

Consonant Articulation

Unification is essential.

Unified Consonants

“Buy into all consonants.”

Consonants . . . establish rhythm;
 . . . give energy to the line;

Cognitive:

- Consonants in front of the beat;
- Vowels on the beat;

Affective (Imagery):

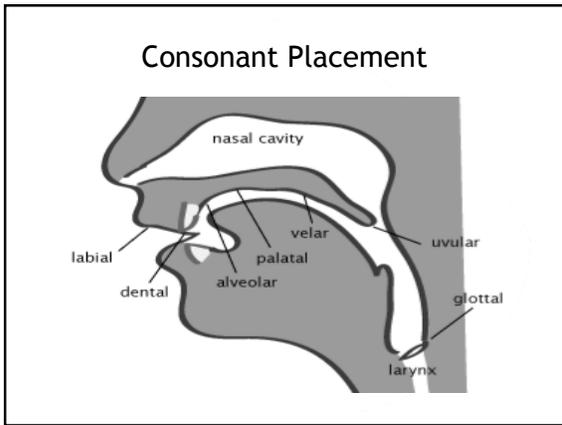
- Consonants are like a stone skipping across water.
- Crisp consonants are like popping balloons.

Kinesthetic:

- Put hand in front of mouth and feel for breath: t, d, ch, k;
- Flip hand for “pr”, “br”, “r”, etc.

		BASIC CONSONANTS							
		PLACEMENT OF ARTICULATION							
		Bilabio-Dental	Labio-Dental	Inter-Dental	Alveolar	Post Alveolar	Palatal	Velar	Glottal
MANNER OF ARTICULATION	Stop Plosive	[p]			[t]			[k]	
		pit			took			kilo	
	Nasal	[b]			[d]			[g]	
		bed			dot			go	
	Fricative	[m]			[n]			[ŋ]	
		mit			not			sing	
	Affricate	[f]	[θ]	[s]	[ʃ]				[h]
		fat	think	sink	shoot				hello
	Approximant	[v]	[ð]	[z]	[ʒ]				
		vista	the	zoo	casual				
Lateral Approximant				[tʃ]					
				church					
Approximant				[dʒ]					
				judge					
Lateral Approximant	[w]			[r]		[j]			
	wind			read		yes			
Lateral Approximant				[l]					
				live					

Shaded Sounds Are Voiceless



Crisp consonants

are like

popping balloons.

Engage
the
Vocal Mechanism
Initial Sounds

Minor

Initial Sounds

Variations on Lip Trills and Hums

Don't sing the notes.

Sing the line.

Guidelines for Vocalizes

Vocalize Guidelines

- Use simple 3-5 notes exercises; limit the number of lifts per exercise;
- Work in comfortable range building from the middle;
- To avoid undue weight in the voice and improve intonation: Begin with descending patterns and then move to ascending;
- Always let breath precede phonation;
- Alternate between front and back vowels (oo, ee); gradually add in other vowels;
- Breathe through the shape of the first vowel;
- Vowels should be paired with consonants to avoid beginning exercises with the glottal attack, which can be detrimental.
 - Nasals (m, n), fricatives (f, v, s, z), etc.
- Consonants can be used to improve tone production
 - Glides (j) can open the vowels and exercise the jaw;
 - Velar (g), nasals (M, n) and plosives (d) discipline the soft palate;
 - Labials (b, p), dentals (t, d), and alveolars (l, r) bring the sound forward.

More Guidelines . . .

- Exercises should not be executed too rapidly; allow time for singers to adequately release and prepare the breath, etc.;
 - DO NOT allow them to sing up/down to the next half, whole step;
- Alternate between major and minor tonalities;
- Alternate between chromatic scale, whole-tone scale, octatonic scale, and random movement within each vocalize;

More Guidelines . . .

- Make clear the PURPOSE of each vocalize; relate to music if possible;
- ALWAYS teach singers to LISTEN and ASSESS with every sound they make!
- Give feedback
 - Positive reinforcement—be selective by reinforcing those behaviors that you want to perpetuate;
 - Give prescriptive solutions to fix problems; INSIST on healthy singing.

Flexibility and Agility

A Major
 Noo Neh Nee Nah Noo Nee Nee Noo
 Foo Fee Foo

B Minor
 Noo Neh Nee Nah Noo Nee Nee Noo
 Foo Fee Foo

C Major
 Noo ee Noo Nee oo Nee Noo ee Noo Nee oo Nee Noo
 Doo bah Doo bah Doo bah Doo bah Doo bah Doo

D Minor
 Noo ee Noo Nee oo Nee Noo ee Noo Nee oo Nee Noo
 Doo bah Doo bah Doo bah Doo bah Doo bah Doo

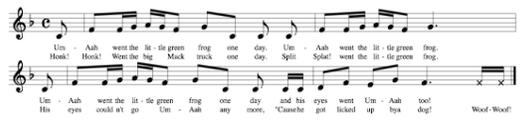
Expression

Expression is the variation of vocal sound to convey emotion, or to communicate more vividly the meaning of a text. The variables include dynamics, tone color, tempo and diction.

Facial and Voice Inflection

- Tell story;
- Use facial and body motion;
- Ideal for younger singers.

The Little Green Frog



Dynamics

“Dynamics come from intensity, which comes from incentive, which comes from emotional content.”

William Dehning

Crescendo–Diminuendo

Kinesthetic & Cognitive

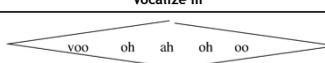
Vocalize I



Vocalize II



Vocalize III



Crescendo–Diminuendo

<p style="text-align: center;">Affective</p> <ul style="list-style-type: none"> • Turn water faucet up or down; • Put all of the forte sounds in a smaller box to sing piano; • Not crescendo but bloom. 	<p style="text-align: center;">Cognitive</p> <ul style="list-style-type: none"> • Stress can be dramatic or subtle; • Subtle variations of each dynamic without moving to the next higher or lower dynamic.
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The Mature Voice

The 'good', the 'bad' and the 'ugly'.

Mature (Aging) Voice Physical Changes

- Correlation between healthy lifestyle and longevity
 - Nutrition
 - Exercise: age related muscle atrophy can be slowed
 - Good vocal/oral health
 - Daily vocalization can help reduce vocal tremor and increase accuracy and endurance
 - Hydration
 - Rest
 - Appropriate voice part
 - May need to accept some "adjustments"

Chronological age is less important than biological age.

Natural Decline in Muscle Mass and Aerobic Capacity

- Reduction in lung capacity, loss of elasticity of lung tissue
 - 40% decrease in vital capacity from age 20 to 80.
 - Not enough breath support to allow the voice to function correctly
 - "Wobbly" (excessive vibrato) vs. "vibrato"
 - Weakness and unpleasantness of tone
 - Pitch inaccuracy
- Reduced endocrine function (number of lubricating glands decline) and water metabolism
 - Dry folds: Hydrate, hydrate, hydrate as it keeps the larynx moist
 - Edema (swelling of the folds and increase in mass of folds)
- Degenerative changes as a result of decreased blood supply to the larynx
 - Studies indicate 60% of individuals 60+ years of age show endoscopic evidence of vocal fold atrophy (Loss of muscle fibers)
 - Difficulty closing the vocal folds uniformly causing a weaker, breathier sound
 - Limits range of pitch, intensity and register adjustment
 - Messages from the brain to the voice box may not be as efficient as nerve endings to the area die

Differences Between Genders

Females

- Vocal changes occur around menopause
- Vocal folds lose some of their natural elasticity
- Mucus membrane thickens (takes more air to vibrate the folds)
- Average fundamental frequency of the voice lowers
 - Difficulty of accuracy of pitches and intonation
 - Due to vocal jitter or vibratory asynchrony
 - Voice tremor due to asymmetrical vibration
 - Vocal quality may become more husky
- Hormones: women in mid-30's should have hormone levels checked

Males

- Structural changes in vocal mechanism more evident in males
- Vocal changes occur around age 60
 - Men's voices lower until age 40-50, then raises with increasing age
 - Folds atrophy and bow (cell death)
 - Folds shorten, especially after age 70
- Cricoarytenoid joint cartilage changes;
 - Limit range of motion and reduce vocal fold closure,
 - Results in breathy and quiet tone quality, accuracy of tone is hindered, imprecise articulation

Physical Changes

- Ossification and calcification of laryngeal cartilages
 - Leads to vocal cord adduction
 - [interferes with the smoothness of the arytenoid cartilage movement]
 - Begins in males around age 30; women around age 40
 - Ossification of laryngeal skeleton is complete by age 65
- Cricoarytenoid arthritis
 - Sensation of fullness in the throat;
 - Pain when speaking or swallowing;
 - Pain radiating to the ear
- Hearing loss
 - Aural feedback needed for accurate pitch and tone quality is disrupted and brain has no way to monitor the sound being produced
- Articulator
 - Loss of saliva;
 - Present challenges with quick and precise articulations
- Changes in oral cavity
 - Dentures
 - Xerostomia or dry mouth

Physical Changes

- Control of Voice
 - Softness:
 - Loss of breathing foundation and support;
 - Atrophy of muscle and joints do not allow full closure
 - Loudness:
 - Loss of control due to atrophy;
 - Hearing loss forces singer to sing louder to hear themselves
- Psychological considerations
 - Frustration with loss of ability can cause tension in the voice
 - Assure singers that this is natural and that they can revitalize the voice
 - Do not call attention to individual vocal problems during rehearsals
 - Create an environment for learning good singing habits and challenging old beliefs.

**“We don’t stop playing
because we grow old;
we grow old
because we stop playing.”**

- George Bernard Shaw

Rehabilitation

- Many of the changes associated with aging voices are due to lack of conditioning rather than inevitable change.
- These changes can often be reversed; rehabilitation can improve vocal function and minimize the characteristics of the “old” voice.
- Personal commitment
 - If an 18-year-old sings at 50% of capacity, the sound may be acceptable.
 - At age 65, 50% will elicit an unacceptable performance.
 - Singer is responsible for the energy that he/she brings to the rehearsal.

Rehabilitation

- **Suggestions:**
 - Exercise, general body conditioning, walking, swimming, etc.;
 - Appropriate medical supervision of medications and their effect on the voice, cardiac and respiratory functions, etc.;
 - Adherence to healthy vocal hygiene: daily water intake, sufficient sleep, balanced diet, fitness (daily exercise);
 - Systematic daily voice use and practice of healthy voice exercises.
 - Aging voices will not be ready to perform in an acceptable manner if the singers only practice once or twice a week;
 - All singers must be reminded about the primacy of healthy singing technique. As voices age, the benefits of keeping the singing muscles well toned are significant.
- Process and difficulty older singers may be experiencing is similar to that of developing teenage singers.
 - Use same tools and techniques as with high school singers.
 - The only difference is that the desired result is not the development of a voice but the rehabilitation and/or maintenance of the existing voice.

A conductor spends 95% of his/her time telling the choir to read what’s on the page.

Teach them to read and write, to aurally differentiate (assess sound), how to fix the problem, and how to be musically expressive.

It begins with the warm-up.
Make it count!

