Traditions of Vocal Hygiene and Health

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When I entered a classical school of music in 1997, I didn't realize that I would be indoctrinated into a belief system surrounding vocal hygiene and health that would follow me throughout my musical life. Vocal hygiene refers to the set of practices that are conducive to maintaining vocal health and, by extension, vocal production. Such practices can range from ensuring adequate rest on a regular basis to treatments for the common cold, and just about everything in between. In the classical music realm, I was trained to become hyper-vigilant about behaviours and practices affecting the voice, and to modify them to optimize my vocal performance.

Some of the recommendations about maintaining vocal health will be familiar more generally to both singers and non-singers. For example, eight glasses of water a day, so often heard in relation to weight loss, was encouraged to hydrate the vocal folds and to thin any secretions in the mouth and throat that could impede vocal production. What might not be familiar is the complicated counting system that some of us were encouraged to follow. Water was given a value of +1, other beverages like juice or milk were neutral (0), and caffeinated beverages like coffee or pop were given a negative value (-1). Getting to +8 by the end of the day to "avoid dehydration" was a challenge with this system, which I referred to as the hydration game (though I don't take credit for that expression).

One of the most pervasive beliefs among singers was the need to avoid milk and dairy products in advance of a performance. It was suggested that ingesting these would create phlegm and create a need to clear the throat more often. Spicy and acidic foods were also to be avoided because they might cause acid reflux, which could damage the vocal folds and cause coughing (which causes significant damage to the vocal folds as a result of the "shear force" exerted upon them).

Interestingly, there was a widespread belief that drinking lemon juice (sometimes straight from a bottle) was a good way to clear away any phlegm in advance of performing. This I admittedly never understood or endorsed, because I couldn't see the logic in throwing acid down one's throat – to me it was counterintuitive. Lemon juice in tea with honey, of course, was quite popular when a cold or flu struck, and honey more generally might be taken full strength for its antibacterial properties or to coat the throat.

Alcohol was generally to be avoided, largely because of its dehydrating effects, but it could also impede one's ability to control the vocal folds appropri-

ately to produce the desired sound. More than alcohol was to be avoided, the environment in which it was commonly consumed (a bar or pub) was to be avoided – these are noisy environments where one often strains one's voice to be heard when talking over music. Singers might be told to avoid shouting, laughing, and whispering because of the stress it puts on the vocal folds. They might also limit the amount of time spent singing in the extremes of ranges to avoid vocal fatigue and undue strain on the vocal folds

While the foregoing description has largely focussed on food and beverages, it's important to note that other practices feed into vocal hygiene. For example, you may have noticed that classically trained singers often wear scarves. It's to "protect" their instrument and keep it warm. Not surprisingly, singers also weren't supposed to smoke cigarettes, because of the effects smoking can have on lung capacity. But it was also believed that smoking would create a rasp in one's voice, which was undesirable in classical music (but perhaps perfectly at home in jazz or blues, or other genres).

There is little question that I adopted many of these practices, and they remain with me today. Indeed, if you've seen me in the past few years, you'll know that the scarf routine is one that's been hard to break. I wear a pashmina daily (perhaps more than I ever did while in music school). I still ensure plenty of rest prior to a performance, regardless of its length, musical style, or venue. Arriving at a gig, I'm usually carrying no less than 1.5L of water (and it's usually all gone before I go on stage, which means I'm hunting for a refill to take there with me). I will generally avoid milk and dairy products in advance of a performance, but admit that the meal I eat before every performance as part of my own preparation ritual (seemingly established when I was performing in my home town's Rotary music festival in the 1990s) does have cream in it. And I still haven't adopted the practice of drinking lemon juice to clear my throat. Many of these traditions of vocal hygiene are likely to stay with me for life, at least my performing life, partly because I believe in their efficacy (fluid consumption and vocal health), and partly because they have been ingrained from my time in music school (avoiding loud bars or pubs and going to bed early in the days prior to a performance). That I can usually be found singing with a jazz group these days hasn't changed my own personal approach to vocal health and hygiene.

Interestingly enough, when I began my doctoral research with a First Nations drum group, I had the opportunity to be exposed to an entirely different belief system around vocal production. No longer was smoking to be avoided; there were several smoke breaks during each rehearsal. There was little concern for the effects it might have on lung capacity or vocal tone; rather, it was part of the social interaction. (Note: I didn't start smoking as part of this group – that would take experiential ethnography to an extreme – but I did go out for smoke breaks to be part of the social integration processes that occurred through smoking and joking.)

While water was an option, more common around the drum was pop. One member of the drum group in particular was known for his can of Fresca (a citrus-based carbonated beverage). There was no sense of a need for hydration expressed other than to take a drink after a hard song (perhaps to moisten the mouth or to sooth the throat). There were no verbalized beliefs around foods to be avoided in advance of singing. In terms of beverages, there were rules for only one particular category: alcohol was to be avoided for the four days before sitting at a drum. This rule was not about vocal production; rather, it might be thought of as a spiritual or philosophical restriction that ensured things happened "in a good way".

Laughing and boisterous interactions around the drum were expected. Shouting was not uncommon during lively exchanges. And singing itself was often in the extremes of ranges. The male members of the group would often make jokes about what had to be squeezed in order to produce high, strident sounds, and how they had to slouch low in their chairs to produce the deeper ones.

During this time period (2004-2008), I did have a former voice instructor express concern about how I was using my voice in the drum group. And there's no question that, new to this style of music, I did initially experience some hoarseness and vocal fatigue at first. For example, I was sometimes unable to talk after our rehearsals. But I was also under the care of an ear, nose, and throat specialist (ENT) who I respected and trusted without question. We regularly monitored the health of my vocal folds through laryngoscopy and videolaryngoscopy. We tackled all of the other possible sources of hoarseness and fatigue (including lecturing in a large room without a microphone, and allergies), and eventually the issue resolved itself. More importantly, we had open discussions about vocal hygiene beliefs, and if and how they might be grounded in science.

From this experience, it became clear that different vocal traditions, with their aesthetic preferences, also have different traditions of vocal hygiene. All systems of practice and belief around vocal hygiene

and understandings of vocal health are context-dependant. Increasingly, I am interested in how an understanding of vocal hygiene and health cross-culturally might aid in understanding vocal traditions more broadly and what that could tell us about the intersection of music, belief, and health. If you've had experiences related to this topic, I'd love to hear from you.

[Editor's Note: This article is meant to be the beginning of an ongoing conversation on vocal performance and health. Please feel free to write to *Canadian Folk Music* with your response to Dr. Tulk's discussion.]

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