



# On the Voice

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## “I’m Sick—Should I Sing or Not?”

by Mary J. Sandage and Mariah E. Morton-Jones

At some point, all singers face the dilemma of whether it is safe to sing while feeling under the weather. Choral directors are often the most trusted voice professional in a singer’s life and will often be consulted about whether singing is advisable. The answer to this question is not straightforward; however, by reviewing commonly encountered scenarios, providing updated evidence, and doing some myth busting, a clearer path may emerge.

The severity and type of illness will matter. Having a high fever ( $>100^{\circ}$  F) should preclude performance of any kind to avoid exposing choral colleagues to potential infection and to allow time for healing and recovery. A gray area is when a singer experiences a low-grade fever. Some singers may feel up to performance if symptoms can be medically managed; however, to be a good citizen of the chorus, spread of infection to choral colleagues should be a consideration. Unfortunately, COVID, influenza, and RSV still circulate in most communities and the spread of infection is particularly notable in singing communities. Singing masks are available to limit aerosolizing spread; however, unless it is a high stakes performance, it is prob-

ably best to stay home and rest.

Symptoms that are more likely to negatively impact singing voice include nasal congestion, laryngitis, and pulmonary infection because these symptoms affect the subsystems of singing: vocal tract tuning, phonation, and respiration. Given that management of subglottal pressure, vocal fold posturing, and resonance are all key mechanisms for managing vocal loudness and pitch stability, impairment of any of these mechanisms due to illness, will likely cause difficulty with singing. We will address these individually and then discuss how the conditions often overlap.

### Nasal Congestion

Nasal congestion typically accompanies the common cold, sinus infection, allergic rhinitis, and sometimes COVID. Physiologically, when the sinus spaces in the face and the nose are congested with thick mucus, it is harder to create the ringing vocal quality that many choral singers aspire to produce. Vocal tract tuning—the ability to change the shape of the spaces in the neck and face that extend from the vocal folds to

the lips and nose—is a critical contributor to the acoustic boost needed to sing louder or to hit higher notes with ease. Many singers rely, at least in part, on vocal tract tuning to achieve the choral dynamics expected by the director. Nasal and sinus congestion that fill or block these resonating spaces make it difficult to sing easily and some singers will develop maladaptive strategies to sing while congested. Compensations for nasal congestion often include using more phonatory effort to achieve louder voice, which over time may result in throat discomfort as well as increased vocal effort while singing and increased vocal fatigue.

When experiencing nasal congestion due to a cold or sinus infection, it would be most helpful for optimal singing to manage the congestion with over-the-counter (OTC) remedies. Nasal sprays to open the nasal passages can be helpful in the acute phase and allow the congestion to drain out of the nasal and sinus spaces. Some individuals may try OTC antihistamines to dry up the mucus; however, there is some evidence that the drying effects for the nose may extend to drying the surface of the vocal folds, making production of voice more effortful. In general, it is best to avoid anything that dries the mouth or throat. Steam inhalation from a vaporizer device or even via a bowl of hot water has been shown to alleviate symptoms and increase nasal

patency for those with common colds. Some relief from more persistent allergic rhinitis symptoms may be found with use of nasal irrigation with hypertonic saline rinses (e.g., a Neti pot). If nasal congestion is the only symptom of illness and this can be managed with OTC remedies, then singing would likely be fine. For persistent nasal congestion, it would be helpful to see an ear, nose, and throat physician (otolaryngologist) for medical management.

### Laryngitis

Laryngitis is the term used when a singer experiences persistent difficulty producing voice throughout the range. Difficulty producing voice due to laryngitis is attributed to swelling in the vocal folds that prevents optimal vibration of the vocal folds resulting in effortful voice production characterized by a limited singing range and often times reports of increased vocal fatigue. Acute laryngitis is probably one of the most difficult symptoms to sing with and it is not advised. A quick litmus test to see if there is vocal fold edema (swelling) present, is to produce lip trills or tongue bubbles (tongue held out of the mouth, not to be confused with tongue trill) or your favorite semioccluded vocal tract (SOVT) task throughout the singing range. If SOVTs can still be freely produced throughout the performance singing range, then singing may still be possible. If SOVTs cannot be freely produced, then the singer should sit out the rehearsal or performance and limit extensive talking to let the vocal fold swelling subside. It is very important not to force the voice as such behaviors could exacerbate the issue.

The experience of laryngitis will likely affect each singer differently and the impacts of mild vocal fold swelling may be more limiting for some styles of choral singing versus others. Further, the voice part being produced may matter as well. High soprano singers will likely experience voice difficulties, particularly when producing the highest notes with mild vocal fold edema, whereas a lower alto singer may not encounter any difficulty at all with mild vocal fold swelling.

When experiencing acute laryngitis, vocal rest for both the speaking and singing voice is advised until the swelling subsides. It will also be important for the



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singer to practice excellent vocal hygiene by limiting drying agents such as alcohol or antihistamines. Belief that caffeine is dehydrating is a persistent myth in the singing world that has recently been debunked.<sup>1</sup> Recent evidence indicates that caffeinated drinks are not dehydrating for individuals who routinely take caffeine. The tannins in coffee and some teas can leave the individual with a feeling of dry mouth, which can mislead one to believe that coffee is dehydrating at the level of the vocal folds. What is probably more concerning for the singer who is unwell is the acidity of the coffee that may result in an upset stomach or laryngopharyngeal reflux. A remedy for dry mouth that we have suggested for some time is to mix a pectin-based juice with the water in your water bottle. Adding about 1/4 of the volume of the bottle with apple, grape, or cranberry juice can reduce the perception of dry mouth. We would

also caution singers from taking mint or menthol lozenges when sick. Menthol is an airway irritant and may perpetuate throat symptoms when sick. Instead of menthol lozenges, take lozenges with pectin or glycerin for throat relief (i.e., Luden's cherry lozenges).

### **Pulmonary Infection or Disease**

Illnesses that affect the lungs and pulmonary system, like pneumonia, COVID, or RSV, often present with cough and difficulty providing enough respiratory support for singing. While most individuals with pulmonary infection do not feel well enough to sing, difficulty providing adequate breath support for the singing voice, a primary mechanism for increasing vocal loudness, can also lead to maladaptive compensations. A frequently encountered compensation is increased laryngeal ef-



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fort. When individuals cannot inhale enough air and achieve enough pressure from the respiratory muscles due to illness, then the muscles of the larynx and neck are often engaged to a greater degree to help achieve louder voice. This can lead to increased throat discomfort, soreness, and vocal fatigue.

For singers diagnosed with asthma, it is important to take the medications prescribed to manage asthma in order to support the best singing voice. Asthma is characterized by difficulty exhaling all the air out of the lungs. If a singer has difficulty exhaling air with control because asthma symptoms are not well managed, then maladaptive breath support may transpire. Asthma inhalers are vitally important for best pulmonary function for singer with asthma; however, they can also sometimes cause mild hoarseness. Should that occur, the singer should contact their physician and ask

if their medication can be adjusted.

Singing through nasal congestion, laryngitis, or pulmonary infection may all result in the development of maladaptive singing technique and motor learning patterns that can persist even after the illness passes. Most speech-language pathologists (SLPs) who specialize in rehabilitation of the singing voice will relate that many their clientele started having persistent vocal difficulty after singing while sick. If singing difficulties persist for more than a few weeks after recovering from an acute illness, the singer is advised to see their primary care doctor and ask for a referral to an otolaryngologist, preferably one who specializes in voice (laryngologist). The otolaryngologist can do a thorough head and neck examination to rule out any persistent conditions and provide medical management as needed. The otolaryngologist can also provide the referral to an SLP for

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assessment and therapy. Some SLPs specialize in rehabilitation of the injured singer—those who specialize in singing voice rehabilitation can usually get singing voice technique back on track within a few therapy sessions.

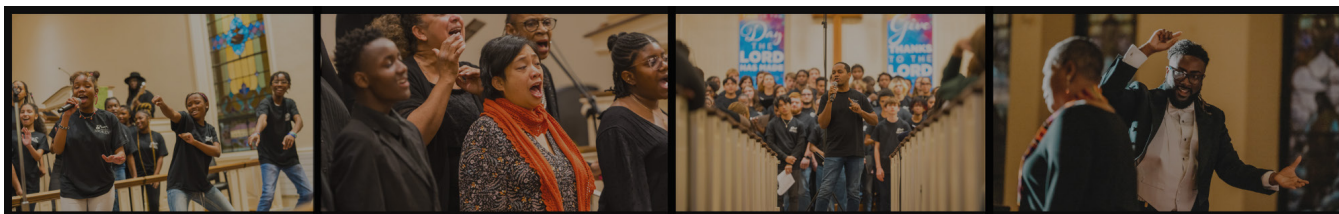
So, the question remains: “I’m sick – should I sing or not?” We suggest following the recommendations provided, seeking professional care, and not forcing your instrument. Listen to your body when singing becomes increasingly effortful. Singing through an illness for one or two performances will not be worth it if such efforts could cause long term vocal issues. 

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NOTES

<sup>1</sup> Lawrence E. Armstrong, et. al., “Fluid, Electrolyte, and Renal Indices of Hydration during 11 Days of Controlled Caffeine Consumption,” *International Journal of Sport Nutrition and Exercise Metabolism* 15, no. 3 (2005), 252–65; Vasilis L. Georgalas, et. al., “The Effects of Caffeine on Voice: A Systematic Review,” *Journal of Voice* 37, no. 4 (2021): 636–e7.



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