

An Interview with Gerrit Wohlt, M.D.

Vocal Rehabilitation for Professional Singers

In its July/August 2016 issue, ORPHEUS, the international opera magazine in publication for over 40 years, printed an article titled: "Gerrit Wohlt, M.D. — Voice Doctor to the Stars, Episode 2: Vocal Rehabilitation for Professional Singers", an extensive interview with the voice surgeon. Clauspeter Koscielny talked to Dr. Wohlt about this special form of voice therapy he developed.

Vocal Rehabilitation for Professional Singers

Dr. Wohlt ranks internationally as one of the most authoritative specialists in diseases of the professional singer's voice and enjoys distinction as a voice surgeon for operatic luminaries and pop stars worldwide. He lives and works in Berlin and Vienna as laryngologist and phoniatician at his own voice medicine center, is a trained singers with stage experience and works as a singing coach to several famous singers.

In a number of interviews for ORPHEUS, he spoke with Clauspeter Koscielny about his extensive experience in the medical and surgical management of the professional singing voice.



Dr. Wohlt, in our last Interview, we talked extensively about surgery on the singer's voice. So, after you operate on a singer, is that the end of your work or do you follow up with another form of therapy?

Surgery on the vocal folds is first followed by a two-week phase of vocal rest. During this period, the wound healing of the delicate mucosal layers takes place. Too-early use of the voice would disrupt this process and thereby impair the quality of the vocal outcome. Afterwards, the first step is to reactivate the speaking voice over a period of approximately one week. Once this step is completed, artistic-functional voice therapy follows. I have dubbed this "Vocal Rehabilitation for Professional Singers".

What exactly is "Vocal Rehabilitation for Professional Singers"? I believe you are talking about the therapeutic concept you yourself developed. Am I right?

I have spent the last 15 years developing a specific method of postoperative voice therapy for the professional singer's voice. This concept is designed to take account of the special postoperative regenerative processes while doing justice to the professional demands placed on the singer's voice on stage. Indeed, this cannot be repeated enough: the professional singer's voice is a high-performance artistic instrument. And it requires both meticulous phonosurgery as well as top-notch postoperative therapy.

Could you explain the principles of your method to us?

Certainly. „Vocal Rehabilitation for Professional Singers" is essentially

a system of vocal exercises, highly individualized to each singer and his or her personal voice. Moreover, this method also accounts for the regenerative processes going on during this period. Its main objective is to transform the previous vocal pressure patterns into a vocal function that is mostly free of any excess pressure.

Dr. Wohlt, where do these vocal pressure patterns come from and how can the singer avoid them in the future?



There are many reasons why professional singers might have to undergo surgery on their vocal cords. Frequently, however, the cause lies in voice overuse that has led to the development of vocal cord nodules. This overuse might be the result of a succession of concerts without sufficient periods of rest between the performances, in other words, the singer has simply sung too much. Or, he or she might have used their voice too dramatically over a longer period of time or switched to a dramatic repertoire that is not suited to their

instrument. I always tell my singers: "If you own a wonderful violin, you shouldn't play it like a cello". However, when singers develop vocal cord nodules – for whatever reason – their vocal cords lose the ability to close easily and thereby are unable to control fine-tuning, soft vocal onsets and the piano functions. Thus, the singer has to sing with excess pressure to make the vocal folds close. But, the more pressure they exert during singing, the greater the thickened mass grows. Singing becomes increasingly strenuous and the rich beauty and quality of their voice is gone. A surgical intervention aimed as

smoothing the vocal cords and restoring their original anatomy comes at the end of this vicious circle.

And this is the point where your method comes into play, because the pressure patterns have not disappeared with surgery, correct?

Correct! The surgery can only correct the anatomy, but not the function. Vocal function is stored in the kinesthetic memory of the body and the singers activates his voice by following his "inner sense of sound". He knows and feels in every single tone exactly how to dose the air pressure, to vary vocal cord tension and at which setting he wants to operate his voice. After surgery, the professional singers has to learn how to operate their voice with less compensatory pressure and with altered laryngeal muscle tension, now that the anatomical impediment caused by the vocal cord nodules has been surgically removed.

You once said that it's like having to install new software on a computer.

Yes, that comparison is very apt. The vocal pressure patterns are stored in the body's memory like software on the hard drive of a computer. This method of vocal rehabilitation for professional singers re-programs the body's memory and, like the hard drive on a computer, it is overwritten with new software.

Dr. Wohlt, tell us, what is your rehabilitation strategy?

Before the singer can concentrate on using their voice in its full tonal range, it is important to note that one first has to reactivate their ability to control fine-tuning, soft vocal onsets and the piano function—this goes along with reinstatement of the mucosal wave vibration. I prefer specific sound and vowel combinations to train the dynamics of each individual voice register. If this "reactivation" is not done first, it's usually much more difficult for the singer to reach their higher vocal range easily and sing effortlessly. By working in unison, the singer's special repertoire is then developed in close affinity to

their personal demands. Here, I would like to stress an important fact once more: vocal rehabilitation for professional singers is not a method per se. Methods only work in some students. There are certain "singing schools of thought" that all have their "methods". These schools have produced very few well-known singers because the method is rarely adapted to the needs posed by the individual student. For vocal rehabilitation of the professional singer, by contrast, general therapeutic principles are involved that have been tried and tested on hundreds of singers who have been operated on and where the nature of the individual exercises varies from professional singer to singer. Therefore, the therapist should have enjoyed a comprehensive musical education, be able to improvise on the piano and guide the singers across in all keys during the voice exercises. Primarily, however, they need a well-honed ability for acute analytical listening. At the end of the rehabilitation — generally lasting four weeks — the performing artist is back on stage.

Who should carry out this type of therapy? Singing teachers or speech therapists?

I really don't believe it's good to assign the suitable therapist for this highly specialized work directly to either of the two groups. The person should be someone who themselves is highly conversant in singing pedagogy, while, on the other hand, sees him or herself as a therapist, but above all, has extensive experience in treating recently operated-on singers. As you know, most singing teachers have not worked therapeutically and most speech therapist rarely as singing pedagogues. Here, there is a demand for a small group of professional singer's voice therapists who primarily have studied singing and completed a therapist's training. Furthermore, it is important that they have worked collaboratively for many years with a voice surgeon specialized in the surgery on singers.

We hear that you, yourself, rehabilitate some of the singers you have operated on.

Over the course of the last 15 years, I have operated on hundreds of professional singers and managed the postoperative rehabilitation of their voices. I know from the years of regular follow-up exams on my patients that the combination of phonosurgery and vocal rehabilitation for professional singers produces outstanding results, provided that the singers successfully correct their unphysiological vocal pressure patterns. Yes, I work on the quality of the singer's voice with immense enthusiasm. Unfortunately, I don't have enough time to also rehabilitate all of the singers I have operated on. Mostly, after one or two hours of therapy, I transfer the patients to an experienced therapist in my team or refer them to one of the external therapists I trust and have been working with for years.

Do you also rehabilitate singers who were operated on elsewhere?

No, I generally do not rehabilitate singers who I have not operated on myself. I take a holistic approach and set the bar very high in terms of the quality of the vocal outcome. Therefore, I need to be 100% sure about the way the singer has been operated on and know exactly how the procedure was performed. This is because the sound of the voice after treatment is the result of both phonosurgery and vocal rehabilitation. But if I were only responsible for the rehabilitation phase, the overall outcome might not turn out such that it fulfills my requirements despite optimal functional therapy. Therefore, I only rehabilitate singers who I have operated on personally. Just imagine, you're a violinmaker and have to repair and tune a Stradivari. Would you turn this over to some stranger and let him do the repair work and you only do the tuning?

How important do you believe the musical singing "education" of a voice surgeon or a practitioner of voice medicine to be?

It is my conviction that a voice surgeon who surgically manages professional singers not only needs to be a surgeon, but also to follow a holistic therapeutic approach in professional singer care. Furthermore, such surgeons should have extensive singing experience of their own: Without this singing experience, how else can the surgeon be in a position to adequately judge and differentially diagnose the professional singer's voice and its disorders? It would seem to me that an attending physician who mostly has to rely on the "opinions" of therapeutic staff—who are frequently less experienced in this profession—would instill much less trust in the artist whose voice is impaired and needs treating. Therefore, affected singers should scrutinize the qualifications of the voice doctor into whose hands they are going to put their voices and their careers.

Dr. Wohlt, may I ask you for a summarizing conclusion?

More than anyone else, the singer, as a mediator between the dimensions of inspiration and expression, needs to possess a resonant and appealing voice. It is an incalculably precious instrument—given to you only once in a lifetime—albeit with the contingency to produce beautiful sounds to the joy of all. When there is an impending threat that this gift will suffer harm, the performing artist is called upon to travel down all avenues, muster up all their courage and then decide on the best route to a cure. May their inner voice be their guide.

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