



WAYS TO DEVELOP CHORAL SINGING SKILLS

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Received: 20 th July 2021	The full use of the artistic and educational potential of glass music depends on a thorough knowledge of the sound apparatus and the principles of its operation. Sound formation occurs as a result of the movement of the sound apparatus. This apparatus consists of 3 parts.
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The full use of the artistic and educational potential of glass music depends on a thorough knowledge of the sound apparatus and the principles of its operation. Sound formation occurs as a result of the movement of the sound apparatus. This apparatus consists of 3 parts.

- 1) Respiratory organs (lungs, bronchi, trachea - the respiratory tract of the throat).
- 2) "Haqildaq" (the part where the sound curtains are located).
- 3) Resonators (throat, mouth and nose).

Each part of the sound apparatus is closely connected to each other. The sound is produced as follows: the stream of air coming out of the lungs enters the throat through the bronchi, trachea, and there meets the barrier of the vocal cords. Under the influence of air pressure, the sound curtains move, and as a result of their repeated opening and closing and vibration, air waves produce sound. During normal breathing, the sound curtains are in a quiet state, with no air related to sound production, and air passes freely through the triangular-shaped sound hole. The sound hole narrows when sound is produced. As the sound rises to the high curtains, the sound hole narrows, and the hole closes when it reaches the highest curtain sounds.

The length and thickness of the sound curtains vary: the length of the sound (curtains) of bass and baritones is about 22-25 mm, tenor and mezzo-soprano 18-22 mm, soprano 14-19 mm. The thickness varies and the soprano ranges from 2 mm to 5 mm in bass. The speed of sound vibration, i.e. the volume, is related to the degree of tension (tension) of the sound curtains: the faster the vibration, the higher the sound rises to the screen. However, it is not the force that forms the membranes, it is amplified mainly by the intensification of the throat from the high resonators. The mouth and nose are just as helpful, and they also play a big role in creating the tone of voice tone (luster).

The resonators consist of upper and lower parts, which are located above and below the sound curtains. The upper sound resonators include the larynx, mouth and nasal cavities, the lower (chest) sound resonators include the trachea and bronchi. The quality of the sound timbre depends on the resonance gaps with the vibration of the sound-transmitting sound curtains. The movement of the throat and vocal cords occurs as a result of the interaction of the musculoskeletal system. Some of the muscles contract and tighten the curtains, some bring them together and pull them away from each other. If the sound curtains vibrate with their whole mass, the sound in the chest register, and if the sound curtains vibrate only with the edge, the sound in the upper register occurs.

The voice of the singer is characterized not only by strong sound, timbre and pitch, but also by range. The sound range can be divided into registers from the lowest volume to the highest sound range. The register is part of the sound range and is determined based on the inclination of the timbre and sound direction to each other. It is accepted to divide the human voice into low (chest sounds), medium (mixed), and high (head-related sounds) registers.

The female voice is divided into low chest sounds, medium (mixed) and high (head related sounds) registers. Chest resonators are used to produce sounds in the chest register, a head resonator is used in the upper register, and a mixed register is created by the combined motion of the chest and upper registers. The male voice has a chest and head register. Maintaining the same sound quality at all times depends on sound hygiene. The singer's voice is a precious gift of nature, from which the excessive use of with executive caution and intelligence (low and high) to sing in the disease of the vocal apparatus can all lead to fatigue of the vocal cords and sickness.

For this reason, singers need to protect their voice from various ailments. Reasonable replacement of training with rest is the main rule of the singing mode. It should also be remembered that singing in cold weather and drinking a cold drink have a negative effect on the sound apparatus. Timely specialist examination is important in the prevention of diseases of the vocal apparatus.

Leaders of children's choirs should be aware of the characteristics of children's vocal part during mutation. A mutation is a change in the sound of children as they grow up. The period of mutation usually begins at the age of 12-13 years in children and can last up to 16-17 years and sometimes longer. During this period, children's voices do not have the power to sing excessively and require attention and careful handling. In boys, my throat grows rapidly, the vocal cords lengthen, the voice decreases and begins to shift to smaller octave sounds. Sometimes it is necessary to suspend training because the period of mutation is severe and different.

Girls, the mutation is calm and uncomplicated. But even so, the voice of the girls also needs to be taken care of. If the singing mode is followed, the mutation period will help to pass more easily. Vocal performance often requires singing while standing. Therefore, it is necessary to pay attention to the position of the singer. The ideal standing position of the singer is to perform while standing. But in long rehearsals, the choir can practice while sitting. In such cases, each singer of the choir should keep his body straight and free, his shoulders straight, his arms down. The face, neck, and shoulder muscles are free. During the performance it is necessary to hold the head straight without throwing it back, not to frown, not to squeeze the lower jaw. The correct standing position of the singer allows for proper breathing and sound production. When a singer sings, his or her breathing plays an important role in sound formation.

"The art of singing is the art of using the breath correctly," has become a classic phrase. There is a certain difference between breathing in singing and physiological breathing. In physiological respiration, breathing occurs in a definite rhythm and at a certain interval of time. During singing, air intake occurs rapidly, over a short period of time, and exhalation lasts for some time. The rhythm of the breath varies depending on the nature of the work being performed. Singing takes deeper breaths than physiological breathing.

There are several types of breathing in singing:

- 1) Lower rib dilated breathing;
- 2) Shoulder extension breathing;
- 3) Breathe through the abdomen (diaphragm lowers).
- 4) Breathing through the chest (the upper part of the chest rises).

It is preferable to use breathing types that expand the lower ribs of the breath during breathing and breathing with the abdomen. The diaphragm separates the chest and abdomen in the human body. Inhalation and exhalation through the lower ribs and diaphragms are regulated by the diaphragm. This is how it happens: the singer breathes as if he "smells" a flower. This causes the lungs to expand, pushing the lower ribs outwards and the diaphragm to shrink, resulting in the abdominal wall swelling forward. The upper part of the shoulders and chest does not change in this case. Breathing should be deep, complete and, most importantly, noiseless. Breathing should be economical, long-lasting, flat.

Exhalation is controlled by the movement of the tense cortex of the abdomen, where air is directed upwards and causes the vocal cords to vibrate. The lower ribs and diaphragm slowly return to their original position. As mentioned above, sound is produced as a result of the movement of the respiratory and vocal apparatus. Sound occurs when the sound curtains vibrate as air passes through the sound hole in the closed position. The time at which a sound occurs is called a "sound attack." A sound attack on the power and character of exhalation to the sexuality of the vocal cords can be a hard, soft, and subsequent attack of breathing. In a gentle attack of sound, the vocal cords open with the onset of exhalation. A very soft "flexible sound" is produced as a result of the light air touching the sound curtains.

A severe attack of sound is caused by the tight closing of the vocal cords before exhalation. In this case, the outgoing air hits the sound curtains with great pressure, and the resulting sound becomes hard and sharp. In a post-exhalation attack, the vocal cords close after exhalation, resulting in a silent "x" before exhalation. Due to the additional sounds, the sounds lose their purity, and the sound curtains become loose. Singers need to know practically all types of sound attack. But the most appropriate is a "soft sound attack." This type of sound attack allows the singer to sing freely, without forcing himself, and to keep the sound apparatus healthy for a long time.

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