Five Things

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At the time this article was written (October 2018), I was in the throes of the fall recruitment season at Ohio State with multiple potential students coming to see me every week for consultations and sample lessons. Many of you, of course, go through this same ritual assessing prospective students, whether as an academic or independent teacher, so I’m confident you can relate to the following story about a typical session. The student I’ve invented is based a mélange of characteristics we all see on a regular basis. He was named Enrico after his great-great-grandfather, who he’s pretty sure was some sort of singer, but his friends all call him Ricky.

Ricky is in his second year working toward a Master of Music degree in voice performance at a fine university that has a strong music program. A promising young tenor, he is in the midst of rehearsals singing Tamino in his school’s production of The Magic Flute, which is scheduled to open in about a month. A date has been selected for his recital and much of the program already has been learned. Ricky absolutely loves to sing and regularly receives affirmations by winning competitions, singing solos with his choir, and being cast in operas. OSU is on his list of schools as a potential place to pursue his doctoral degree, so he is auditioning me as a possible teacher.

Ricky’s sample lesson followed my typical format, which generally begins with a brief discussion about the student’s background and goals (I almost always ask a question along the lines of, “In your best-of-all-possible-worlds, what will you be doing ten years from now?”), followed by singing several songs or arias without interruption. I choose to work in this manner to help ensure I don’t rush to judgment, trying to fix things that actually are not broken. Ricky offered songs by Schubert, Sondheim, and Fauré, along with Tamino’s first aria, “Dies Bildnis ist bezaubernd schön.” Two warning lights now have illuminated on my mental dashboard. The first started flashing when Ricky announced he wanted to be a college professor; yes, he has a lovely voice, but he has no professional experience and few prospects for future engagements (another singer who expects to teach something he has never done himself). The second warning came when none of the repertoire he offered extended beyond A₄; was he playing it safe, or was his technique the culprit? In Ricky’s case, technical limitations were painfully obvious that prevented him from singing any higher. To put it bluntly, overpressurized breath, a high larynx, low soft palate, clenched jaw, and a rigid tongue guaranteed his voice had a very low ceiling. But an equally important issue was that from F₃ to F₅, he actually made some beautiful sounds, in spite of the
faulty technique. And because of those beautiful sounds, he was consistently praised and rewarded, which in turn led him to view his abilities through rose-colored glasses that grossly exaggerated his prospects.

I asked Ricky about some of the things I observed. Yes, he knew he tended to breathe too high and to sing with excess pressure; he’d been working on it with his teachers since he was a first-year undergraduate student, but just couldn’t get the hang of it. The same was true for his larynx (which was trying to escape through his wide-spread mouth), his tense, shaking jaw and tongue, and chronically nasal timbre. He told me that he thought he “probably” should and “eventually” would try attend to these issues, but feared losing performance opportunities while he reworked his technique. Besides, he was the best tenor at either of the schools he had attended and continued to get all the solos. Surely, he was singing so well that changes were unnecessary. I disagreed.

It was time to vocalize and get down to some serious work. Breathing immediately improved when he was reminded that we expand our bodies to inhale. It is a simple matter of cause and effect; inhalation is the effect caused by expansion. (I remain astounded by the huge number of singers and teachers who persist in the belief that expansion of the thorax, abdomen, or back is caused by air rushing into those places.) Next, we did some work panting like a puppy, observing that he could change the pitch of the air as it whooshed in and out. He observed that this pitch change seemed to be related to the position of his larynx, which was elevated when panting at higher pitch, but remained in its dropped, resting position when the pitch was lower. Eureka! He sang a simple exercise preceded by the low-pitched panting breath and his larynx wasn’t pulled upward. Excess jaw and tongue tension were tamed with physical motions that cannot happen in their presence. His lazy palate was the result of extensive use of vocalises that included /m/, /n/, or /ng/ in pursuit of better resonance. Beginning and ending exercise patterns with a sibilant, fricative, or plosive produced positive results immediately. Time to move on to raising that low ceiling.

Like many—if not most—tenors and baritones, Ricky had heard of covering and believed it was something he had to do when singing his high pitches. And like many—if not most—young tenors and baritones, he figured out how to make a sound that resembled the “cover” of his vocal idols by tensing the back of his tongue. If he tried really hard, he could get his voice to cover by G₄, but his tongue was so tense that nothing worked in the tenor money zone from A₄ to C₅. I share Kenneth Bozeman’s understanding that cover is something that happens, not something we do. The secret is to sing through that pesky passaggio region without changing the shape of the vocal tract or the position of the larynx. It took several attempts, but Ricky ultimately was able to sing patterns in his passaggio, observing that the timbre shifted into his upper extension automatically when he didn’t change anything. He didn’t make it all the way to a tenor high C, but did sing several usable B-flats and B-naturals. I hope that all the seeds we planted during this sample lesson take root and are in evidence when he returns for his actual audition.

I am not a brilliant teacher, and there is absolutely nothing magical or extraordinary about the work I did with Ricky. But after 40+ years working as a singing teacher, I’ve developed strong observational skills and a decent toolbox to help students to sing differently. More about that toolbox a little later. First, however, we need to spend some time exploring the relationship between teaching voice and teaching singing.

You might remember that one of my “From the President” columns addressed the voice/singing dichotomy; if you are reading this, you likely are a member of NATS, not NAVT (National Association of Voice Teachers). But is there actually a difference between teaching voice and teaching singing? From my perspective, the answer is an emphatic yes. Time for an analogy. Let’s imagine that you are a teenager who has been taking violin lessons at a Suzuki school since the age of four. You began with a tiny instrument, which was traded for progressively larger violins as you grew up. Finally, you are ready for a full-size instrument of decent quality. Your parents take you to the violin shop, only to discover that the violin you deserve is well out of their price range. The luthier offers a solution; he has a violin in the back room that still is under construction, which you can buy on an installment plan, taking it home as is, and then returning periodically to have additional work completed when money becomes available.

Your violin teacher is thrilled to hear you have acquired a new instrument and immediately assigns an early Mozart sonata for you to learn. Little did she
know that you would be practicing on a violin with only three strings and no back or sides. Those missing parts would come along a bit later when the luthier finished building the instrument. In the meanwhile, it was time to start working on more advanced repertoire. Perhaps something by Sarasate . . .

Of course, the very idea that a violinist would attempt to play advanced repertoire on a partly built instrument is ludicrous. Alas, this is exactly what too many singers and their teachers try to do. I’ve told you before about a first-year student I had a number of years ago who announced that she wanted to learn an aria from a Wagner opera (at this point in her studies, she had been unable to master the pitches and rhythms of “Drink to Me Only with Thine Eyes”). She was enrolled in group piano lessons at the time, so I asked her what she would think if her piano teacher assigned her a Rachmaninoff concerto for her to learn. She responded that such an assignment would be inappropriate and ridiculous. I told her that a Wagner aria was equally inappropriate at this point in her studies, to which she responded, “But I already know how to sing!” Once again, I disagreed.

In virtually all instrumental music instruction, repertoire is assigned that matches the quality of the instrument and the skill level of the player. A pianist doesn’t start practicing the second concerto of Johannes Brahms after two months of lessons on an electronic keyboard with a three-octave range. But singers immediately are assigned classic Italian songs and arias or selections from music theater repertoire that were written for fully mature artists. Why? I don’t have a good answer to that question, but I can definitely say that in my instructional dictatorship, it would be illegal to assign repertoire that exceeds the technical and physical ability of a singing student.

So, we must teach voice before we teach singing. This doesn’t mean a return to the golden age of Bel Canto when students sang nothing but scales and vocalises for several years prior learning a single note of repertoire. But it is imperative not to put the cart in front of the horse, focusing on how to sing and perform before a student understands how to make healthy, beautiful, and consistent vocal sound. To that end, let’s look at five specific things that will help ensure that students can play their instruments well enough to make music by singing. Physiologically, we’ll work from bottom to top: breathing, larynx, jaw, tongue, and soft palate. The techniques I will describe work consistently well for me; I’m sure that many of you have come up with your own ways to deal with these issues that might even be more effective. Please share them!

**Breathing.** By a wide margin, the biggest breathing and/or breath support issue I discover in new students is an excess of subglottic air pressure, caused either by compression of the chest, or rigid overcontraction of the abdominal muscles. For pre-college singers, this overpressurization almost always manifests in breathiness or counterintuitively, in a pressed, strident tone. By the time these singers move on to graduate study, the breathiness is gone (or they are gone, having dropped out of the program), but vestiges of the pressed tone linger. Because the pressure is too high, men delay entering the upper passaggio until it is too late, the top of the voice is unacceptably short, and the tone is bright and ringing, but often not particularly pleasant. Melismatic passages are best described as **approximatura.** For women, add to list chronic sharping, carrying chest voice function (mode 1) too high, and not having access to a top voice that continues with ease, strength, and beauty beyond A₅. (A budding soubrette visited me a couple of years ago who provides a perfect example. Physically, dramatically, and vocally, she was an ideal Despina, Blondchen, or Nanetta—at least through the top of the treble staff. But nothing worked correctly beyond A₅. It’s pretty hard, if not impossible, to succeed as a soubrette with an instrument that stops well before soprano high C₆.)

Fortunately, there usually is an easy solution to reducing this excess subglottic pressure. For the chest heavers, I invite a second student (who has the same gender identity as the person with whom I am working) to physically restrain all high thoracic movement by pushing downward on the sternum and clavicles. The goal is to immobilize the upper ribs during inhalation, which in turn prevents them from helping too much during exhalation. There is a side benefit as well: when the chest can’t go up to inhale, the required expansion is forced to move lower in the body.

The more insidious problem is found in the singers with overly tight abdominal muscles (often, these singers will be working so hard with their belly muscles that the entire abdomen begins to shake). Should this occur, resist your first instinct, which will be to direct the stu-
dent to relax his abdominal wall. As one of my doctoral students mentioned recently, if I ask you to visualize an elephant, it is nearly impossible for you to stop doing so. Indeed, the more I remind you to not think about the elephant, the more likely your attention will focus solely on just that.

So, we must divert attention and create a new physical action that cannot be accomplished in the presence of detrimental tension. (By the way, please remember that we are talking about reducing, not eliminating tension. If you want to sing with complete lack of tension, try doing so when you are lying on the floor, unconscious.) For my preferred diversionary tactic, I instruct singers to swivel or rock their hips and belly as if working a hula hoop, dancing, or doing their “world-famous impersonation of Elvis.” To ward off any possible embarrassment, the student stands at the far end of my piano, almost entirely blocked from view below the chest. When moving the abdomen, hips, and pelvis in this manner, it is virtually impossible to rigidly flex the related muscles. Students now take another pass at the passage that consistently crashed, almost always finding it vastly easier and more reliable to sing. From this point, it is a simple matter of minimizing the diversionary movement to the point that it can be detected by the singer, but not seen by the audience.

Larynx. To borrow from an iconic public service message from my younger days: “Teachers, do you know where your students’ larynxes are?” If you are dealing with a six-foot-four, slender baritone, that answer is going to be pretty obvious: it sits proudly in the front of the neck for all to see. But for large numbers of singers with ample adipose tissue in their necks, a short neck or a small thyroid cartilage, the troublemaker (larynx) can be hard to see. I contend, however, that it virtually always is possible to hear whether the larynx is in a neutral, elevated, or depressed position, and if you remain unsure, the student immediately can learn what is happening by placing a finger—also known as the world’s least expensive biofeedback machine—on the thyroid cartilage to observe any movements during breathing and phonation.

I’m pretty confident that the singers who have come through my door for lessons or auditions number in the thousands. During that entire time, I’ve perhaps encountered two or three who sang with chronically depressed larynges, so when there is a technical issue caused by laryngeal position, it almost always relates to excess elevation. Let’s take a brief detour to look at the mechanism of laryngeal elevation. First, it is not the result of improper breath support. Yes, the trachea is flexible and distensible, but not to the point where subglottic pressure causes it to become over a centimeter longer! If the larynx ascends, muscles are pulling it upward. Unfortunately, our bodies include a plethora of muscles that can do just that. These include muscles of the tongue, jaw, pharynx, and palate. Alas, most of these muscles have primary functions related to something we actually must do when we sing. Our task is to learn how to do things like opening the jaw without simultaneously lifting the larynx. This challenge is exacerbated by the fact that the most important jaw depressor muscles do their work by pulling the mandible downward toward the hyoid bone. But as we all should remember, the hyoid bone floats freely in the neck. It also is the upper attachment point of the larynx. As a result, if the jaw closing muscles (e.g., masseter, pterygoid, temporalis) are not sufficiently lax when the depressor muscles are active, the hyoid—and therefore the larynx—will be pulled upward. Not coincidentally, this also is among the reasons why it can take so much time to learn to sing well; we must activate muscles only to perform their primary, and not secondary functions.

The battle for laryngeal position is not a fair fight. Our bodies actually have but a single muscle that directly lowers the larynx, the sternothyroid, which starts at the sternum and ends at the thyroid cartilage. Two additional muscles indirectly lower it: the sternohyoid (sternum to hyoid bone) and the omohyoid (scapula to hyoid bone). But there must be at least a dozen muscles working to elevate it. This imbalance largely is a consequence of swallowing, for the larynx must be pulled up and out of the way when swallowing to help ensure food goes into the esophagus, not the airway. What all this means is that stable, neutral laryngeal position occurs when we neither elevate nor depress and allow it to remain in its resting position as during respiration.

Time to get back on the main road from this little detour: how to deal with an elevated larynx without drawing attention to it (remember the elephant . . . ). I previously mentioned an exercise using a panting breath. Let’s look at that in a bit more detail. We begin simply by
instructing the student to “pant like a puppy.” Once that coordination is accomplished, we alternate between the sound of a chihuahua and a retriever, inducing the air to move at two different apparent pitches. The student feels and hears the difference but might not immediately notice that the larynx is moving higher and lower in its position within the neck. Once that connection is made, we begin with a simple pattern of three to four ascending/descending pitches, preceded by the low panting breath while maintaining the sensation in the throat and neck. This exercise must begin at a pitch that is toward the bottom of the student’s range. Once s/he gets the hang of starting the tone from the panting position, it just becomes of matter of continuing the sensation with (slowly) ascending pitch. Don’t expect an immediate miracle—you are dealing with a deeply ingrained habit.

There is a major obstacle at this point: your singer probably thinks s/he is producing an artificial tone that is far too dark. The reason for this perception is readily apparent; when the larynx is lowered, the vocal tract is lengthened, and all resonant frequencies drop in tandem. A quick field trip to a stairwell, restroom, or other hyperresonant space usually is sufficient to demonstrate that the fundamental voice quality has not changed: Ricky still is Ricky—he just sings with greater freedom, fullness, and vocal color. And this new sound has the potential to create an even scale from the bottom to the top of his voice.

Jaw. “May the force not be with you!” We’ve already taken a quick look at the disproportionate distribution of muscles that elevate and lower the larynx. That same is true for the jaw, but to an even greater extent. Those three big muscles that close your jaw for biting and chewing (masseter, pterygoid, temporalis) exert sufficient force to bite clean through a chicken bone, pencil, or even the finger of an attacker. But the jaw depressors (openers) are wimpy by comparison. Try an experiment: grab hold of your chin and see how much counterforce you must apply to prevent yourself from closing your mouth, and do the reverse, trying to prevent your mouth from opening. The winner will be obvious.

Symptoms of an overtight jaw include shaking, bulging in the masseter muscle on the surface of the ramus, and a jaw that rarely drops by much more than a finger’s width. Diversionary tactics come again to the rescue.

I’ve tried a lot of approaches to this technical issue, including instructing the student to move her jaw as if chewing while singing, and a jaw-juggle maneuver while someone in the room (preferably not me) gently grabs the chin and wiggles the offending mandible up and down until it moves without resistance. My preferred modus operandi at this point, however, relies on a jaw wiggle that moves from side to side, not up and down. Try this: without singing, relax your jaw to create a space in the back of your mouth between your bottom and top molars (it doesn’t need to be a huge space). Next, wiggle your jaw from side to side as quickly as possible. It might take a little trial and error, but you will discover the motion. Don’t worry if you have TMD (temporomandibular dysfunction): this actually is a good exercise to help relieve some of those issues. Once you have mastered the art of the wiggle, add some vocalization while you continue rapidly to move the jaw back and forth. Some of you—and many of your students—will find that the jaw wiggle slows or completely stops as pitch ascends. Without blame, acknowledge that this occurs while striving to maintain the wiggle without muscular resistance. There actually might be a bit of magic in this exercise. If we tell a student “your jaw is too tight,” the reflexive action it to tighten even further (another elephant). The more productive approach is to inspire a movement that is impossible in the presence of excess evil tension; therefore, we wiggle. The next time you attend a Metropolitan Opera HD broadcast, notice that many of the singers on stage give their jaws subtle side to side wiggle prior to singing difficult phrases! It’s not a trick, it’s a technique.

Tongue. The tongue and jaw almost always are in cahoots with each other. One might observe this visually through a tongue shaking in sync with the jaw, that retracts from the bottom front teeth, or flexes into a prominent lump on the underside of the chin as soon as phonation begins. More importantly, you will hear the impact of an overenergetic tongue through sounds that become swallowed, seem to have an incipient r or l lurking within, or include a vibrato that would be inappropriate for a singer who is sixty years older. Once you have made a diagnosis, it’s time to proceed with a treatment regimen that ignores the elephant (you are still thinking of it, true?). Because of their symbiotic relationship, many of the techniques you will employ
to release the jaw also help tame the tongue. When they
don’t, try one of these.

Once again, our goal is to create a physical scenario in
which the inappropriate tension cannot occur. I’m quite
fond of using tongue twisters and nonsense syllables.
We begin with a five tone, descending and/or ascending
pattern singing /u-i-u-i/ as quickly as possible on each
pitch. It is important that the student freely move the
lips and tongue between to two positions, which are at
alternate poles of the phonetic spectrum. If this patter
will not continue for more than two or three repetitions,
the tongue almost certainly is to blame. Please do not
tell your student that his tongue is too tight; rather, ask
him to casually practice the exercise for several minutes
each day while thinking about something completely
different—he should be singing while distracted. Next,
we move on to something like “too-duh-luh-wad-duh-
luh,” sung as quickly as possible to a five-tone descend-
ing pattern. Once that is mastered, it’s time for the
pièce de résistance: “unique New York,” again sung with a
descending pattern. It almost certainly will take a while,
but eventually your student learns that she actually can
sing the pattern for more than a couple of reps when
she thinks about something else, not panicking when
the occasional “newique unork” comes out.

More about that retracted tongue. Some students will
present themselves with this affliction, stating “Placido
Domingo does it—why can’t I?” I might respond with
something along the lines of, “If you were singing as well
as he does, I’d probably let you get away with it. On the
other hand . . .” Yes, we have the examples of singers
like Domingo who have sung spectacularly well over
lengthy careers with nonstandard tongue use. But we
have many other examples of people who had brilliant
early careers, only to be felled by big wobbles in later
life. Is pulling the tongue back really worth that risk?
Not in my playbook.

Soft Palate. I’m truly puzzled by all the singers who
haven’t figured out how to lift their palates at will. It is
not difficult, is not musically taxing, and does nothing
to relieve “back pressure” in the vocal tract. Remember,
the soft palate is a valve that prevents food and liquid
from going out the nose instead of into the esophagus.
Ask your student who sings with chronic nasality to take

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The first official business meeting of NATS
with officers and charter members was
held on Friday, March 24, 1944, 12:30 p.m.,
at the Netherland-Plaza Hotel,
Cincinnati, Ohio, at 12:30 p.m.,
with President John C. Wilcox presiding.