

# VOICEPRINT

NEWSLETTER OF THE AUSTRALIAN VOICE ASSOCIATION

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No. 38 / July 2010

NEWSLETTER OF THE AUSTRALIAN VOICE ASSOCIATION, GENERAL SECRETARIAT, 2nd FLOOR, 11-19 BANK PLACE, MELBOURNE VIC 3000

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## Be present at your AVA AGM

Sat 2nd October 2010  
7 pm Eastern Standard Time

*See page 8 for further information*

## Keep up to date with your AVA website

For the latest on what's happening, visit

[www.australianvoiceassociation.com.au](http://www.australianvoiceassociation.com.au)

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## FIVE AGES of VOICE

Our lives are often understood these days as a series of chapters or stages, and we are becoming increasingly aware that the voice itself continues to develop and change throughout life. As professionals dealing daily with voice issues, we are all aware of the very obvious male voice change at puberty. We are also aware of the female voice change at puberty, although this is not nearly so dramatic. However, recently I have become more conscious of the fact that there is another voice which awaits us later in life. The changes between the adult voice and the elder voice are now considered by some to be greater than the changes between the child's voice and the youth's voice. Faye Dumont, in her article on p. 6, refers to five stages of voice: birth, child, youth, adult, and elder voice. Adele Nisbet's article on p. 4 goes back even further in developmental stages, making reference to pre-natal development.

With the aging population profile, and the growth of interest in choral and other voice-related activities, it now seems likely that voice professionals (including both speaking and singing voice) will be called upon more often to re-train voices as a large percentage of the population develops a new instrument. At the 2010 ACCET workshops (national training for Australian choral conductors), there was a plea for singing teachers to take on students of 60 yrs+, in order to teach them how to manage their new instrument. It was encouraging to hear that it is no longer thought that the older voice is just an aging version of the adult voice, but actually something quite different, requiring not only re-training but re-assessment in terms of choral placement and repertoire.

**Susannah Foulds-Elliott**  
Issue Editor, VOICEPRINT 38

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## President's Message



Greetings to you all as we wind through mid-year 2010 with warming fires, hot toddies, midwinter Christmases and the like! I hope this missal finds you well and comfortable and enjoying your work with voice, wherever you are! There is so much we can continue to do and learn in order to keep up to date in this ever challenging and changing field and to help to make changes in others' lives as well as our own. As the year rolls on I can report on a number of changes that have occurred within your organization.

**The AVA Board** as at June 2010 has lost several former Board members. Tony Smith, former Treasurer, has resigned due to work and other pressures. Susannah Foulds-Elliott, previously Secretary and "Mistress of all Trades" has retired from the Board at the end of her term, and Lotte Latukefu has resigned to continue to work on her PhD and to devote time and effort to her job and family. We thank them all for their generous efforts to assist the AVA in its endeavours with voice in Australia. They will be sorely missed. Julia Moody has kindly agreed to provide voice input and expertise from the west and we welcome her again to the Board. Jane Bickford from South Australia (one of our Editors for Voiceprint), has also agreed to join the Board and offer her input, expertise and wisdom, which we value most highly. We are most keen to have broad representation from many states and across the professions on the AVA Board.

**World Voice Day 2010, April 16<sup>th</sup>** provided a great opportunity to raise awareness of voice and vocal health with the general public in the regions throughout Australia. Your Board devised **Ten Top Tips for a Healthy Voice** which was widely distributed as part of our public awareness campaign and is now available for downloading from the website. Students at Flinders University, South Australia, came up with their own version of what ten top tips for a healthy voice should entail (see page 9) and we welcome and applaud this exercise organized by Jane Bickford and most ably assisted by Johanna Flavell. Individual Members throughout the country contributed to publicity for World Voice Day by contacting radio stations, newspapers (yes, print newspapers still exist!) and having public

displays of voice related material. Queensland staged (quite literally) a public event in the Queen Street Mall in Brisbane with singing students from the Queensland Conservatorium of Music, Griffith University and acting students from Queensland University of Technology Creative Industries celebrating World Voice Day through performance (see photo p.8). In the true spirit of the Australian Voice Association the collaboration between singing teachers, voice teachers, speech pathologists, singing students, acting students and musicians highlighted and celebrated the very special qualities of the human voice and the many elements of good vocal health necessary to establish and maintain these wonderful instruments. Visit AVA website re World Voice Day for further information on some of these activities.

### Website

It is with great pleasure that I can report that Susannah Foulds-Elliott has agreed to be the AVA Website Co-coordinator. John Waller continues to expertly manage its technical operation. The AVA Board remains committed to further development of the website to make it more informative, interactive and responsive to your needs. We would also like to include an area for VIPs (Voice Interested People) and member resources and welcome your input, urging you to contact us with ideas on how the website and your association can be improved.

**State Activities** – State groups have continued to be active with voice related projects. In Victoria an AVA Vocal Health Award was presented by Susannah Foulds-Elliott to a singer at the South Eastern Eisteddfod (see photo p.8). The award included a membership to the AVA for 2010 and a \$100 note (which most appropriately for Melbourne singers features Dame Nellie Melba) to mark World Voice Day 2010. Victoria also has plans for a Scoping Afternoon later in the year in conjunction with the Melbourne Voice Analysis Centre. In Queensland a most successful Ventilating Voice Forum was conducted in June with 33 keen participants voting it a resoundingly successful day.

**Membership** at the time of writing is over 70. Membership numbers are continuing to climb and we are encouraged that our efforts to enhance and promote the benefits of AVA membership appear to be meeting with success. We are also particularly keen to involve **students** with the Australian Voice Association and plan for future Voice Interested Student Encouragement Awards. In support of the voice student community (from the various associated professions) the Australian Voice Association is proposing an annual award scheme. The purpose of this award is to encourage student membership and future involvement in the Association by our youngest professionals. It is intended that the award could comprise of AVA membership for the following year and a

substantial book prize. More information on this will be available through the website.

**The debate on *when the next National Voice Conference*** will be held continues. Staging a national voice conference requires a considerable commitment of effort, time and energy. We continue to explore the possibilities, including the concept of juxtaposition with an allied professional group or a smaller "boutique conference". Once again we welcome your input to this debate and would be pleased to hear from any individuals or state groups who would be prepared to assist with such an event.

**Affiliation with the British Voice Association** is progressing most encouragingly. The Board is hopeful that affiliation, which has been both mooted and agreed in principle, will be in operation before the end of 2010.

**Voiceprint** continues to be a vibrant and highly informative link, providing us with a most valuable connection within the AVA amongst our voice interested professionals. We are indebted to the very capable editors, Sally Collyer, Susannah Foulds-Elliott and Jane Bickford, for their efforts and I urge you to continue to support those efforts by contributing information and items of interest to our voice interested community via Voiceprint.

Thank you, our members, for your interest and support to date in 2010. Let's continue to voicepower our way through 2010 and beyond. Let us all be involved with energy and passion to maintain our Australian Voice Association.

With Warmest Regards

Jane  
Jane Mott,  
AVA President

*"I believe there is no better way for us to help the world than to help people communicate more effectively with each other".*

*Dimity Dornan, Queenslander of the Year*

## AVA BOARD MEMBERS

### 2010 AVA Board Members

AVA President

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The Australian Voice Association  
congratulates Brisbane-based speech pathologist

**Dimity Dornan**

(founder of the **Hear and Say Centre**, Brisbane),  
who was announced as

**Queenslander of the Year 2010**

at a ceremony in Brisbane in early June.

Dimity was recognised for her work with hearing-impaired children and her efforts to debunk the myth that deaf children could not hear and speak well enough to be understood. She fought back tears receiving the honour. Dimity founded the

**Hear and Say Centre**

in Queensland two decades ago and there are now six centres throughout the state, teaching more than 200 children. At the launch of the Hear and Say Worldwide by the then Governor General, Major General Michael Jeffries, in 2007, Dimity remarked that "I believe there is no better way for us to help the world than to help people communicate more effectively with each other". The Australian Voice Association agrees wholeheartedly with this philosophy and congratulates Dimity as a most worthy recipient of this honour.

# ***IN A NUTSHELL***

## ***HOW VOICES DEVELOP PHYSICALLY & FUNCTIONALLY***

***By Adele Nisbet***



It is fascinating to reflect on the way the human body is formed from its beginnings in the mother's womb to its evolution through the inevitable aging process as the years pass by. Focusing only on the vocal instrument and its many parts, here is a summary of how, across a lifetime, a voice appears .... and disappears! Many of the facts give reason to accepted practices over decades, for example, not pressuring a developing 20 year old voice into professional commitments that would be too big to safely sustain. These facts should also inform our current choices , for example, working with intercostal-diaphragmatic breathing with primary school children, and not expecting abdominal breath management. Everyone travels his or her own vocal journey, so the description following presents what is the average expectation. And there are always variations from the average we could identify! The multiplicity of detail omitted from this short article can be found in many excellent texts, including the references below.

We know that the pre-natal proportions of macro and micro architecture of the body parts involved in voicing are different from the fully developed instrument. The macro and most micro elements of the adult larynx are only finally formed by the time we are 20 or 21 years old. Even then, one of the most important micro elements of the strong adult larynx – the calcification & ossification of the parts – is not completed until around the ages of 28 to 32 years.

### **THE AUDITORY SYSTEM**

The baby in the womb is accumulating input, familiar sounds and patterns, in preparation for singing & speaking. The newborn baby knows its mother's voice, and there have been documented examples of babies recognising and responding to music heard in utero. The Welsh baritone Bryn Terfel tells how his baby son could be lulled to sleep if he sang a particular operatic aria which he had been preparing for performance during the pregnancy. The cochlear structure of a baby's auditory system is adult in form by week 20, although the auditory nerve is only connected at around week 30 of gestation. This is when the auditory input begins. Synaptic development which brings together hearing and meaning continues to develop until 3 years of age. The corpus callosum of the brain which is responsible for concept formation, concentration and memory access is at birth one third its eventual size, and reaches its complete size when a child is ten years old; however optimal function of all these processes continues into the thirties.

### **THE RESPIRATORY SYSTEM**

Pre-natal function of the respiratory system begins at 21 weeks gestation. At birth, the trachea is about one third its adult size and length, the bronchi are half and bronchioles a quarter their eventual size. By the time a child is eight years old, the bronchioles & aveoli have developed to adult proportions, therefore trachea & bronchi also show increased size. The thoracic cage reaches adult form, but not size, by seven years of age. Aerobic activity such as swimming aids the development and optimal function of the respiratory system, while puberty escalates the full development towards adult proportion and coordination under hormonal influences. Adult size and vital capacity of the lung volume is reached around eighteen to twenty.

Babies up to six or eight months of age only breathe diaphragmatically. After that, thoracic movement can also be observed. And this coordination continues to dominate until puberty. However, because function reflects use, the youngsters who play a lot of sport or swim competitively often show accelerated development. Neonates breathe at a rate of c 87 times per minute, a one year old will have slowed to c 47 per minute and adults breathe anywhere between 16 and 20 times per minute, depending on the activity, health and fitness. At all ages, respiratory function and co-ordination for speech reflect sophisticated neurological development and physical refinement.

## THE LARYNX

Compared to those of the adult larynx, infant laryngeal cartilages are much smaller, rounded rather than angular, softer and more pliable and more compact in their connection to each other. In fact, the thyroid cartilage and the hyoid bone almost meet. The arytenoid cartilages protrude into half the length of the vocal fold instead of the adult two fifths. The vocal tract tissue is loose, the mucosa 1 layer of the vocal folds is not clearly defined and, with the vocal ligament not developed, the musculature of the larynx demonstrates obvious immaturity. Therefore a baby's random vocal noises are understandable. The larynx - vocal folds, cartilages, covering tissue etc - grows with the body throughout childhood until ten years of age, when adult proportions (but not size) are reached.

## THE LARYNX & PUBERTY

The beginning of adolescence varies greatly these days. Females can be pubescent from c ten years old and continue development toward adulthood until c18; males enter puberty c12 years of age and develop through to c20. Growth spurts are usually observed anywhere between the ages of 11 and 15 and often last between 12 and 24 months. Before puberty male & female laryngeal cartilages are the same. However, the adolescent growth spurt produces larger, heavier larynges, with the male thyroid cartilage becoming three times larger than that of the female. The male cartilage weighs c10.6 grams while that of the female is only 3.9 grams. The strengthening process of calcification & ossification begins at around 20 years. Throughout puberty, male vocal folds increase in length by 63%, and female vocal folds by 34%. The connective tissue continues to develop after the vocal fold length is established, and during this process, vocal instability can become an issue for some adolescents. Muscular growth within the larynx - as in the rest of the body - is also significant through puberty, with the adductors, the shorteners and the lengtheners often unbalanced as they develop. To counter this, voice users commonly employ constriction to be able to meet vocal expectations through this transitional stage. The major vocal fold muscle, the thyroarytenoid, develops under hormonal influence just as other musculature and is subject to bulking with extensive and vigorous voice use.

## THE VOCAL TRACT

An infant's vocal tract is short and slightly curved with the epiglottis. This allows coupling with soft palate which then gives the baby the marvellous ability to breathe and suckle simultaneously. The tongue lies completely within the oral cavity until around 18 to 24 months, when the hyoid bone begins its descent. By four years of age, the posterior third of the tongue is now in the pharynx, the vocal tract is longer, more curved and therefore speech resonance is more varied. By the age of five, the child's vocal tract has reached adult proportions but not size or shape. By nine years of age, the adult curve of the pharynx is completed but it is still comparatively small. At puberty, the male & female vocal tracts develop fully, with the male being longer & wider. Adult dimensions are reached by 20 or 21 years. This development can be identified in the acoustic of vowels - female vowel formants - first, second and third - are 12%, 17% and 18% higher than males. Children's voices (as identified in the formants) are around 20% higher again than adult females. The vocal tract elongates when the larynx lowers from infancy, when it is level with the C3 vertebra, at c5 years at around C5, at c10 years at C6 and finally as an adult, settling at C7 vertebra.

## NOW FOR THE DOWN HILL RUN

Once the vocal instrument is fully formed it continues to mature across the lifetime of the individual! Maturity means strengthening, bulking, experiencing multiple uses and exhibiting range and timbre reflecting the physical and learned techniques of the voice user. Throughout a lifetime, the female average speech fundamental frequency (ASFF) lowers under the influence of hormones, natural creeping atrophy and decreased muscle elasticity. The best public example of this process can be heard in the Christmas broadcasts made by Her Majesty Queen Elizabeth, in which we can observe the contrast between the high, clear youthful voice of the Queen in her twenties and the current lower, noisier voice of the octogenarian. The male story is generally the opposite: a man's ASFF rises when less testosterone causes thinning, atrophy and decreased muscle mass and elasticity. Respiratory mucus decreases with the atrophy of acini (secretory units) resulting in a dry mouth and throat. Elastic recoil of lung tissue reduces so that vital capacity is reduced, especially when aerobic exercise becomes minimal. Vocal breathiness while singing often reveals a glottal chink caused by the muscular insufficiency. Throughout the years, a greater variation in fundamental frequency may be exposed when vowels are sustained. In the singing voice, especially in the occasional singer, vocal lines becomes tremulous - the caricature of the church choir singer! Slowly, there is a loss of motor nerve conduction velocity; and a level of hearing impairment means that reaction slows and accuracy of pitching while singing is unreliable. Much of this deterioration can be slowed and halted when physical fitness and habitual use are maintained.

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# The singing senior

Faye Dumont

This is the final section of a paper titled *All life's a stage* given by Faye Dumont at the Australian Choral Conductors Education and Training Summer School in Melbourne on 22 January 2010. The other 'stages' were birth, child, youth and adult.

.....

Aging of the vocal mechanism is natural – it is part of our ever-changing physical being and the attendant life experience. Some singers (and speakers) will notice changes in their voices in their 50's. There is a song that suggests we fall apart at 64, but some will be singing without noticing extra effort in their 70's. In other words, while there may be inevitable change, there is no norm, and may be very little drama, to late in life voice change; or there may be much!

Medical researchers like to focus on our decline. Their falling-apart list is horrifying. Their books are thorough, and their interest in the worst case makes it difficult for us to stand back and think that any individual might have a mild case of just a few of their doom-and-gloom prophecies.

Aging of the voice is clinically termed Presbysphonia.

## The Presbysphonia medical research catalogue

### General health issues:

- \* the problem of gastroesophageal reflux, which can occur at any age, can include senior years
- \* loss of teeth
- \* hearing problems
- \* loss of strength in muscles of the tongue
- \* reduced blood flow generally throughout the body

### The lungs:

- \* the rib cage (thorax) stiffens and loses some of its past expansion (distensibility), including calcification of the cartilages and ribs
- \* abdominal muscle tone decreases
- \* decrease in lung (pulmonary) function – less tissue elasticity and decrease in chest wall compliance and tissue recoil
- \* decrease in breath (respiratory) volume
- \* decrease in amount of new air in the breath (vital capacity) and increase in retained, used air (residual volume).

### The structure of the larynx:

- \* turning to bone (ossification) of the cartilages and joints – complete by one's 80's
- \* joints may become arthritic and stiffen
- \* the cricoarytenoid joint may become uneven and stand out prominently – especially in men
- \* ligaments (connective tissues between bone and cartilage) may weaken
- \* the larynx drops in position in the neck
- \* there may be degeneration in the temporomandibular joint

### Muscles and functioning of the larynx:

- \* loss of bulk in the vocal folds due to wasting away (atrophy) of muscle. The fat pad (mucosa) beneath the surface of the vocal folds is therefore less 'plump'.
- \* changes to the skin (epithelium) of the vocal folds – dry and less elastic.
- \* changes to the layers within the vocal folds:
  - the top (superficial) layer less thick, with fibrous proteins altered, reducing elasticity
  - the middle (intermediate) layer less thick, with change to the contour of fibrous protein, less elastic layers, and thickening
  - the deep (closest to the muscle) layer – fibrous portions denser.

In summary the flexible tissues responsible for vocal fold vibration become thinner, stiffer and less pliable.

Vocal fold edges, in this weakened state, may not exactly come together (called, in some references, scalloped edges; in others the gap is called spindle-shaped). There may be one gap, or two, instead of full closure.

## Gender issues

### Men:

- \* vocal folds may be thinner and weaker (atrophied) more than in women
- \* men may have the greater ossification/calcification of the laryngeal cartilages
- \* amplitude of the vibration (bottom-to-top phasing) may decline and lead to faster vibration
- \* uneven flow of breath through the vocal folds, with this variability making roughness in the voice
- \* the voice, which has dropped in pitch about 10 Hertz from puberty through adulthood, does an about-turn and rises about 35 Hertz – therefore to higher than at any time in the man's adult life.

### Women:

- \* from menopause oestrogen deprivation changes membrane in the vocal tract
- \* thickening rather than thinning of the mucous linings (mucosa) in the vocal folds, thus increasing the vibratory mass and making singing harder work
- \* a high incidence of glottal gap – scallop or spindle
- \* fundamental frequency drops 10 – 15 Hertz due to hormonal change, swelling of the laryngeal mucosa and lowered position of the larynx in the neck.

### Treatment of Vocal Disorders

'Published studies on voice change in elderly versus young subjects have demonstrated the following findings in the elderly: pitch changes, irregularities in vocal fold vibration, glottal incompetency (air loss and breathiness), voice production changes with laryngeal tension, pitch breaks, roughness, hoarseness, harshness, changes in vibrato, development of a tremolo, decreased breath control, and vocal fatigue.' (Sataloff, *Treatment of Vocal Disorders*, 2005:p337).

## What to do?

### *Maintain good health practices:*

- \* Walk, swim, exercise, play sport, play with the grandchildren. Give the lungs a work-out. Puff out occasionally!
- \* General good health assists in moving the blood supply around the body. Some of it visits the vocal folds.
- \* Gentle jaw and neck exercises assist mobility.
- \* Food choices may affect the voice, when they did not do so in the past – milk? wheat? other?
- \* Water – drink a lot of it. Remember there may be less saliva; and dryness in the vocal folds. Drink more water than younger people. Have a bottle of water at rehearsal. When drinking alcohol or coffee, drink more water to counter dehydration. One water to one dehydrator?

### *Developing healthy vocal habits:*

As with body exercise, regularly do a good vocal work-out. A half-hour a day will make choir practice a joy instead of an effort.

If breathing capacity has reduced by as much as 40% (as some research claims) due to less elasticity in the lungs and larynx, do lots of breathing exercises for the lungs and for general health. Some practice should be related to lovely songs – with long phrases, short phrases, high notes, low notes, soft volume, and loud volume. Breathe for all sorts of vocal usage.

Tape yourself and listen for things to work on individually or in voice lessons. **Take voice lessons if you are over 60.** The instrument is becoming a different one. Have someone else's ears monitoring your singing and speech and giving you reason for changed effort – apart from knowing that you will sound much more youthful than your non-singing friends! Speech and acting lessons might be fun too.

If you fatigue when doing all the right things, take a rain check. What needs alteration? Is the range now wrong? Is the sound strained – and is it an effort? How is the posture? Maybe it would be a good idea to sing more lightly while working it out.

Range – what to expect. If you are a woman, expect to sing well to about 3 tones lower than you used to – from top A to top F. Instead of singing first soprano, opt for second; instead of second soprano, try first alto. For men, maybe leave the lowest 3 notes to the younger singers; but a baritone might well sing second tenor too. Vibrato – a wobbly, uneven vibrato is not welcome. It clouds the whole line – and it is not the controlled sound with which you used to sing. Do not excuse yourself. Work out how much breath you need for steady tone – and maybe breathe more often to sing better.

Hearing is part of vocal health. A person may sing more loudly, or with inaccurate pitch, because he/she is hearing less well. A system among singers of a partner/mentor/monitor for each person, who can advise in time

of need, may keep a singer performing, and still welcome and contributing in the ensemble. (If you are a carer for someone with a hearing impairment you may wisely monitor yourself, or get someone to monitor you, for normal volume and vocal safety. Make sure the extra effort you need to communicate as a carer does not become your own norm.)

Senior singers, bear with this inequality in life – when you were young and had boundless energy you could get away with fluctuating exertion and commitment by sheer energy, raw talent – and bluff. As older singers you can not. You need to give 70%, 80% up to 100% at all times for performance to be acceptable. But there is satisfaction in doing the job well!

### **Addendum for teachers of singing**

This is a plea: please take seniors into your singing studio. They will greatly benefit from learning at this stage of life, when the voice is making one of its most significant changes. Explanation will help. Practice will help. A caring teacher will help. For some seniors to sing is to live. Assist in making this one of their joys in life.

In practical terms think of this too. The young may forget to practice, forget to turn up, and forget to pay. Seniors will much more likely practice, turn up and pay! And they may be your most rewarding students.

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# AVA Annual General Meeting

Notice is hereby given that the

## Annual General Meeting

of the **Australian Voice Association**  
will be held on

### Saturday, 2nd October 2010

in Queensland, at the time of the ANATS  
National Conference.

**QLD: 7.00 pm Eastern Standard Time**

At the home of Jane Mott  
7 Valentine Street, Toowong Q  
(Please ring Jane M. on 0414 835 431 to  
advise of your attendance)

**SA: 6.30 pm Central Standard Time**

At the home of Jane Bickford  
Pillinda Hill, Lot 14, Pillinda Lane, Mylor,  
(Pillinda Lane is off Silverlake Road)  
(Please ring Jane B. on 0422 921884 to  
advise of your attendance)

**NSW: 7 pm Eastern Standard Time  
venue TBA**

**VIC: 7 pm Eastern Standard Time  
venue TBA**

**WA: 5 pm Western Standard Time  
venue TBA**

(For enquiries on venues, email  
[sallycollyer@yahoo.com.au](mailto:sallycollyer@yahoo.com.au))

#### AGENDA

1. Apologies
2. Minutes of the 2009 AGM
3. Business Arising from the Minutes
4. President's Report
5. Treasurer's Report
6. National Board Membership Election
7. Future Directions
8. Other Business



## Vale Shirlee Emmons

by Sally Collyer

The singing world lost one of its most eminent and beloved teachers on 16 April 2010 with the passing of Shirlee Emmons, a generous and insightful teacher who embodied a constant striving for knowledge and improvement.

Australian teachers perhaps know her best from her books:

*The art of the song recital* (with Stanley Sonntag).

*Prescriptions for choral excellence: Tone, text, dynamic leadership* (with Constance Chase).

*Researching the song: A lexicon* (with Wilbur Watkin Lewis).

*Power performance for singers: Transcending the barriers* (with Alma Thomas).

*Tristanissimo: The authorized biography of heroic tenor Lauritz Melchior.*

The range of Ms Emmons' writing reflected two key influences on her teaching: her immersion in classic singing teaching as a Fulbright Scholar in Italy and the study of vocal acoustics by her mentor, Berton Coffin, whose own interest in acoustics was spurred by the renowned acoustician Pierre Delattre. Underlying all her diverse interests was a keen awareness of how her work continued to be influenced by interaction with other professionals and by the act of teaching itself. Her own experience and influences were perhaps best summarised in a speech to the New York Singing Teachers' Association in 2006, which is available at <http://www.shirlee-emmons.com/NYSTA.html>.

Singing teachers worldwide have great reason to celebrate the life of Shirlee Emmons.



## World Voice Day Oz 2010



### QUEENSLAND

On 16<sup>th</sup> April 2010 – World Voice Day 2010 – an enthusiastic and most appreciative crowd welcomed and heartily applauded the outstanding performance of singing students from the Queensland Conservatorium of Music, Griffith University and acting students from Queensland University of Technology Creative Industries celebrating World Voice Day.

The crowd of over 1000 was spellbound in the public space abutting the main stage of Queen Street Mall, Brisbane, as singers performed classical, jazz and pop repertoire with a professionalism usually seen only in experienced professional singers. Very ably MC'd by Irene Bartlett from the Conservatorium and observed by such illustrious figures as Lisa Gasteen, Dianne Eden and Donald Hall, who were responsible for the arrangements along with Irene and Margaret Schindler, students also paid tribute to the excellence of their accompanists.

In the true spirit of the Australian Voice Association the collaboration between singing teachers, voice teachers, speech pathologists, singing students, acting students and musicians highlighted and celebrated the very special qualities of the human voice and many elements of good vocal health necessary to establish and maintain these wonderful instruments.

The very public performances over the lunch time period in this bustling environment raised awareness of the amazing attributes of the human voice and those aspects necessary to look after it, and included handing out flyers on *Ten Top Tips to a Healthy Voice* and a Poster Board highlighting aspects of voice production, care, structure and function. The Queensland group of the AVA was delighted with the exposure we received and the remarkable efforts of all concerned. WOW!! What a wonderful World Voice Day!

Jane Mott



### VICTORIA

On World Voice Day in Victoria, Susannah Foulds-Elliott presented the AVA Victorian Vocal Health Award to **Jessica Carrascalao Heard**, at the Inaugural South Eastern Arts Festival Eisteddfod. The award included an AVA membership for 2010, and a \$100 note (which most appropriately for Melbourne singers features Dame Nellie Melba).

Further celebration of World Voice Day in Victoria included supplying the audience of the Inaugural South Eastern Arts Festival Eisteddfod with individual copies of the Australian Voice Association's Top Ten Tips for Vocal Health.

### SOUTH AUSTRALIA

To celebrate World Voice Day in South Australia we invited the Speech Pathology Students at Flinders University to generate their own **Ten Top Tips for a Healthy Voice**. With a short timeframe to submit their tips, three students rose to the challenge. We selected the tips by **Victoria Pantazis** as the winning entry. Victoria is a 4th year student in our Bachelors programme and she will be offered a free Annual Student Membership to the AVA. I am sure that you will agree with us that Victoria's tips are well-conceived and punchy.

#### Victoria Pantazis' Ten Top Tips

1. Keep hydrated: drink plenty of water
2. Don't talk over loud background noise
3. Don't talk excessively.
4. Use more melody when you speak.
5. Avoid eating spicy foods, or foods that could trigger reflux.
6. Use soft contacts – use mouth and voice gently.
7. Limit intake of caffeine and alcohol – these are diuretics and cause water loss in the body.
8. Use easy onsets/beginnings – come into words slowly and gently.
9. Avoid speaking for long periods of time in dry, dusty, or smoky environments.
10. Love your voice!

Jane Bickford

# Let's hear it for the old croaks

*Johanna Flavell*

**Croak:** n. low hoarse sound characteristic of frogs and crows.  
v. to speak with a low, hoarse voice, to mutter discontentedly, to grumble.

"So, the old croak's coming back to town!" wasn't quite the response I was expecting when I told my young(er) friend of my excitement at securing tickets for Leonard Cohen's concert this year. She added: "I've never liked the droning, but now he just croaks..."

Disclosure: I have to admit at the outset that I have a vested interest in spruiking for older people/ voices, having just notched up my 58<sup>th</sup> birthday. I do not subscribe to the assertion of some of my 60+ year-old contemporaries that 60 is the new 40. (Oh come on, I can feel the grind and groan of my hips and knees when I play with my grandsons and spend too many hours in the garden. And I have to work harder to run my daily working voice marathons than I did even 5 years ago). But, we baby boomers are not likely to roll over into invisibility – without a fight.

We live in times where youth, tightness, wrinkle-freeness is venerated – despite the fact that by 2011, 1 in 5 Australians will be over 65.

Ageing has been pathologised. An ugly, in-curable disease to be feared, deplored and masked. Mass media/ advertisers patronise or stereotype post 50 year-olds as either past their use-by-date, (which of course they generally are reproductively speaking), or freakishly super-human. "Anti-ageing remedies" proliferate offering to turn turkeys into swans: wrinkle-free faces, pert pouts and breasts, tucked and sucked bottoms, chins and thighs.

Several years ago, a newspaper article reported a US surgeon offering a 'voice lift' to remove the tell-tale frail old voice from a newly lifted face. I was recently contacted by a prospective client who wanted to know if Botox injections could "remove the wrinkles from my voice".

Muskulo-skeletal, hormonal, respiratory, cardiovascular and neurological changes associated with ageing can produce changes in the voice - although these changes appear to vary considerably between individuals, in terms of onset, function and severity and may be genetically determined in some cases.

Not all ageing-voice changes are negative. Not all ageing voices deteriorate, some just change or even improve. Some vintage wine or whisky has beautifully matured with age, but only if the ingredients, prepara-

tion and maturation processes have been optimal.

A well-trained and exercised body and voice will fare better as it ages and conversely poor habits will become more entrenched and apparent.

The ageing voice becomes problematic when the changes interfere with general or professional communication, or specific desired voice use, such as singing, chairing meetings with authority etc.

Voice therapists, voice and singing teachers are familiar with significant numbers of ageing clients for whom singing in a choir, acting in amateur theatrical productions, being heard at social gatherings etc is increasingly challenging and distressing. Many describe withdrawing from these activities more and more as a result of their vocal problems and/or perceptions of listener frustration or intolerance.

The United Nations pledges that people should be entitled to age with independence, participation, care, self-fulfilment and dignity. Our professional intervention necessarily reflects these ideals.

Initial transnasal videostroboscopy is useful, both diagnostically and for biofeedback purposes. Although vocal fold injection of collagen or autologous fat (not Botox) may be deemed appropriate in some cases as an adjunct to voice therapy, voice therapy remains the preferable option.

Intervention could include: meticulous laryngeal hygiene, increasing hydration, decreasing the viscosity of laryngeal and pharyngeal mucous secretions, increasing ambient humidity, decreasing excessive caffeine intake – to reduce muscle tension, respiratory training to decrease muscle tension and oppositional breathing and improve abdominal breath support for phonation, exercises and postural changes to reduce tension in the face, neck, jaw and shoulders and stabilise the larynx, supraglottic deconstriction, vocal fold adduction exercises and pitch glides and sirens to improve vocal flexibility and agility, etc.

Hearing assessment, nutritional advice and thyroid function testing may also be recommended. Gentle physical exercise with specific breathing training may also be of use: eg. Yoga, Pilates, ChiKung, Tai Chi. Also counselling and education to address frustration with loss of earlier vocal ability and flexibility, facilitate acceptance of changed voice and guide selection of challenging but vocally appropriate repertoire.

To my ear, listening to 75 year-old Leonard Cohen speak and sing during a 3 hour concert is like sipping a glass of complex aged whisky: smoky with peaty undertones, delayed peppery bite and a smooth, lingering finish. His vintage crushed-velvet voice augments and informs the poetry of his life's journey and learning - narrow frequency and intensity variability, roughness and the odd pitch break notwithstanding. And he skips off stage!

Now if I can just remember where I put the tickets...

# The Voice Book

By Kate De Vore and  
Starr Cookman

Reviewed by **Lesley Henderson**

*Published:*

Chicago Press

*Distributed in Australia by:*

John Reed Book Distribution,

PO Box 257 Tea Gardens 2324

[johnmreed@johnreedbooks.com.au](mailto:johnmreed@johnreedbooks.com.au)

Cost: \$22.95

Jane Mott drew my attention to this little book and I have found it a handy, inexpensive resource for students of voice and those who are experiencing some voice difficulties. Its aim is to provide clear information and exercises directed towards caring for, protecting and improving the voice.

The authors, one a voice teacher and the other a speech pathologist, present voice workshops in America and this book distills their approach to voice management.

They discuss all the main features important for healthy voice production including alignment, breath, vocal function, vocal resonance, articulation, preventing vocal injury and vocal image with accompanying remedial exercises and CD.

The information is set out clearly and it is easy to follow.

I like the acronym that they use for projection; called the "BE FAR" voice.

## ***B – breathe deeply before speaking***

E – elevate the pitch of your voice just a little bit.

## ***F – front – aim your voice to the front of your face***

A – articulate your words with more vigor

## ***R – relax your shoulders and neck.***

I have actually recommended this book to a client teacher with voice problems. She was only able to receive limited speech pathology management before she went "bush" at the beginning of the year and I felt that she needed a back up resource that was easily affordable.

**Lesley Henderson**

***Certified Practising Speech Pathologist***

*Vocal coaching is not really  
about working on the voice, it  
is about working on the mind.  
We seek to condition the mind  
and body to work in  
synchronicity...*

**Diana Yampolsky**

## The Aging Female Voice: Acoustic and Respiratory Data

Shaheen N. Awan,

Clinical Linguistics and Phonetics

V20, n2-3, pp171-180

Apr-May 2006

### ABSTRACT

The purpose of this study was to extend understanding of the effects of aging on the female voice by obtaining measures of both acoustic and respiratory-based performance in groups of 18-30, 40-49, 50-59, 60-69, and 70-79 year-old subjects.

### MEASURES

*Acoustic measures:*

speaking fundamental frequency (SFF)

pitch sigma

jitter

shimmer

signal-to-noise ratio

*Respiratory-based measures:*

vital capacity (VC)

maximum phonation time (MPT)

phonation quotient (PQ)

### RESULTS

Results indicated that the aging groups differed significantly in terms of SFF, pitch sigma, MPT, and VC. In addition, discriminant function analysis was used to classify subjects into age group via a three-variable model consisting of VC, SFF, and pitch sigma (84% accuracy), and into pre- vs. post-menopausal status via a two-variable model consisting of VC and pitch sigma (92% accuracy). It appears that declinations in the respiratory and laryngeal mechanisms may occur simultaneously in the aging female.

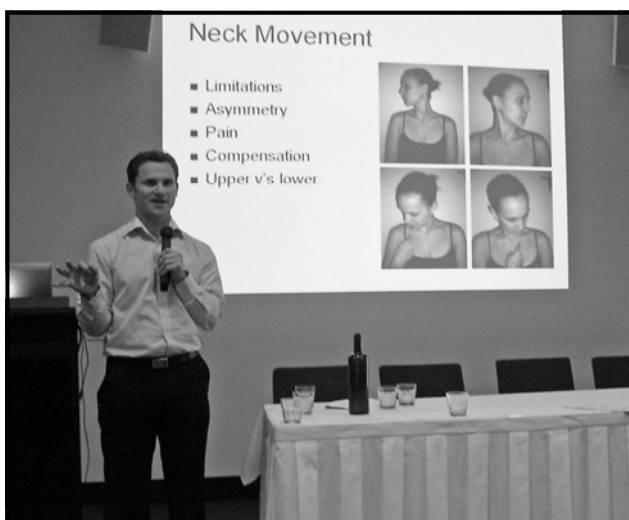
*(Submitted by Jane Bickford)*

# Ventilating Voice Forum



On Saturday 19th June 2010, a multidisciplinary group converged on the Ship Inn at Southbank, Brisbane, for a most informative day of excellent speakers – drawn together to share ideas and knowledge at AVA Queensland's **Ventilating Voice Forum**. As the AVA President neared the Piazza at Southbank, guides asked her whether she was there for the auditions of the X Factor's nationwide talent hunt. This lent an air of performance to the Ventilating Voice Event, the speakers and topics proved the major drawcard, and supported a diverse, dynamic and truly multidisciplinary approach.

## Speakers and topics



### Rocabado Therapy & Voice

**Scott Cook**

Physiotherapist with Rocabado Therapy

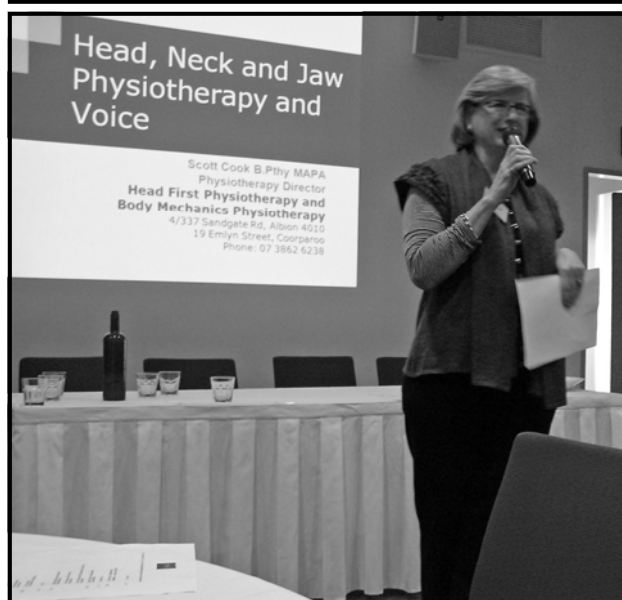


### Accent Breathing & Voice Therapy with Children

**Ron Morris**

Speech Pathologist

Experienced in children's voice therapy & Accent Breathing Method.



### Inside Today's Singing Studio

**Adele Nisbet**

Lecturer in Voice & Vocal Pedagogy



### Cutting Edge Voice Surgery

**Dr Matthew Broadhurst**

Ear Nose & Throat Surgeon with a particular interest in care of the professional voice.

## Reflux Diagnosis & Treatment

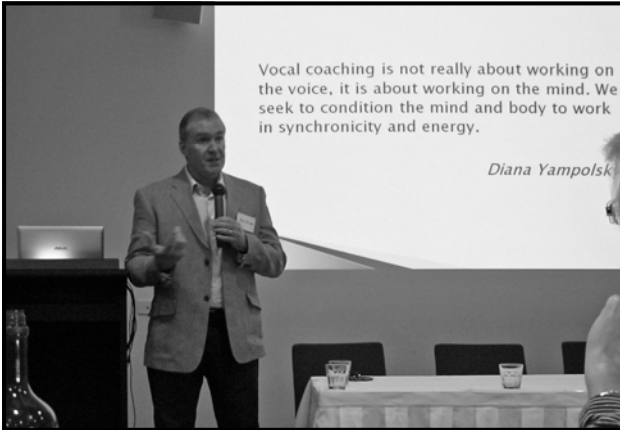
**Belinda Harvey**

Speech Pathologist

## Voice Therapy with Professional Voice Users

**Jane Mott**

Speech Pathologist & Voice Consultant



## Feeling Good, Sounding Great

**Brad Johnston**

Queensland Clinical & Sports Psychologist  
working with elite performers in the arts, sport & business on stress management and performance

The venue was excellent, the food terrific, staff were extremely helpful and the 33 registrants (Speech Pathologists, Singing Teachers and Spoken Voice Teachers) voted the day a re-sounding success! The hour long forum – where registrants and speakers interacted with thoughts, questions and responses (the last item of the day) - was a most welcome interactive session which epitomized the multidisciplinary nature of this event and our association.

A big thank you to all concerned – our speakers Brad, Matt, Scott, Ron, Belinda, Adele & Jane, and our additional panel members, Irene Bartlett and Dianne Eden, who so willingly gave of their time and shared expertise, our willing team of “behind the scenes workers” which also included Speech Pathologists Lesley Henderson and Moya Pattie - and to our registrants, who made this day such a success.

Jane Mott



**Michel Witty and Moira Lockhart**



## Join the AVA as a student

### Objectives of AVA:

- to promote the field of voice in Australia;
  - to encourage links between artistic, clinical and scientific disciplines related to voice;
  - to promote education and training in the clinical care of voice, as well as vocal performance and voice science;
- to promote research into voice.

### WHY JOIN the AVA?

Speech pathologists and ENT's work regularly with singers, speakers, actors, politicians, preachers and other professional voice users. Singing teachers and drama teachers are expected to access information and expertise from speech therapists and ENT's.

The national AVA network puts you in touch with voice professionals from all fields to share insight, knowledge and ideas.

AVA membership is open to individuals with an artistic, clinical or scientific interest in voice. Join the AVA now for 2010.

Members receive:

- copies of the regular newsletter Voiceprint,
- the opportunity to receive the refereed journal Australian Voice
- concessional attendance at all events.

# VOICECRAFT® WORKSHOPS

ALISON BAGNALL, PhD

## ADELAIDE - ROCKHAMPTON - PERTH

### ADELAIDE, SA

**AUGUST, 16th - 18th 2010**

#### **"Yell Well"**

##### IF YOU WOULD LIKE TO:

- Resolve vocal nodules in children by teaching them to "Yell Well"
- Enjoy the power of your voice
- Learn how to be loud, safely
- Train others to project their voices without damage
- Sing tirelessly in any contemporary singing style
- Belt out a Broadway number with ease

"Belting" places special demands on the vocal mechanism. Traditional voicing techniques and singing do not apply. Voicecraft® techniques can teach you how to belt by developing the essential vocal tract skills for high intensity vocalisation. Expect fun, challenge, excitement and vocal liberation, all in a supportive and non-threatening environment.

### ROCKHAMPTON, QLD

**OCTOBER, 6th - 8th 2010**

#### **"Voicecraft® for the Generalist Speech Pathologist"**

This workshop introduces the concept of differentiated control of various parameters of the larynx and vocal tract permitting mastery of the voice for the treatment of functional voice disorders eg. hoarseness, vocal fatigue or weakness of the voice associated with vocal nodules, bowed vocal folds or asymmetry of vocal fold apposition. The techniques can also be applied to those with voice difficulty of a neurological origin eg. Parkinsonism, after MVA, CVA and MS.

### PERTH, WA

**NOVEMBER, 22nd - 24th 2010**

#### **"Voicecraft® in Action"**

A great chance to see Alison in action with live demonstrations of voice therapy and voice training, in-depth discussion and analysis, introduction to and extension of your use of "Voicecraft®" techniques and much more:

- an opportunity to see "Voicecraft®" techniques used in a therapeutic context;
- therapy and teaching demonstrations with patients/performers;
- in-depth discussion and analysis of the demonstration;
- an opportunity to boost your confidence and extend your use of "Voicecraft®" techniques;
- exploration of therapeutic issues related specifically to voice patients and performers;
- ideas for overall management of the voice of the patient/performer.

### PERTH, WA

**NOVEMBER, 27th - 29th 2010**

#### **"Voicecraft® for Singers"**

A versatile singing voice, reliable, consistent from day to day, performance to performance, comfortable in a variety of styles and easy to manoeuvre in any part of the range is the promise of the Voicecraft® approach.

VOICECRAFT® is like learning to play a musical instrument, Voicecraft® develops control of multiple parameters of the larynx and vocal tract to meet any singer's need.

### ADELAIDE, SA

**DECEMBER, 6th - 11th 2010**

#### **"Extensive 6-day" Voicecraft® Workshop**

This workshop is for all voice professionals who wish to develop effective treatment techniques for voice disorders, gain mastery of their own voice for versatility in singing & acting, eradication of vocal strain & quick, easy solutions to singing problems. Participants will gain a thorough & experiential understanding of how they do what they do with their voice. Voice strain becomes a thing of the past & the voice carries with ease. Projection, brightness, warmth & stamina are assured. Video-fibreoptic laryngoscopy is provided for as many as possible. Workshop numbers are limited to ensure individual attention.

## **WORKSHOP CONTACT INFORMATION**

### **Rockhampton & Adelaide**

For more information on these workshops, visit our website [www.voicecraft.com.au](http://www.voicecraft.com.au) or contact Renee on

Phone: (08) 8239 2088, Fax (08) 8239 2238

e-mail: [anchor@voicecraft.com.au](mailto:anchor@voicecraft.com.au)

### **Perth**

For more information on these workshops, contact Helen Bolton on

Phone: (08) 9301 1154, Fax (08) 9301 1150

or e-mail: [TLCvoice@tlc-wa.com.au](mailto:TLCvoice@tlc-wa.com.au)

or visit [www.voicecraft.com.au](http://www.voicecraft.com.au)



## **FLAGGING**



### **The Australian Voice Association Student Encouragement Award**

In support of the student voice interest community, the Australian Voice Association has proposed an

### **annual award scheme**

to be held initially for the next three years – 2010, 2011, 2012. This is in the hope of encouraging student membership and future involvement in the Association by our youngest professionals. The award comprises

#### **AVA membership**

for the following year and a valuable academic

#### **book prize**

In August of each year, the Australian Voice Association National Board will email notices to voice-related programs within tertiary institutions in Australia inviting each to submit one nomination for the AVA Student Encouragement Award.

The emailed package will include an explanatory letter and a nomination form.

The criteria for the recipient of an AVA Student Encouragement Award are listed here.

The nomination, submitted by a tertiary lecturer should include a supportive rationale which highlights those points pertaining to the student nominee. Student nominees should meet at least two of the criteria.

Exemplary attitude and commitment to their particular program of study

Sound academic achievement

A genuine interest in learning about voice

Leadership in some manner with reference to vocal issues

Research achievement in voice

Vocal performance worthy of support

The nominations should be emailed to the nominated Convenor of the AVA Encouragement Award by

**September 30<sup>th</sup> each year.**

The National Board will consider all nominations and make five awards as listed.

**NSW & ACT**

**VIC & TAS**

**QLD**

**SA & NT**

**WA**

The award recipients will be announced via email and on the AVA website no later than October 30<sup>th</sup>.

If possible, a State representative from the National Board will present the award in person to the student on suitable dates to be arranged.





Australian Society for Performing Arts Healthcare

I am delighted to announce that we are calling for papers and workshops for the

**4th Annual Conference and  
AGM  
22nd – 24th October 2010  
Melbourne, Victoria**

**Sponsored by VCAM  
Presented at The University of Melbourne's  
Faculty of the VCA & Music, Southbank.**

The conference and workshops will be of interest to teachers, performers and healthcare professionals with an interest in the performing arts as well as all students of dance, music, and theatre.

**The conference will feature:**

**Friday 22nd:** Pre-conference workshop for health professionals and conference opening ceremony and performance evening.

**Saturday 23rd:** Full day conference with academic paper presentations and ASPAH Annual General Meeting.

**Sunday 24th:** Morning and afternoon workshops.

*Full instructions and a template are available via [secretary@aspah.org.au](mailto:secretary@aspah.org.au)  
Closing date for submissions is the end of business on  
**Friday 23rd July 2010***

**Dr Paul Duff**  
Secretary  
Australian Society for  
Performing Arts Healthcare  
c/o Woy Woy General Practice  
26-30 Railway St  
Woy Woy 2256  
Australia  
[www.aspah.org.au](http://www.aspah.org.au)



**THE ACCENT  
METHOD**

**a three day course**

**Tuesday 12th October & Wednesday  
13th October 2010  
plus Tuesday 8th February 2011  
9.30am – 4.30pm  
at  
Nutford House  
Brown Street  
London W1H 5UL**

**Course tutors: Sara Harris (Speech  
and Language Therapist)  
Dinah Harris (Singing Teacher)**

The Accent Method was designed by Svend Smith, a Danish phonetician, and is widely used in Scandinavia and on the Continent. It is a holistic therapy regime designed to co-ordinate the muscles of respiration, phonation and articulation to produce efficient voice production and clear, resonant, well modulated speech. Initially the technique concentrates on establishing diaphragmatic breathing and abdominal muscle control to regulate the expiratory air stream. The therapist/teacher progresses the client through a series of graded vocal exercises at varying tempos to develop efficient voice and articulation production. This is then gradually conditioned into spontaneous speech.

This aim of this course is to set out the rationale on which the Accent Method is based, to allow delegates to experience the technique and provide them with practical skills and tools to bring into their own area of work.

All enquiries should be directed to: **Jackie Ellis**  
email: [administrator@britishvoiceassociation.org.uk](mailto:administrator@britishvoiceassociation.org.uk)  
website: [www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk)  
Phone: 0207 713 0064



## Conferences

*If you would like your voice-related conference advertised here or if you know of any conferences we have missed, please send the details to the Editor of Voiceprint 39:*

[Jane.Bickford@health.sa.gov.au](mailto:Jane.Bickford@health.sa.gov.au)

*51st NATS National Conference: "Echoes of Song"*  
Salt Lake City UT USA  
2-6 July 2010  
[www.nats.org](http://www.nats.org)

*SemDial 2010 14th Workshop on the Semantics & Pragmatics of Dialogue*  
16-18 June, 2010  
Adam Mickiewicz University, Poznań, Poland  
[www.semdial2010.amu.edu.pl](http://www.semdial2010.amu.edu.pl)

*Choice for Voice: Multidisciplinary Approaches to Performance, Health and Research in Voice*  
15-17 July 2010  
Royal Academy of Music, London  
[www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk)

*PAS5 – the 5th Conference on the Physiology and Acoustics of Singing*  
10-13 August 2010  
Royal Institute of Technology (KTH), Stockholm, Sweden,  
<http://www.speech.kth.se/pas5>

*11th International Conference on Music Perception and Cognition (ICMPC11)*  
23-27 August 2010  
University of Washington, Seattle WA, USA  
<http://depts.washington.edu/icmpc11/>

*TSD 2010 Thirteenth International Conference on Text, Speech and Dialogue*  
6-10 September 2010  
Brno, Czech Republic  
[www.tsdconference.org/](http://www.tsdconference.org/)

*The Embodiment of Authority: Perspectives on Performances*  
10-12 September 2010  
Department of Doctoral Studies in Musical Performance and Research, Sibelius Academy, Helsinki, Finland  
[www.embodimentofauthority.net](http://www.embodimentofauthority.net)

*Moorambilla Choral Festival*  
Coonamble, NSW  
17-19 September 2010  
[www.moorambilla.com](http://www.moorambilla.com)

*2010 BalanSingAct: Body, Mind and Soul*  
Australian National Association of Teachers of Singing (ANATS) National Conference  
30 September - 3 October 2010  
Bardon Conference Centre, Mt Coot-tha, Brisbane  
[www.anats.org.au](http://www.anats.org.au)

**PEVOC 2011**  
*9th Pan European Voice Conference (PEVOC9)*  
Marseille, France  
31 August - 3 September 2011  
[www.pevoc9.fr](http://www.pevoc9.fr)

*International Symposium on Performance Science*  
24-27 August, 2011  
University of Toronto  
[www.performancescience.org](http://www.performancescience.org)

**Copy deadline for  
November Voiceprint 39  
Editor:  
Jane Bickford**

Material for the **November** issue of Voiceprint should be sent to  
[Jane.Bickford@health.sa.gov.au](mailto:Jane.Bickford@health.sa.gov.au)  
**by Friday 18th October, 2010**

### *Theme for Voiceprint 39:*

#### **Instrumentation and the Voice**

The topic is broad. As voice professionals we all use some form of instrumentation either for assessment, training/educational or therapeutic purposes. It can be as simple as the use of a keyboard to help with singing or a sound level meter to measure conversational loudness or it may be more hi-tech such as Lingwaves software or stroboscopy. Tell us what you are using, and find out what others use, in the next issue of Voiceprint (VP 39).

### **ADVERTISING RATES**

	AVA Member Prices	Non-member Prices
Quarter Page	\$50	\$75
Half Page	\$75	\$100
Full Page	\$130	\$175
Back Cover	\$150	\$200
Insertions: Minimum	\$150	\$200

## Conference news

### Lessac-Madsen Resonant Voice Therapy Workshop

17 & 18 July 2010

#### Workshop Details

**Venue:** *Singapore General Hospital*

*Lecture Theatre*

*Block 6, Level 9*

*Singapore 169608*

The course provides theoretical background and practical training in Lessac-Madsen Resonant Voice Therapy (LMRVT). This is an approach to voice therapy appropriate for adults and children with voice disorders. LMRVT is also appropriate for individuals who use their voices professionally, such as actors, singers, teachers, broadcasters and others, who wish to improve the effectiveness and health of their daily speaking voice. A target laryngeal configuration can be identified which tends to produce the strongest voice output using the least amount of pulmonary effort, and also coincides with relatively low vocal fold impact stresses. The result is a well-functioning voice that can be heard in most environments, and that is produced easily with minimum risk of injury.

The course will (1) cover the basic scientific information behind LMRVT; (2) provide detailed step-by-step information about the implementation of LMRVT with both adults & kids; and (3) provide practical demonstrations of the approach.

Speech-language pathologists receive training in LMRVT for voice therapy purposes following appropriate medical evaluation and referral. Other voice and speech trainers, or teachers of singing, can also be trained in LMRVT to enhance healthy speaking voice for non-therapeutic purposes.

*The workshop includes:*

Historical background for LMRVT, and general framework

Basic voice science of LMRVT

Basic learning science for LMRVT

Compliance in LMRVT

Effectiveness data for LMRVT

Introductory demonstrations of LMRVT

LMRVT Step-by-Step

Demonstrations of LMRVT

The traditional paradigm of voice therapy for children

Limitations of traditional approach,  
and alternative models

Component #1: Laryngeal biomechanics

Component #2: Motor learning and development

**To find out more about LMRVT, visit**

**[www.lmrvt.org](http://www.lmrvt.org)**

For further information on the Singapore General Hospital Workshop, please contact:

**Ms Tan Hui Linn**

Email | [tan.hui.linn@sgh.com.sg](mailto:tan.hui.linn@sgh.com.sg)

## Member promotions

VOICEPRINT offers AVA members 6 lines FREE promotion of their services, facilities or products through 2010. Please submit your promotion to the Issue Editor (see page 7).

Format: Full column width, Times New Roman font, 10 point. For editorial purposes, the layout may be changed.

This is a free promotional service for current AVA members. The promotion of services, facilities or products in no way implies endorsement by the Australian Voice Association.

Non-members who seek to advertise in VOICEPRINT are asked to contact the Issue Editor.

#### VOICECRAFT INTERNATIONAL PTY LTD

Adelaide: Ph (08) 8239 2088, [www.voicecraft.com.au](http://www.voicecraft.com.au)

Dr Alison Bagnall & Jacqui Beaty, Sp Pathologists

Voice therapy & training using the *Voicecraft*<sup>TM</sup> approach—intelligent shaping of the larynx & vocal tract for optimal voice production for speech & singing.

#### LATROBE COMMUNICATION CLINIC

Melbourne: Ph. (03) 9479 1921

Management of voice disorders, and voice therapy services. La Trobe University School of Human Communication Sciences Voice Clinic (operating Wednesdays), and at the Royal Victorian Eye and Ear Hospital (operating Thursdays). Adult and paediatric clients. Weekly clinics.

#### MELBOURNE VOICE ANALYSIS CENTRE

Melbourne: Ph. (03) 9416 0633, [mvac@unite.com.au](mailto:mvac@unite.com.au)

Clinicians Debbie Phyland and Jenni Oates (speech pathologists), Malcolm Baxter and Neil Vallance (otolaryngologists). Specialising in videostroboscopic and perceptual evaluation of voice with particular focus on professional voice users.

## VoicePrint online

AVA members can access Voiceprint online at the AVA website

[www.australianvoiceassociation.com.au](http://www.australianvoiceassociation.com.au)

by entering **Username:** members  
**Password:** ava123

## VOICE TEACHER (SPEAKING)

Perth: Ph. (08) 9379 9106

Julia Moody, sessions for individuals, groups, or companies mainly in Western Australia, other states by arrangement. Accent and dialect training is also available.

## CASTLE HILL VOICE CLINIC

Sydney: Ph. (02) 8850 6455

Multidisciplinary Voice Clinic held monthly.

Dr John Curotta (ENT) and Cate Madill (Sp Path) consulting. Specialising in assessment and treatment of professional voice users.

## COUNSELLING FOR VOICE THERAPY

Sydney: Ph. (02) 9436 3389 Mob. 0407 379 212

Jan Cullis—counsellor specialising in identifying and resolving the emotional component of voice disorders. Special interest in singers. Jan works with an ENT surgeon and speech pathologist to provide comprehensive analysis and treatment, and will travel interstate for clients.

[www.voiceconnection.com.au](http://www.voiceconnection.com.au)

## QAVA Pty Ltd

NEW SE QLD company focusing on providing comprehensive, supportive and nurturing instrumental music education. Looking for like-minded voice teachers to join our team and work in schools and studios.

Ph: 1300 393 348 Email: [karyn@qava.com.au](mailto:karyn@qava.com.au)

## ST VINCENT'S VOICE CLINIC, SYDNEY

(established 25 years)

Sydney: Ph. (02) 8382 3372

Specialist statewide services, fiberoptic nasendoscopy and rigid stroboscopy, and laryngeal EMG. Total management of professional voice. Dr Ian Cole, ENT; Helen Brake, Speech Pathologist; Dr Paul Darveniza, Neurologist.

Email: [hbrake@stvincents.com.au](mailto:hbrake@stvincents.com.au)

## SINGING VOICE SPECIALIST

Sydney: Ph. (02) 9566 4844

After 10 years as a full-time academic (associate professor in singing at UWS), Dr Jean Callaghan is now in private practice in Sydney as singing teacher, voice consultant, lecturer and researcher.

Email: [jean.callaghan@bigpond.com](mailto:jean.callaghan@bigpond.com)

## VOICE CONNECTION

Sydney: Ph. (02) 9438 1360. St Leonards.

Voice connection—multidisciplinary team, comprehensive diagnosis and holistic care of voice disorders. Team of voice specialists includes Jonathan Livesey, ENT; Karin Isman, Speech Pathologist; and Jan Cullis, Counsellor.

[www.voiceconnection.com.au](http://www.voiceconnection.com.au)

## Useful contacts

▲ **ANATS:** Australian National Association of Teachers of Singing. ANATS newsletter is *The Voice of ANATS*, published in March, July and November.

Email: [anats@apcaust.com.au](mailto:anats@apcaust.com.au), [www.anats.org.au](http://www.anats.org.au)

▲ **Australian Voice** is a refereed journal published annually by ANATS. The good news is that if you are a full member of the AVA, you already receive *Australian Voice*. Use the ANATS contact details if you would like more information about *Australian Voice*, or see the publications section at

[www.australianacademicpress.com.au](http://www.australianacademicpress.com.au)

▲ **British Voice Association:** Highly recommended for book reviews and much more. Contact them at The Royal College of Surgeons, 35/43 Lincoln's Inn Fields, London WC2A3PN. Tel/fax UK 44 (0) 20 7831 1060.

[www.british-voice-association.com](http://www.british-voice-association.com)

▲ **International Centre for Voice** (London). Central School of Speech and Drama, hosting email discussion list about voice, jiscmail. Free subscription, [www.cssd.ac.uk/icv/index.html](http://www.cssd.ac.uk/icv/index.html) Current discussions between speech-language therapists on voice and other issues can be viewed at

[www.slt-list-uk@jiscmail.ac.uk](mailto:www.slt-list-uk@jiscmail.ac.uk)

▲ The *Journal of Voice* is the official journal of **The Voice Foundation** ([www.voicefoundation.org](http://www.voicefoundation.org)) and the International Association of Phonosurgeons. Published quarterly, see [www.jvoice.org](http://www.jvoice.org).

▲ **SID3voice** (USA)—special interest division of ASHA (American Speech-Language Hearing Association). SID3voice is also the name of its lively and active free email discussion list. To subscribe to SID3voice, send an email to

[lyris@list.medicine.uiowa.edu](mailto:lyris@list.medicine.uiowa.edu)

▲ **VASTA** (Voice and Speech Trainers Association) Voice and speech trainers in professional theatre, radio, TV, business and academia, as well as singing teachers, speech pathologists, acting/directing teachers, otolaryngologists and dialecticians. They have an email discussion group called vastavox. [www.vasta.org](http://www.vasta.org)

▲ **National Center for Voice and Speech** Research, clinical and teaching centre dedicated to the enhancement of human voice and speech.

[www.ncvs.org](http://www.ncvs.org)

▲ **University of California (Santa Barbara Library)**, providing a fantastic list of websites for all things musical. [www.library.ucsb.edu/subj/music.html](http://www.library.ucsb.edu/subj/music.html)

▲ **Gastric Reflux Tips**

<http://cantbreathe suspectvcd.com/page10.html>

▲ **University of Pittsburgh Voice Centre** Excellent site with plenty of voice information (articles, images, including downloadable Voice Handicap Index with scoring instructions. [www.upmc.edu](http://www.upmc.edu)



# AUSTRALIAN VOICE ASSOCIATION MEMBERSHIP 2010

GENERAL SECRETARIAT

2<sup>nd</sup> Floor, 11 – 19 Bank Place, Melbourne VIC 3000      Phone: 03 9642 4899      Fax: 03 9642 4922

The objectives of the AVA are to promote the field of voice in Australia; to encourage links between artistic, clinical and scientific disciplines related to voice; to promote education and training in the clinical care of voice, as well as vocal performance and voice science; to promote research into voice. Membership is open to individuals with an artistic, clinical or scientific interest in voice. Membership entitles you to copies of the regular newsletter Voiceprint, the opportunity to receive the refereed journal Australian Voice via the AVA Website as well as concessional attendance at all events.

**2010 Membership Application Form**    1 January 2010 – 31 December 2010

## MEMBERSHIP RATES FOR 2010

- |                                                                                                                                                                                           |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>Full Membership</b> for 2010                                                                                                                                  | <b>\$120.00</b> |
| <input type="checkbox"/> <b>Student Membership</b> for 2010 (full-time undergraduate or postgraduate students, in any voice related field; proof of full time enrolment must be enclosed) | <b>\$50.00</b>  |
| <input type="checkbox"/> <b>Institution Membership</b> for 2010<br>(two delegates may attend AVA events at the members' concessional rate)                                                | <b>\$200.00</b> |

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone / Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I **will/will not** allow my contact details to be circulated by email among the other members of the AVA

Profession\* \_\_\_\_\_

*\*If Voice Teacher or Lecturer in Voice, please specify whether singing or speaking voice, or speech pathology*

### Workplace Details

Workplace: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone / Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Details** (If you are a full-time student, please indicate the institution and course of enrolment)

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*To be eligible for Student Membership Rate you must enclose a copy of your student card with photograph, that indicates full time enrolment*

**Payment can be made by cheque or by credit card:**

I enclose my cheque/money order ☐      Visa ☐      Mastercard ☐      for \$ \_\_\_\_\_

[illegible]

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please forward this form with payment to: Australian Voice Association  
General Secretariat, 2<sup>nd</sup> Floor, 11–19 Bank Place, Melbourne VIC 3000**