A few exercises for young voices
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Singing can’t be learnt from reading a book: however, some of these exercises may be useful if you know how to apply them and what to look out for. If you like these, there are plenty more with full explanations, in my book ‘Teaching singing to children and young adults’. Or you can see the exercises in action on the DVD, also available through this website.

Posture development

The faulty postural habits and suggested guidelines for children are no different from those for adults. The aim is to find efficiency and balance; to achieve stability as alert stillness. This can be achieved through overall awareness; one favoured method is to ask the child to lie on the floor or to ask a friend to guide the posture with their hands. It is generally considered to be inappropriate for the teacher to use physical contact as a postural guide, unless the child’s parent or other children are in the teaching room.

Breath management

Breathing exercise 1:

Place your hands flat on the lower part of the belly, just below the navel.

Make a long hissing sound and as you do so, feel your belly moving in towards
your back, as if you are trying to get into some trousers which are a size too small. When you have no more air left inside you, release all the tension in your tummy muscles (under your hands) and feel it spring outwards as the air drops into your lungs. The release is the most important part; the harder you work, the less likely you are to remember to release for the in-breath.

Breathing exercise 2:

Once you have got used to the muscles of the belly as the main moving part for getting air in and out of your body, you can extend this hissing to rhythmical patterns. These can be on 'ss' or 'ff' or 'sh'. You can then do the same rhythmical buzzing on voiced sounds like 'zz', 'vv' and 'jj'. Make sure that the rhythms are from your belly, not from your chest or throat. It will work best if your muscles are quite soft and flexible; coordination is more important than strength.

Managing breath efficiently for singing is generally a learned skill. This involves release of the abdominal muscles to enable inspiration without unnecessary displacement of the ribs. Expiration is led by contraction of the lower abdominal muscles (primarily the transversus abdominis), a slow ascent of the relaxing diaphragm, and a gradual narrowing of the lower ribcage towards the end of the exhalation. Children (and adults) will often raise the upper ribs and
even the shoulders in an attempt to take in a large amount of air. This gives the sensation of working hard but is generally considered to be counter-productive to efficient vocalization. It is helpful to encourage the lower abdomen to extend during inspiration and pull in gently during expiration; any over-working in the upper body will probably result in the reverse of this action (pulling the abdomen in during inspiration). Abdominal flexibility can be encouraged with the use of rhythmical hissing and buzzing exercises. These exercises and much singing can be done with the child’s hands on their lower abdomen; this will give an ongoing awareness of this movement.

**Appropriate tone production**

Tone production is a subjective and stylistically specific matter. There are, however, some issues of vocal tract tension which are counter to healthy singing in any style. Tension in the jaw can be observed as immobility or a forward alignment. Movement of the jaw forward (for example, as will occur when the jaw is fully opened) can be felt by placing the fingertips on the jaw hinge just in front of the ears. This movement will pull on the pharyngeal wall as well as limiting tongue mobility. Choral conductors often ask their singers to open their mouths wide – this is probably because they like to see their singers being involved, not because it has any positive effect on the sound! Ideally the jaw should be hanging loose, with the actual mouth opening varying according to the vowel, pitch and dynamic being sung.

**Jaw and tongue root exercise 1:**
Sing a descending scale (or another familiar exercise) with 'yaya' on each note. Firstly do this while gently biting your thumb - this will keep your jaw still and make your tongue work harder. Next place your thumb under your chin, feeling the soft part just behind the jaw-bone and sing the scale again - feel your tongue moving but not pressing down. Keep your jaw loose and not moving forward.

Tongue tension can be felt by placing the thumb under the chin, behind the jaw-bone. Any consistent downward pressure on the thumb indicates tongue tension which will be pressing directly onto the top of the larynx. Again, choral conductors may ask their singers to sing with a ‘yawning’ sensation; although this may help as a pre-singing stretch, if it is employed during vocalization this is most likely to engender unhelpful degrees of tongue root tension.

Tongue root exercise 2:

Sing a descending scale (or another familiar exercise) with your tongue stuck out of your mouth as far as it will go - this looks very silly, don't worry! Now at the start of each note, with your tongue sticking right out, bite onto your tongue to make a 'th' onset. As you release the teeth/tongue for the vowel, allow your tongue to spring back to a place just behind your lower teeth. Do
this for each note, it’s not easy but it will really get your tongue root stretched and loose.

Another area of potentially harmful tension can be laryngeal constriction. This can be heard as a harshness in the sound, eventually leading to cracking. Physically it is part-way to a swallowing reflex, leading to the false vocal folds being pressed in and down onto the true vocal folds. This results in a chaotic vocal fold vibration, audible as harshness. General physical release will help this, as will vocalizing with buzzing, puffy cheeks (see below) or singing through a narrow drinking straw.

De-constriction exercise:

This exercise is known by many names, puffy cheeks and floppy trumpet are two of them. You need to sing with your lips together, the air coming through a small opening between them (not out of your nose), and with your cheeks puffed out. The muscles of the face and lips are soft, the sound is gentle. A de-constricted larynx will feel loose and a bit giggly. Any feeling of stretch is probably counter-productive.
Onset

Other issues of tone production are stylistic choices. The onset of the sound can be glottal, aspirate or simultaneous. A glottal onset is created by the vocal folds coming together before the air passes through; as it bursts through the glottis an audible ‘click’ can be heard. This onset is used as emphasis for words beginning with a vowel. An aspirate onset results from the air flow preceding the vocal fold contact, as in words beginning with an ‘h’. Simultaneous onset requires greater coordination between the laryngeal muscles and the airflow.

Onset exercise:

This is to practice the difference between the three types of onset, it will also help to reduce breathiness. Sing on a short open vowel (probably ‘ee’) and repeat it three or four times. Firstly sing ‘hee’ ‘hee’ ‘hee’. This is the breathy onset. Then sing an ‘ee’ vowel with a glottal click – this requires a feeling of closing the throat before allowing the sound to burst through. Now try and make the click as light as you can on the repeated vowel. Lastly, sing the ‘ee’ vowel as if you were starting it with a silent ‘h’. The onset will be clean, not breathy and not clicked. This exercise is best done quietly and gently.
Breathiness

Breathiness in the sound is caused by air escaping through the glottis. It can be used for effect if the singer wishes to sound intimate or vulnerable but the sound cannot be projected.

See onset exercise and resonance exercise

Some breathiness in the sound is normal for young voices. Taking this into account, it is generally possible to reduce levels of breathiness and often to eliminate it. Although adductory coordination is not as developed in young voices, developing the posterior adduction of the vocal folds will assist in smoothing register changes and in the development of a more efficient sound.

Resonance

Projected resonance is not just making the sound louder, it is enhancing certain frequencies in the sound in order to create a ‘ringing’ quality in the sound.

Resonance exercise:

Sing any exercise or tune you like with a very nasal ‘nyaa’ or ‘miaow’ sound on each note. Make sure that you are not constricting the larynx as you do so.

You may feel vibrations in the front of your face or the roof of your mouth.

Then repeat this on a ‘ha’ sound, keeping the intensity of the vibrations but with a less nasal sound. You can also do this using a duck’s quack or a witches’ cackle, they will all find and enhance the ringing resonance.
The soft palate can be raised or lowered during singing; a lowered soft palate will result in a nasal sound. It is important to distinguish between this and the sensation of sympathetic vibration across the bridge of the nose. This sensation is caused by vibrations of sound energy against the hard palate and into the skull; these are a result of enhanced resonance created in the vocal tract, not in the nasal cavity, the head or the front of the face.

**Soft palate exercise 1**

Sing an open vowel and half-way through, hold your nose and then let go again. Does the sound quality alter? If so, some of the sound was going into your nose and your open vowel is nasal. Do this again and feel when the sound is vibrating only in your mouth, if this is the case, your soft palate is lifted.

**Soft palate exercise 2**

Sing an exercise with 'nggee' on each note. As you do so, feel the back of the mouth spring upwards way from the tongue. Now try this to 'ga, gee' and 'ka, kee' and feel the same lift at the back. Singing a hum followed by a strong 'b' will lift the soft palate, as will the puffy cheeks exercise in De-constriction exercise.