

TO BELT OR NOT TO BELT: A TALK WITH JOAN LADER

Joan Lader is one of New York's busiest and most respected voice trainers (see bio below), with a large part of her practice devoted to treating singing disorders. She was interviewed by Dora Ohrenstein, President of NYSTA, last year, in conjunction with a lecture on "High Stress Singing: Maintenance and Repair." Presented by NYSTA in January 2003.

Dora: How dangerous is belting?

Joan: Well, you're beginning with a really difficult and controversial question. Let me say that there are many definitions of belting depending on whom you are talking to. We hear words like, "carrying the chest voice up, low larynx, big vocal tract, high flow, mixed belting, high larynx with maximum retraction, high tongue and high energy." What I can say is that any type of singing produced with harsh attacks, pressed vocal folds, a long closed cycle, and constricted airway at high intensities, will eventually result in trauma to the vocal folds. Personally, I believe there is a safer way to incorporate belting into a piece of music as long as it is not the only mode of singing employed in a given piece of music. A good artist is able to use high energy belt sounds in conjunction with other modes of vocal production. It becomes a matter of sneaking it in and using it for the "money notes." What is crucial to vocal endurance and health is "balance." All singers should be able to maintain loft or head register, produce a soft onset, execute staccato, *messa di voce*, etc. These techniques must be executed daily, because vocal damage is insidious and, often, the damage is traumatic.

All singers who employ belting must be aware of the difference between pressed and constricted phonation and flow phonation, relaxed extrinsic musculature in contrast to tense musculature (veins popping out of the neck, etc.). Tense extrinsic muscles generally lead to tense intrinsic muscles which lead to vocal pathology. There is a lot of talk today about MTD (muscle tension dysphonia). Even before we had a name for it, we could trace the path leading to it.

Dora: Is it possible for belting to be done well?

Joan: From my experience, I would have to say yes, but not without the proper balance and awareness I discussed previously. The role of the teacher

is crucial in monitoring this. It is important that people who belt understand the importance of cooling down to restore laryngeal balance following such high powered singing. People have been belting for centuries without damaging themselves. A curious example is children yelling in a playground; why does one child end up with nodules and another not? Structure often plays an important role. My nine year old son can yell for hours and never lose his voice! It may have something to do with relaxation of the entire mechanism, i.e., breathing, jaw, tongue, larynx etc..

Dora: Is opera equally stressful on voices?

Joan: I think it can be, because in opera, you are asking someone to sing at the extremes of their range, and at extremely high intensities, over a huge orchestra with thick orchestration, i.e., Verdi, Wagner. It's heroic singing and it's psychologically stressful as well. Singing well in a studio does not always carry over to huge opera houses with huge orchestras and singing with other very powerful singers (LOUD)! Opera singers seem to have everything invested in their voices. They often don't talk about themselves, but rather, refer to their instruments as if they are in a case beside them. Traveling is also an issue. They are often on trains and airplanes, fighting time changes, dehydration, depression and loneliness. Being confined to a hotel room without family and friends often adds to levels of stress.

Dora: Given that the whole body is involved in singing, where do you focus your treatment; do you proceed in a certain order?

Joan: It really is individual. A person's history is so important; did this problem occur all of a sudden, or has it been coming on gradually? What are the requirements onstage (movement, costumes, raked stage, wearing heels etc.) and what are you doing offstage that is contributing to the problem? Once you establish that, it is important to understand the pathology and its impact on the voice. Almost everyone I see is performing in a show and it is often difficult to get them to take time off unless their doctor has made it clear that they have to. Certain abusive behaviors i.e. smoking, alcohol or drug abuse, late night partying, etc. are easy to take a stand on whereas others are not as easy to curtail. Therapy is usually a three part affair: vocal hygiene (things that affect the tissue, not about exercises), rehabilitation (exercises to reduce pressure on the vocal folds while strengthening, balancing and coordinating laryngeal musculature in an effort to improve the appearance of the larynx), and retraining.

I spend a good deal of time on vocal hygiene. I can't begin to tell you how important this is, no matter how obvious. A lot of people don't realize that the smallest infringements over time may affect vocal health. I catch people sometimes by doing sneaky things like calling them when they're supposed to be off the phone to catch them. I've gone backstage on occasion and find actors greeting friends in loud voices when they should be cooling down. You have to make sure that singers are vigilant. Singers are notorious for eating late after performances and going to sleep soon after. For those suffering with GERD, this is a disaster. I often make charts listing traumatic behaviors and then divide them into three columns: catching themselves after the fact, during the act and before the act. It's interesting to see the checks move into the before the act column.

I try to differentiate between long-term goals and short term goals (what you need to accomplish each session). The long-term goal is getting the performer to the place where they can consistently do what they need to do. Every singer would like to have beautiful straight, white vocal folds but that is not necessarily the goal. Not everyone has a textbook larynx. People are so variable in how well they can sing, even with a so called problem; one person may have a tiny pinpoint swelling and feel totally incapacitated while another, with a vocal fold polyp, feels they have never sung better. Short term goals are very specific for each individual. They may deal with coordinated onset, resonance and focus, use of the body in support, increasing airflow, speaking tasks leading into singing or going back and forth, as well as monitoring tasks. The final step is to retrain, whether that means going back to their voice teacher or finding a new teacher. I do some retraining to make sure they're on the right track and I often refer, when asked, to a group of teachers whom I've trained.

Dora: How long is the recovery period?

Joan: That's a hard thing to generalize, but I would say, approximately three months for the therapeutic stage, not retraining, which can take years. Hopefully, they will regain their range as well as flexibility and will be able to perform, eight shows a week. Retraining is a lifelong process. It may not be necessary to have a lesson every week but everyone should have someone to check in with. The singer is like any other athlete. No baseball or football player would think of going it alone! I'm more emphatic about that than anything else. Little problems creep up at different times in a person's performing life; your body changes as you get older, medical history

changes, vocal demands vary, stress levels change, etc. I also don't advocate teacher hopping or moving from guru to guru. A person may have many coaches but if they are lucky enough to find a teacher who understands the voice and is able to communicate what you need to know to remain healthy and vibrant, you have found a trainer for life!

Dora: Do you find women are more susceptible to problems than men?

Joan: That's an interesting question. Yes, I do. They often have problems associated with hormonal issues, and are expected to use their voices in more complex ways, i.e., belting. In cases of MTD, women often get better more easily than men. I'm not sure why but maybe it has something to do with seeking help sooner, or maybe because men are often more muscular in their orientation.

Dora: What about the psychological component?

Joan: It's huge! Performing can be paralyzing for some people. Some always fear the worst. I think it's good for performers to be in some form of therapy. It can help remove some of the obstacles and enable the singer to focus on the task at hand. I think medical doctors need to be better educated about this. They may not truly understand the impact of what a performer must go through in order to put themselves 'out there,' especially, when they're not feeling 100%. Those of us who have been there know! There is a lot of competition and everyone is replaceable. Producers claim to be on the side of the performer, but often they are on the side of the performance.

Dora: Do you think there's a trend now to want very driven, rock quality sound among musical theater producers?

Joan: No. I think it was a trend, particularly with shows like *Rent*, *Aida*, etc. but there are also many revivals (*Oklahoma*, *The King and I*, *Flower Drum Song*) as well as legit musicals being written by a new generation of composers like, Adam Guettel, Ricky Ian Gordon, Michael John LaChiusa, and Jason Robert Brown that require well trained singers with legit voices as well as mixed sounds.

Joan Lader biography

For the past twenty-five years, Joan Lader has been in private practice as a voice teacher

and therapist specializing in the rehabilitation and training of the professional voice. Patients and students include some of the world's leading performers from Broadway, pop, opera and rock and roll. Outside of the studio, she has worked as a vocal consultant to singers, actors, conductors, stage and film directors, as well as, producers.

A graduate of New York's High School of Music and Art as a voice major, Joan has a B.S. in Music and Theater and an M.A. in Speech Pathology and Audiology. Professional affiliations include New York State Speech Language Hearing Association (NYSSLHA), National Association of Singing Teachers (NATS), New York Singing Teachers' Association (NYSTA), and The Voice Foundation.

She has developed a training program and conducted seminars in teaching methodology for singing teachers who work with both normal and injured professional voice users. She has been a lecturer at Pace University on "The Role of the Speech Pathologist in Professional Voice Evaluation." She has presented lecture/demonstrations on "The Use of Singing Techniques as a Tool in Voice Therapy" before the New York City Study Group at Lenox Hill Hospital, and The Voice Symposium in Philadelphia. For the past three years, she has been a guest lecturer at Columbia University for an undergraduate voice disorders class presenting an "Introduction to Voice Therapy and Care of the Professional Voice." Last year, Ms. Lader presented a half-day seminar on vocal health, singing techniques and their application in various styles of music at Berklee College of Music. Joan is a member of the Board and a guest lecturer at Ann Reinking's Broadway Theater Project (BTP) in Tampa, Florida, working jointly with conductor Rob Fisher. She has been a guest teacher at "The Lost Colony" in North Carolina for the past two years.