

Singers are told to “sing from the diaphragm”, to “belt”, to “open the throat”, to “place the sound forward” or backward or “in the mask” or up the... By virtue of phrases such as these having come from good-intentioned and trusted instructors or teachers, these phrases are almost never questioned as to their validity, accuracy, applicability or reality. The next time you are told to sing from the diaphragm ask where it is located and how does it move when it contracts or ask the person to draw one for you. Watch their face when you ask these questions and be prepared to duck. You might be amazed at how it really works. But if someone tells you to “sing from it”, and they believe that is what they are doing, it would be an excellent idea to crack open an anatomy book or speak with a physician about it.

The teaching of voice is afforded with the luxury of (usually) non-fatal consequences to the student. In the teaching of singing, there are philosophies and practices based on misinformation, tradition, ignorance and apathy, without any thought given to the realities of modern medicine or anatomy. The field of laryngeal medicine has to deal with the task of trying to repair or reverse the physical damage resulting from such negligence. Damage to the voice can range from swelling or hoarseness to nodules or polyps or even to cancer.

Most of us are computer users. It was humans who designed and built the computer and who must be able to interface with it. As a result, computers do their computing in a similar fashion to humans. For example, computers have a built-in characteristic which is that they can only function with the data with which they are given. This was named GIGO (garbage in, garbage out, meaning that if you put garbage, or unusable or inaccurate data, you will get the same thing back when you try to compute). Singers have the same attribute when it comes to being instructed by what they think is an informed and competent instructor yet they (unlike computers) can question information or investigate it further to ascertain whether it is valid. The determining factor as to whether information is examined may oftentimes simply come down to the trust a singer has for the instructor.

Singing teachers oftentimes have a tendency of speaking in *esoteric nomenclature* (terminology which is difficult to define or understand but is assumed to be understood by the ones who use it). They may use words which are obscure and phrases which sound logical. Many phrases have no basis in anatomical fact or in medical reality. Why do they do this, we might ask? Most often they are teaching what they themselves were taught. Sometimes they are speaking in terms of a result rather than how to actually achieve that intended result.

There are probably fifty phrases singing teachers have used through the years in an effort to explain how to do something with singing. Some of these phrases are generations old. Some are hundreds of years old.

Just as, “If something sounds too good to be true, it probably is”, if something sounds stupid, it probably is. There are anatomical realities and of necessity must be known if the medical profession is to have any success. These same anatomical realities exist in the body whether they are known and agreed to--or not.