# I'm Teaching and Singing in the Pain

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A growing body of international research suggests a strong association between the onset of voice problems affecting the professional functioning of music specialist teachers and a lack of voice training in their professional preparation. In this research two case studies are reported to illustrate this association.

## Background

When Osborne (1979) wrote two articles about Music Theatre belt technique entitled "Singing in the Pain", he could well have been writing about people in the teaching profession. Treatment teams comprising an Ear, Nose and Throat Specialist (ENT), Speech Pathologist and qualified singing teacher often work together to address the holistic voice needs of the professional voice user who has singing as well as speaking voice to manage. Singing actors (music theatre), professional singers (cabaret, concert and general gigs) and students of vocal performance have always been a major component of my work as part of such a team. In the past 6 years a growing number of classroom music specialist teachers have been referred to me for remediation of singing voice problems associated with poor vocal function. In all but one case these teachers reported having no voice training prior to seeking treatment for voice problems associated with their professional work.

The time taken for an acute voice problem to resolve is a useful estimate of the impact of the problem on a professional's work-life. For example, in a study of 103 primary school music specialists (Bartlett & Hartwig, 2005), participants' responses to a question on how long they took to recover from a voice problem averaged at typically a week or more. Twenty-six in the sample stated that their voice has not returned to normal from one such problem. This means that for practicing music specialists, the onset of a voice problem will interfere with voice aspects of their usual teaching management and delivery for a considerable period. Whether they compensate in healthy or unhealthy ways will have important consequences for voice longevity (Bartlett & Hartwig, 2005). Unfortunately, even where teachers do recognise that a problem exists in time to moderate its effects, their knowledge of "healthy ways to compensate" is often unknown or poorly conceived. Further, turning to experts for advice involves dislocation to routine and significant financial costs to the individual teacher and to the community through lost teaching hours and Workcover insurance payments.

More importantly, Rogerson and Dodd (2005) suggested that some children's learning will be affected by the poor quality of a teacher's voice. This research reports that

damaged or poor voice quality can interfere with the delivery and transmission of information, and consequently with the perception of a learner.

## The case

This is a case study report of two primary school music specialist teachers who were participating in concurrent sessions of remediation for their speaking and singing voices. Specific specialist applications of their work are in teaching children to sing individually in choirs and in ensemble and to teach music making as children learn various instruments. They are particularly dependent on voice use. Both have chronic voice problems. Their poor vocal health was brought about by extremely heavy voice loads associated with their daily professional voice activities. Neither teacher had any previous voice training.

It is very common for classroom music specialists to instruct both instrumental and singing groups. In the context in which this research was undertaken, a Kodaly based approach requires the use of the singing voice as the primary tool of instruction to guide practice sessions for individuals, bands and choirs. Typically, this involves teachers in heavy speech and singing use, usually without amplification, over the playing and song output of groups of instrumentalists and singers.

## **Teacher 1**

The first case (Jane) is a 39-year old music specialist teacher who has been teaching in private schools for 12 years. She has a Bachelor of Music degree. Her music training background is in brass and wind instruments. She received no specific teacher preparation prior to her appointment as a classroom music specialist. She had no voice training prior to the development of her voice problems.

Jane is responsible for planning, implementing and evaluating group instrumental lessons, conducting 7 bands and 3 choirs in three schools. She speaks and sings for 6 hour days, 5 days per week. Jane has chronic *dysphonia* and has reported with voice problems since 1999. I met her in 2005 during her third round of intervention provided by an ENT Specialist and Speech Pathologist. The current diagnosis was a recurrence of the 1999 voice problem. In 1999, Jane was given a short period of therapy for her speaking voice, but no therapy for her singing voice. As part of her current treatment programme, my role was to introduce Jane to singing training and to assist in the remediation of her voice by addressing habitually incorrect and inefficient singing function.

By Jane's report, she only acknowledged her voice problems weeks after their onset. She had unusual difficulty with breath control when singing. Her throat hurt. It became difficult to swallow. Jane bought cough treatments and throat lozenges. Initially, this selfmedication appeared to help, but increasingly the tightness and soreness symptoms abated only to reappear. The "croakiness" in her speaking voice increased over time and, her vocal range diminished and tone control worsened when singing.

She had no background from her initial tertiary preparation to manage the difficulties her impaired voice had created. Initially, she cut back and eventually stopped social singing activities. She began limiting her speaking interactions and singing at school. Her temper shortened, and her students increasingly did more with less vocal modelling and demonstration from their teacher. She felt forced to accept what otherwise would have been unacceptable in the performances and behaviours of her classes and choirs. She began to doubt her own professionalism. She did not disclose her difficulties to colleagues or ask for their advice or suggestions. Finally, months after the voice problem had begun, she had no voice left to work with. She stayed home from school, sought help from her general practitioner and acted on his immediate referral to an ENT specialist. It had been a costly delay between the onset and Jane's recognition of the seriousness of her voice problem. The delay was a reflection of the lack of specific strategies in her professional knowledge to recognize and effectively deal with the problems affecting her professional functioning.

Jane's ENT specialist diagnosed the following problems:

- (a) bi-lateral vocal fold nodules,
- (b) muscle tension dysphonia, and

(c) reflux.

Vocal fold nodules present as hardened thickenings (somewhat like calluses) on one or both vocal folds. These nodules prevent the vocal folds from closing and interfere with the necessary vibratory patterns needed to produce clear sound. The compensatory laryngeal muscle function typically results in muscle tension *dysphonia* that manifests as physical discomfort and a pressed vocal tone. The combined result of these two conditions can produce a loss of vocal range and an airy (or aspirated) vocal tone that may be accompanied by inflammation of the vocal folds. Reflux is caused by stomach acid rising through the esophagus and depositing on the vocal folds resulting in varying degrees of inflammation. Pain, inflammation and poor vocal sound were part of Jane's symptomology. The ENT referred Jane to a Speech Pathologist, for treatment aimed at alleviating the first two conditions and prescribed medication and lifestyle changes to deal with the reflux.

To support an ongoing course of speech therapy the Speech Pathologist suggested that Jane commence singing voice sessions to address basic function problems attributable to her singing voice. At our initial assessment session, Jane reported vocal pain and fatigue after singing, and a weak /hoarse speaking voice. I noted the following problems:

- (a) aspirated tone across the singing range
- (b) lack of core tone
- (c) laryngeal tension
- (d) poor breath management due to lack of large muscle support
- (e) poor articulation when singing.

## Teacher 2

The second case (Mary) has been teaching for 17 years. Currently, she teaches for four and a half days per week at three primary schools teaching classroom music and conducting 5 choirs. She also conducts 2 extra-curricular high school girls' choirs. Her pre-tertiary training was as a pianist. She holds a Bachelor of Education degree and commenced her teaching career as a secondary music specialist before transferring to a primary music specialty. She had no private singing voice training, and was given no voice training during her teacher preparation.

Mary's voice problems began as tired and/or hoarse voice towards the end of a teaching day. These problems were exacerbated by a minor infection (a cold); Mary's voice failed to recover and symptoms began to present after 10 to 15mins of teaching. The voice problems worsened to the point where Mary ceased any recreational singing and avoided socializing in all but very small groups and only for special occasions. She began to change her pedagogical approach by giving students tasks which needed little vocal interaction "I get them to do a lot of colouring in." and using the piano to demonstrate new melodies rather than using her singing voice. Mary also reported, "...regularly taking days off" for "women's problems" so that she could rest her voice. She did not want to report voice problems as the reason for these absences from work as she felt that voice problems would not be an acceptable reason for not teaching.

Mary was referred to me by a Speech Pathologist for treatment of voice problems associated with her singing technique.

An ENT specialist had previously diagnosed the following conditions:

- (a) muscle tension dysphonia
- (b) a thickening on the vocal folds (pre-nodular).

The Speech Pathologist suggested that Mary commence voice sessions to address basic function problems, which could be attributed to her singing voice. At our initial assessment session Mary reported vocal pain and fatigue after speaking and singing, and a chronic loss of upper range and tone weakness in her singing voice. I noted the following problems:

- (a) aspirated tone across the singing range
- (b) laryngeal tension
- (c) excessive muscle tension in upper torso
- (d) poor breath management due to lack of large muscle support
- (e) poor body alignment and balance.

## Common voice symptoms and individual response to training

Both Jane and Mary presented with similar but different conditions. However, they did share common symptoms, for example:

- (a) poor breath management due to lack of large muscle support
- (b) laryngeal tension
- (c) aspirated tone across the singing range.

These symptoms are consistent with a lack of any basic voice training. Fritzell (1996) suggested that in combining singing and teaching, teachers of music are eight times more likely to seek voice treatment than other professional voice users in the general population. He reasoned that the combination of vocally abusive speech habits and hours of strenuous singing could actually increase the risk of voice disorders. Duffy and

Hazlett (2004) conducted a study using a sample population of 55 teacher trainees in the Postgraduate Certificate of Education (PGCE) course at the University of Ulster, Northern Ireland. They concluded there was strong evidence that preventive voice care training programs should be included in the PGCE course,

"...there is a need for primary prevention of "occupational dysphonia among the teaching profession, where good vocal health is promoted before a problem occurs" (p. 63).

Simberg et al. (2004) supported Duffy and Hazlett's statement adding that, "...special attention should be paid to the voice care of teacher students" (p. 367).

In Mary's case, our sessions to date have resulted in full vocal fold adduction and the release of unnecessary laryngeal tension. She has reported that her tone and vocal stamina have greatly improved. This improvement in voice quality and general vocal health will consolidate as she continues to break down old habits with a healthier, more efficient singing technique. She has been equipped with voice amplification to further support her vocal recovery.

At the outset of intervention, Jane's dysphonic condition was more severe than Mary's. Despite her best efforts Jane continues to have periods of extreme vocal weakness and at times aphonic episodes (breaks in the flow of sound). She continues to teach a full load with the assistance of a voice amplifier, non-verbal teaching strategies and continued speaking voice and singing lessons. Our hope is that the up-coming sixweek summer break from teaching will provide the necessary low voice-load time for vocal recovery. We believe that the extended break from teaching in combination with the continuation of specific vocal exercises on a strengthening vocal instrument will better prepare Jane to resume teaching in 2006.

This research supports Duffy and Hazlett's (2004) proposition that teachers susceptibility to voice problems might change if vocal health and voice management training was inbuilt as part of professional teaching preparation programs. Furthermore, its findings provide support within constraints of a case study design to the suggestion (Bartlett & Hartwig, 2005a, 2005b) that all teachers should be offered "in-service" training sessions as ongoing vocal health education.

Teachers who lack strategies for voice management will be unable to consistently use their voices in a healthy and appropriate way to model singing, to lead voice development exercises, to introduce tone dynamics into their spoken and sung interactions, to influence children's motivation to learn, or to practice effective behaviour management.

One obvious answer to such problems lies in prevention through specific voice and/or singing training. I believe that Jane and Mary exemplify the wider range of music specialist teachers whose voice difficulties have occurred in association with no deliberate and systematic preventative training. Given their reliance on voice, it is time that policy and practices in initial preparation and ongoing professional development consider this association in regard to all classroom teachers regardless of their specialization. Stimulating the "Action" as Participants in Participatory Research

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