



On the Voice

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Singing through the “Sick Season”: Advice for Choral Directors

by Philip A. Doucette

Few performers have their art-making as significantly disrupted by respiratory illness as a vocalist. In these situations, the choral director often becomes the “first responder” to address their singers’ concerns. High-demand voice users like singers and choral directors are eager for remedies and approaches to minimize the misery of respiratory illness; however, finding reliable guidance and recommendations for care can often be challenging. This article will provide information and strategies for choral directors to personally use when their voice is impacted by illness, as well as guidance on optimal steps to take when guiding a singer through the “sick season.”

Be it from a cold, flu, or other respiratory disease, the challenges a sick singer or choral director faces are daunting. According to the Centers for Disease Control and Prevention, the cold and flu season typically runs from October through March and peaks between December and February.¹ In addition to the common cold, several other respiratory viruses (flu, COVID-19, and RSV) become widespread during this time and can cause symptoms like the common cold.²

Colds spread easily from person to person, either directly through the air during close contact with infected people or indirectly through contact with objects in the environment and transfer to the mouth or nose. A sick

individual can remain contagious for up to two weeks, and contagiousness can begin a day or two before symptoms emerge. Most coldlike illnesses impact the sinuses and upper throat. Lower-respiratory infections are more serious and longer lasting. The symptoms experienced during these illnesses can present a variety of obstacles to normal voice use.³

What to Do When Your Singers Get Sick

When singers get sick, stress builds and questions begin to fly. Clear education, appropriate referrals and recommendations, positive encouragement, and steady support from a trusted musical mentor throughout an illness can be as helpful as any medication available. While the details of these strategies are often specific to the nature of the illness and traits of the individual singer, the following general points can benefit all singers.

Be patient. All illnesses run their course. Colds and flu usually resolve in two to three weeks unless a chest infection develops. In these cases, a lingering cough and fatigue can persist for a few months. Consistent encouragement and reassurance from a trusted source can be

invaluable during this period. While colds and flus do not always merit a trip to the doctor, management of RSV, COVID, and postacute coronavirus syndrome (PACS) or “long COVID” do require the guidance of experienced medical professionals—either a general practitioner or specialists in pulmonology, cardiology, or neurology. When a singer confides the details of their illness and plan of care, being supportive in a manner that respects an individual’s right to medical privacy and deferring to the recommendations of a medical team can be the best means of assisting them.

Being sick doesn’t mean you are a bad singer.

Singers are biological beings and biology is unfair. Nevertheless, changes in voice function can have a significant negative impact on an individual’s mood and sense of well-being.⁴ While cultivating voice health and certain self-care practices can boost an individual’s immune system, the best preventative steps cannot always avoid illness.

Accommodations are necessary. Changes to pitch range, dynamic range, stamina, and voice quality should not be “pushed through” or seen as a problem to be solved in the short term. When you are sick, allow your voice to sound sick. Staying away from your fellow singers when you have a fever or are in the early stages of a respiratory infection can prevent the spread of illness and allow your body time to rest and recover.

If a singer can attend rehearsal but is not yet at full vocal strength, using marking techniques that limit extending range and loudness, intermittent voice rest, and relying on audiation or “mental rehearsal” should be considered and encouraged. Depending on the singer’s symptoms (i.e., changes to hearing acuity due to congestion or degree of “brain fog”), specific alternate tasks could include active listening of the ensemble while following along in the score and providing feedback according to prompts by the director; researching historical and cultural background information about the composition, composer, poet, or arranger; or silent memorization work. Frequent encouragement and reassurance that “doing less is more,” especially with singers who are passionate about singing, is incredibly important during the period of illness.

Provide resources. Developing a “so you’re sick... now what?” handout that includes clear explanations of what voice rest is (and is not), recommendations for optimal hydration and humidification, “dos and don’ts” to address congestion and pain—as well as referral resources for local medical professionals who specialize in the care of professional voice—can be a valuable lifeline and time saver for both a singer and director who is struggling to absorb and retain care recommendations.

Be available to your singer. Following up with a sick singer both several days after their initial concerns and a few weeks after a singer starts to feel better can provide important information and reassurance to a singer. In most cases of cold or flu, a singer should expect to start feeling “normal” after two or three weeks. However, it is not uncommon for chest infections in adolescents and adults to result in a lingering cough for up to two months after initial infection.⁵ In the case of “long COVID,” recent research has identified lingering cough, shortness of breath, and chronic fatigue as significantly correlated to changes in singing voice.⁶

A choral director can provide a singer with a second set of ears to track the progression of their vocal concerns during an illness. While many singers “bounce back” quickly from illness, encouraging singers to expect a gradual return of pitch range, loudness range, and vocal stamina over several weeks can provide important encouragement and address what singing voice specialist Leda Scarce termed the “injury of confidence.”⁷

What to Do When You (the Director) Gets Sick?

As choral directors, the buck often stops with us. However, “pushing through” when we are sick often sets a bad example because we are failing to practice what we preach to our singers. Being transparent about how *we* manage and accommodate illness can provide important teachable moments and growth opportunities for our singers while optimizing our voice function.

You can come first. Director priorities and goals are often outward facing: the music, the ensemble, and the singers come first. While taking time to develop and

implement strategies and activities that assist a director with less or no voice might seem “selfish,” the degree of individual singer expectation and agency required can lead to more empowered ensemble members. Organizing a schedule that considers periods of voice use and rest, makes time for appropriate vocalizations tailored your own voice (singing along with ensemble warm-ups does not count), advocating for optimal ventilation and humidification in all workspaces, and establishing personal hydration and reflux management are strategies to prioritize.

Have a “silent rehearsal.” Rehearsals that avoid talking and rely on simple written instruction, physical gestures, and visual cues can effectively conserve voice use but also increase singer awareness of and reliance on nonverbal communication. “Record, run, and review” can be an ideal activity for a silent rehearsal day. In this exercise, the ensemble records a “run-through”

of a section of music (or an entire piece) that is then played back; the ensemble singers then offer analysis and insights.

Decrease, defer, and delegate. Developing approaches for delegating verbal instruction on the part of the director can provide effective relief on days where voice rest is essential. Every ensemble has members capable of individual leadership or “crowdsourcing” to guide rehearsal activity. Identifying, assigning, and preparing individuals and groups with appropriate responsibilities can increase individual ownership, motivation, and agency among a roster of singers.

Tasks to delegate can include leading physical stretches and vocal warm-ups, sectional rehearsals (that are run collectively or under the guidance of a section leader), and critical listening and observing of audio and video recordings by other ensembles (with discussion prompts for members to share insights and

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opinions that shape their own performance choices). Providing advanced notice and written guidelines (e.g., targeting a specific section of a song or identifying goals such as memorization, text study, or pitch/rhythm accuracy) can maximize successful outcomes for all involved.

Use amplification. Ideal speaking voice loudness should resemble casual one-on-one conversation. Proper use of personal amplification can ensure directors provide clear verbal instruction and vocal modeling without increased strain. Using amplification is appropriate in any state of health.

Stay home...really. The temptation for a director who is often “at the center of it all” to manage a fever and suppress symptoms via medication is real. However, if the time off is available and there is a substitute that you trust, taking a day or two off at the height of an illness can have a tremendously positive impact toward rest and recovery. Individuals and professional networks like a state chapter of ACDA and AGO may be able to organize substitute lists for community and church choirs in advance. This collaboration can foster collegiality and communication between organizations, develop a trusted support network, and provide alternatives to canceling rehearsal.

Remember the “five Ps”: proper preparation prevents poor performance. The strategies discussed earlier require planning and practice. This is especially true in the case of establishing a relationship with a medical specialist before one gets sick, but establishing ensemble practices and expectations of substitute leaders throughout the concert season is beneficial as well. In addition to rehearsing, these leaders can assist in preparing handout materials and alternate assignments. Using the above strategies before one gets sick has value beyond establishing good vocal habits and offers leadership opportunities within your program. Regular and prior practice of these techniques makes them seem less novel; singers will see them as a necessary part of their routine (as opposed to seeing them as disruptive).

“Precautions” are worth the effort. Widely recommended steps for preventing respiratory infection include practicing optimal hydration, diet, and sleep hygiene; establishing regular physical exercise; and managing stress. Immunizations are effective methods for preventing and minimizing the severity of flu and COVID-19. During cold and flu season, providing materials to execute optimal health hygiene (such as hand gel and masks) and advocating for—and demonstrating—best health hygiene practices (such as fully covering your mouth when you cough and sneeze and frequent handwashing/sanitizing) is critically important. Several sources promote the use of vitamin C supplements during cold and flu season as a means of illness prevention and severity reduction.⁸ Echinacea and elderberry are natural supplements that have a history of use for boosting the immune system during cold and flu season.⁹ While current research has not revealed any ill effects of the use of elderberry, it should be noted that prolonged use of echinacea (greater than eight weeks) can have an immunosuppressant effect that is the opposite of its intended use.¹⁰

Vocal health matters all the time—not only when we are sick. Creating a “choir culture” where singers are encouraged to see themselves as individual athletes who impact the entire team’s performance can allow for ongoing and varied discussions about healthier choices for healthier voices. Just as serious




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athletes choose to put their health and wellness first, singers should do the same for the good of themselves and the entire squad. Such choices include establishing a relationship with an otolaryngologist; learning how diet can impact reflux and hydration; avoiding irritants and allergens (such as vaping and smoking); developing effective time, stress, and sleep management strategies; and being aware of how voice use outside of the rehearsal and performance space influences singing voice function.

Conclusion

As mentioned earlier, when the identified voice changes begin to improve, a gradual return to vocal activity with increased pitch, loudness, and time spent singing without the onset of fatigue can be expected. However, when a change in voice quality has not resolved within three to four weeks after a singer is otherwise feeling better, examination by an appropriate medical specialist with extensive experience in working with singers and high-demand voice users should be a priority.

Advanced planning and regular implementation of these singer- and director-centered strategies will make them more effective when illness strikes, and integration of them will positively impact the daily rehearsal process while simultaneously enhancing your choir culture. Clear education and recommendations, positive encouragement, and support via one-on-one “check-ins” all provide avenues to supporting a singer’s management of their optimal vocal health. Advocating for and demonstrating an “athletic level” of self-care will make tasks that address illness-related issues a matter of shifting habits as opposed to establishing new ones. Utilizing strategies that rely less on verbal instruction from the director—and implementing them before you get sick—has great value beyond voice conservation: they build individual ownership and collective responsibility within our ensembles. 

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NOTES

- ¹ “Flu Season,” Centers for Disease Control and Prevention, September 20, 2022, <https://www.cdc.gov/flu/about/season/index.html>.
- ² Ibid.
- ³ For a deeper discussion of common symptoms please refer to Mary J. Sandage and Mariah E. Morton-Jones, “I’m Sick, Should I Sing or Not?,” *Choral Journal* 65, no. 2 (September 2024): 45–49. This article seeks to build upon this discussion.
- ⁴ “Relationships,” Dysphonia International, March 13, 2019, <https://dysphonia.org/your-journey/living-with-a-voice-disorder/impact-on-relationships/>.
- ⁵ Xiaofang Gao, Guangrong Hu, and Peng Yan, “Causes of Chronic Cough in Adolescent and Adult Patients,” *Medical Journal of the Islamic Republic of Iran* 34 (2020): 136.
- ⁶ Sophia Dove, Leryn Turlington, Kate Elmendorf, Kurayi Mahachi, Christine Petersen, and David Meyer. “Singing Voice Symptomatology Following Presumed SARS-CoV-2 Infection,” *Journal of Voice*, e-publication ahead of print, November 16, 2022, doi:10.1016/j.jvoice.2022.11.012.
- ⁷ Leda Searce, *Manual of Singing Voice Rehabilitation: A Practical Approach to Vocal Health and Wellness* (San Diego: Plural Publishing, 2016).
- ⁸ Harri Hemilä and Elizabeth Chalker, “Vitamin C Reduces the Severity of Common Colds: A Meta-Analysis.” *BMC Public Health* 23, no. 1 (2023): 2468.
- ⁹ L. Susan Wieland, Vanessa Piechotta, Termeh Feinberg, Emilie Ludeman, Brian Hutton, Salmaan Kanji, Dugald Seely, and Chantelle Garritty. “Elderberry for Prevention and Treatment of Viral Respiratory Illnesses: A Systematic Review.” *BMC Complementary Medicine and Therapies* 21 (2021): 112.
- ¹⁰ Robert Thayer Sataloff, *Treatment of Voice Disorders* (San Diego: Plural Publishing, 2005).