, Timbre, Vowels and Consonants

Pitch originates within the larynx. The Oral Pharynx shapes timbre. Vowels and consonants are created by the Lips teeth and tongue

Demonstrate: Lengthening the back of the neck to keep the chin down (How will this affect the rest of the body)

MRI scan of Michael Volle

https://youtu.be/GCluRCd2YuM

Demonstration: Plugging your nose. How to know when the soft palate is lifted.
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The quick and dirty guide to the Larynx

The primary function of the Larynx is to save your life. It protects your trachea from food and liquids. Singing and speaking are secondary functions!

Hyoid Bone: U-shaped bone that anchors the tongue

Epiglottis: a spoon shaped elastic piece of cartilage that closes over the glottis during swallowing.

Thyroid Cartilage: a shield like-structure that houses and protects the vocal folds

Cricoid Cartilage: a ring of cartilage attached to the top of the Trachea

Arytenoid Cartilage: a pair of triangular cartilages that influence the position, length, and tension of the vocal folds.

Thyroid Arytenoids muscles (TAs): The body of the vocal folds. They shorten when drawn towards the Thyroid Cartilage lowering pitch. (Heavy Mechanism)

Cricoid Thyroids muscles (CTs): When they contract, these muscles tilt down the Thyroid cartilage which in turn lengthens the Vocal Folds (Light Mechanism)

Pitch occurs when the vocal folds come together and air flows up from the trachea causing the vocal folds to vibrate.

Demonstrate: Building the strength of the Lighter Mechanism to strengthen the whole

Build your own tilting larynx: http://vocalprocess.co.uk/build-your-own-tilting-larynx/
Building Vocal Pedagogy into your curriculum

Build a shared vocabulary: don’t be afraid of using “big” or “scientific” words

Be proactive: choose 2-3 main concepts and incorporate them into your daily routine. (i.e. warm-ups: feel the intercostal muscles expanding your rib cage)

Vocal pedagogy can be learned at any grade level as long as the delivery is structured to its audience. We have to meet the students where they are at so you can guide them to the next level. Kindergartners can understand that “singing is not yelling,” Rollo Dillworth said, “kids only think a rhythm is hard if you tell them that it is.” I feel that this concept can apply to all the “hats” we wear as choral directors. Teaching vocal pedagogy to elementary students creates understanding difficulties only if we make it difficult.

Personally, I like to engage the entire class in vocal technique discussions, especially when it comes to the changing voice. This is not a subject that is restricted to young male singers, voice changes occur in male and females singers.

Using Vocal Pedagogy to assess and correct vocal faults

When you incorporate Vocal Pedagogy into your daily lessons you are better equipped to efficiently and effectively make corrections when they arise. Or better yet, anticipate the difficulties before they make for inefficient singing.

Quick checks in class

Posture: “Choral conductors must be responsible for the posture of the choir in seated and standing position.” (Smith & Sataloff, 2006, pp. 215)

• Check for extra pressure in the legs
• Is your body squished?
• Lengthening the back of the neck

Breath support/Shallow breathing:

• Round ribs gesture (Conduct with me)
• “Squish” (Fourth Grade) If your squish your body then your lungs wont be able

“Child Voices

Light and flexible yet delicate. Teachers beware of how you model your sound, because your students may do damage trying to sing operatic like you.” (Miller, 2004, pp. 125)

Adolescent Voices during the Voice change

Male: Mutation occurs at different rates for not only each kid but also each vocal fold: Will lose ease with lighter mechanism and even a portion of singable pitches

Females: Mutation creates a “chink” where the folds do not completely close resulting in a “breathy” sound

Aging Voice

If you do not use it, then you may lose it. Cartilage will harden over time so flexibility will decline and stiffness will incur

Over time, male voices will generally raise in pitch and female voices will generally lower in pitch (approx. a 3rd lower after menopause)

Application

“Stance deviation, such as the difference between standing and the supine position, produces obvious changes in respiratory function. However, lesser changes, such as distributing one’s weight over the calcaneus rather than forward over the metatarsal heads (a more athletic position), alter the configuration of the abdominal
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Undersigning/ Breathiness (not a female adolescent changing voice)

- Buzz lips like playing a trumpet. If they have enough air to buzz their lips they will have enough are to sing supported

Lifting the soft palate

- Plug your nose and sing. If the sound is nasal then the soft pallet is not lifted

Depressed larynx/swallowed sound

- Patter: use forward vowel and consonant pairings [di]
- Bring the tongue forward by puddling it behind your front teeth

Pitch matching

- If they are having trouble matching pitch, it may be because they do not know what it feels like. Sing a note to the student and they will try to match you. If they don’t match up, slide to the note they are singing so they can feel the sensation of matching pitch.

Over singing and Placement

- Ingo Titze Straw Singing: “helps to keep the vocal folds slightly separated so that there is not a strong collision between the vocal folds. That in and of itself is beneficial and allows one to use full lungs pressure and a full range of pitches without incurring any injury.” (Titze)

Glottal vs. Aspirate onset

- If the singer has a heavy glottal onset, use a aspirated attack [h]
- If the singer has an aspirate onset, use a glottal attack [g]

Conclusion

Our goal as teachers is to become obsolete. If we have built up our students’ knowledge and understanding on the vocal mechanism, then they should be equipped with the knowledge to self monitor as well as peer-mentor one another.

and back musculature enough to influence the voice. Tensing arm and shoulder muscles promotes cervical muscle strain, which can adversely affect the Larynx.” (Sataloff)

“The primary respiratory difference between trained and untrained singers is not increased total lung capacity, as popularly assumed; rather, the trained singer learns to use a higher proportion of the air in the lungs, thereby decreasing residual volume and increasing respiratory efficiency” (Gould and Okamura, 1973)

“Undersigning’ is as destructive as ‘over singing’” (Miller, 2004, pp.23)

Drugs

Antihistamine will dry your vocal membranes

Diuretics will pull the water from your system

Acid Reflux, Nodes, & Polyps

These are possible causes of dysphonia, HOWEVER: It is not our job to diagnose. That is the job of a medical practitioner. We can only prescribe rest and hydration.