

An interview with Vocal Rehabilitation Specialist – Alison Mary Sutton

by Debbie Winter

How did you first become involved with vocal rehabilitation?

My initial approach to the ENT consultant at the Voice Clinic in 1997 was with a view to extend my understanding of vocal anatomy, physiology and pathology, in which I had an avid interest. It was very much a process that evolved over the years, and my knowledge steadily increased through observation and latterly through its application in my vocal rehabilitation practice.

Are voice clinics all the same? How do they work and how did you gain access?

The workings of our Voice Clinic at Cheltenham General Hospital are covered in the article 'A Day in the Life' on the vocal rehabilitation page of my website. One cannot assume that all voice clinics are the same, and I can only really comment on mine. I was very fortunate to have the understanding and support of the consultant, who did not hesitate in agreeing to my request to be an observer in clinic. I was very careful to take a back seat in the early days and just watch and listen. Between clients I would ask questions, which both the consultant and SLT readily answered. I gradually began to make the odd suggestion during a patient's appointment, but was always as discreet as possible. Patience is essential! I think that consultants have become more amenable to singing teachers observing in voice clinics, not least because of the work of the British Voice Association in encouraging the understanding of vocal science across the disciplines.

Can you briefly explain the foundations of your knowledge base?

The foundations of my knowledge base were the Estill model and Yoga. Over the years I have accumulated a substantial amount of written material on all sorts of issues that come up in clinic, which are a continued source of reference. My knowledge has been constantly informed and updated by attending numerous courses, study days and conferences, mainly at the BVA and AOTOS (Association of the Teachers of Singing).

What types of vocal pathology do you regularly deal with?

I deal most regularly with glottal gap pathology (where the vocal folds are not quite coming together at the midline), due mainly to some type of voice strain/muscle tension dysphonia. This often occurs as a result of singing with a bad cold or laryngitis, often because 'the show must go on!' It also can present in those who regularly vocalise at high impact i.e. loud and high, with little knowledge of breath regulation - this could be young opera/rock & pop singers, teachers, TV presenters, sports coaches, teenagers shouting on the sports field and those who frequently need to make themselves heard above a lot of background noise. A significant proportion of my client base consists of professional voice users who either do not naturally possess sufficient vocal stamina for the level of voice projection demanded by their job, or who push the voice too hard. For successful glottal gap recovery, which usually takes three to four sessions, it is crucial to optimise breath pressure and air flow passing through the vocal folds, as well as establishing clean onsets and flexible sirening.

I also work with soft vocal nodules, vocal fold paralysis, post-operative removal of polyps and full or partial thyroidectomy (which sometimes can result in some level of paralysis.) In all cases, I help clients to gain a clear understanding of how the voice works by giving them a basic knowledge of vocal anatomy.

Is there a call do you think for a methodically structured course where singing teachers can attend and learn the basics?

I think that there probably is a call for a methodically structured course for singing teachers to learn the basics of vocal rehabilitation. Many teachers are well informed via systems like Estill, Accent Method, etc, but the key thing is how this knowledge is applied to any given situation and client. This is something that takes a long time to acquire. When doing this job, I constantly call upon the numerous elements of forty years acquired performing, teaching and life experience!