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The Singing Voice Specialist: An Essential Bridge Between Two Worlds

Rebecca Holbrook Loar

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THE SINGING VOICE SPECIALIST:
AN ESSENTIAL BRIDGE BETWEEN TWO WORLDS

by

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Submitted in Partial Fulfillment of the Requirements

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DEDICATION

To my amazing family - my loving husband Victor, inquisitive son Nathaniel, and beautiful daughter Charlotte. Thank you for your sacrifice of late nights, dirty dishes, and lots of laundry during this process, especially during a global pandemic.

To my parents for their endless support and encouragement.

To my mother, the journalist, for acting as editor-in-chief on this project.

To my sister for too many 'pick me up' phone calls to document.

To all my friends for encouraging coffee dates, late night phone calls, and attending recitals and performances. My heart is full.

I am forever grateful for each of you.

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ABSTRACT

For more than 35 years, voice teachers have been seeking an educational platform to adequately prepare a Singing Voice Specialist. Several degree ideas have been proposed, none of which have been fully implemented, leaving the field of Singing Voice Specialty without a certifying body or way to achieve licensure or certification. This document seeks to uncover the current progress in the field of Singing Voice Specialty, the progression of educational programs geared toward Singing Voice Specialization, possible accrediting associations, and future education needed to propel this profession forward.

In seeking these answers, experts within various aspects of voice care are interviewed to discuss the aforementioned questions. An anonymous survey was administered to singers which included questions regarding performance genre, vocal health, and knowledge of Singing Voice Specialization.

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LIST OF ABBREVIATIONS

AIVP	American Institute of Vocal Pedagogy
ASHA	American Speech-Hearing-Language Association
CCC	Certificate of Clinical Competency
CEU	Continuing Education Units
DMA	Doctorate of Musical Arts
ENT	Ear, Nose, and Throat doctor
MTNA	Music Teachers National Association
NASM	National Association of Schools of Music
NATS	National Association of Teachers of Singing
NCTM	Nationally Certified Teacher of Music
NCVS	National Center for Voice and Speech
NYSTA	New York Singing Teachers Association
PAMA	Performing Arts Medicine Association
PAVA	Pan American Vocology Association
RV	Recognized Vocologist
SLP	Speech-Language Pathologist
SVHI	Singing Voice Handicap Index
SVS	Singing Voice Specialist
VASTA	Voice and Speech Trainers Association, Inc.

INTRODUCTION

Dr. Robert Sataloff describes Singing Voice Specialists as “singing teachers who have acquired extra training to prepare them for work with injured voices, in collaboration with a medical voice team. They are indispensable for singers.”¹ The Voice Foundation’s website simply states; “The Singing Voice Specialist is a singing teacher with special training equipping him or her to practice in a medical environment with patients who have sustained vocal injury. Most Singing Voice Specialists have a degree in voice performance or pedagogy. Some have extensive performing and teaching experience, but without a formal academic degree. Nearly all have professional performance experience, as well as extra training in laryngeal anatomy and physiology of phonation, training in the rehabilitation of injured voices, and other special education.”²

Many singers suffer with voice disorders at some point in their career. The first line of defense is most often an Otolaryngologist or Ear, Nose and Throat (ENT) doctor for a diagnosis. After the diagnosis, the patient is often referred to a Speech-Language Pathologist (SLP) for rehabilitation. Once they have completed the designated sessions with the SLP, they are released from care. For the average person, this level of care is adequate and he/she performs the tasks established in the patient plan of care. However,

¹ Robert Sataloff, *Voice Health and Pedagogy* (San Diego: Singular Publishing Group, Inc., 1998), 115.

²The Voice Foundation, Accessed April 12, 2020, <https://voicefoundation.org/health-science/voice-disorders/voice-care-team/singing-and-acting-voice-specialists/>.

when the patient is a singer, the care must continue long after speech therapy in the medical setting. Once a singer returns to voice instruction after an injury, the instructor needs to have additional pedagogical information to manage instruction for a recovering singer. If the singer is not currently studying with an instructor who has adequate pedagogical knowledge, the patient should be referred to a Singing Voice Specialist as part of their voice care team.

Much has been written about vocal pedagogy and teaching the injured singer, yet there is still not a determined path that can lead someone to enter this field. Since 1984 there have been discussions of the designation of a Singing Voice Specialist. Dr. Sataloff is the first to have suggested the title, even developing an Arts Medicine degree for such a profession, however this program was never implemented. Since then, many have discussed different certifications and degree programs in order to facilitate education in this area, yet none had been adopted until now. In 2018, the University of North Texas finally opened the world's first PhD program in Arts Medicine with emphasis on the science of the health of the performing artist. "We need to get the knowledge out there that musicians need to protect their bodies. In the case of vocalists, they need to know how to prevent overuse, misuse and abuse of their voices."³ Along with Ohio State University's Singing Health Specialization, this allows for new, more specified education. This area of study is gaining traction, but is it enough to propel the field forward? Will these programs offer a targeted education which will funnel voice

³ "UNT to offer world's first music doctoral degree in performing arts health" University of North Texas, UNT News Service, January 9, 2018. <https://news.unt.edu/news-releases/unt-offer-world%E2%80%99s-first-music-doctoral-degree-performing-arts-health>

instructors into this career path? Will those who are looking for this career still piece together a program on their own or seek this more specialized curriculum?

In preparation for this project, questions have been informally asked of doctors, Speech-Language Pathologists and voice teachers alike. Most questions have been met with interest yet no answers, with the exception of Speech-Language Pathologists – perhaps because the boundaries are quite close. Singing Voice Specialty is a thin veil between the uncertified musical world of vocal pedagogy and the certified medical world of Speech-Language Pathology.

In this document, a brief history of vocology (the science and practice of vocal habilitation and treatment of voice disorders⁴) along with an outline of the literature specifically discussing the legacy of this designation will be included. In addition, interviews with Otolaryngologists, Speech-Language Pathologists, Singing Voice Specialists, and voice professors – all of whom are leaders in their field – will discuss the current state of this designation and what they perceive are the needed next steps in order to further growth in this field.

Statement of Purpose

It is the intention of this document to highlight the need for Singing Voice Specialists and curricula specifically designed for education in this career path. The organizations established for voice science education will be discussed, as well as possible certification programs to facilitate such a title, the future of this designation, and the needed steps to propel this profession forward.

⁴ Ingo Titze, introduction to *Principles of Voice Production* (New Jersey: Prentice-Hall, Inc., 1994), xxii.

Methodology

Chapter 2 will describe the various voice professionals who manage the care of a singer. Chapter 3 will explain common vocal fold injuries and their traditional methods of care. Chapter 4 of this study will chronologically outline the developments of the designation since 1984. Chapter 5 will show the current educational and professional developments as well as potential future educational possibilities. Chapter 6 will be comprised of interviews with Otolaryngologists, Speech-Language Pathologists, current Singing Voice Specialists, and voice teachers to discuss the current state of the field, adequacy of current educational programs, future curriculum needs, and the necessary steps to advance the profession. Chapter 7 will summarize survey data.

In addition, an anonymous survey will be administered to singers posing the following questions:

1. Are you a singer?
2. If so, are you an undergraduate, graduate or professional singer?
3. Have you had formal singing training?
4. If so, how long did/ have you studied?
5. What style of music do you sing most often? (Classical, Jazz, CCM, Musical Theater)
6. Have you ever experienced a vocal injury?
7. If so, did your injury require surgery?
8. Did you participate in voice therapy with a Speech-Language Pathologist?

9. Upon completion of therapy, did you seek private instruction or continue private instruction with your current teacher?

10. Have you ever heard of a Singing Voice Specialist?

Need for Study

The Harvard Medical School recently published an article which explained the most common vocal disorders, their symptoms, and possible treatment options. Common vocal fold disorders include vocal cord nodules, vocal cord polyps, contact ulcers, and laryngitis.⁵ A study was recently published in the *Journal of Voice* titled “The Impact of Vocal and Laryngeal Pathologies on Professional Singers,” which concluded that “professional singers are at an increased risk of laryngeal pathologies and symptoms associated with vocal misuse and overuse, particularly hoarseness, gastroesophageal reflux disorder (GERD), edema, and polyps.”⁶ With increased risk in this profession, there is an increase for the need of specified treatment for singers. However, retrieving accurate data on the number of singers that have experienced pathologies is not possible. Many singers will not report a problem of hoarseness or laryngitis to a doctor if it can be handled at home quietly. The stigma of a vocal problem among musicians carries a psychological weight that cannot be understood by the average person. This topic and its results are out of the scope of this paper but are worth mentioning here to support the need for Singing Voice Specialists. Singing Voice Specialists need to have not only an

⁵ “Vocal Cord Disorders: What is it?,” Harvard Health Publishing, Harvard Medical School, November 2018. https://www.health.harvard.edu/a_to_z/vocal-cord-disorders-a-to-z

⁶Michelle Kwok and Guy Eslick. “The Impact of Vocal and Laryngeal Pathologies on Professional Singers: A Meta-Analysis,” *Journal of Voice* 33, no. 1 (2019)

extended medical knowledge of these conditions and their treatment options, but also an understanding of the psychological impact on a singer while they are going through treatment and rehabilitation. The psychological aspects of the diagnosis of a voice disorder for a singer veer out of the scope of this document.

A number of articles have been published about the care of the singing voice through the *Journal of Singing* and *Journal of Voice* just to name a few, some of which have specifically discussed Singing Voice Specialization. However, there are no new writings to discuss the advancements in certifications and credentialing in the field of vocal pedagogy. The new credential being developed through the Pan American Vocology Association, and newly immersing Arts Medicine degrees now offered will directly impact the advancement of the Singing Voice Specialist.

Projected Outcome

It is the intention of this study to show the increasing need for Singing Voice Specialists as a viable part of a professional voice care team, familiarize singers with this resource, and expand-the prominence of this field. This study will seek to show field advancement for Singing Voice Specialists in curriculum offerings, credentialing possibilities, as well as identify associations that are directly affecting the possibility of targeted work in Singing Voice Specialty.

CHAPTER 1

VOICE CARE PROFESSIONALS

Demands of the voice have grown exponentially not only in the field of performance, but also in education and public speaking. Performers are now required to be much more versatile in vocal style and are often dependent on each individual gig for living expenses. Therefore, a singer will often overschedule in order to make ends meet financially, instead of taking the needed time to rest. When vocal fatigue or illness are present, often it is required contractually that ‘the show must go on’ and the singer then becomes injured. In an educational environment, teachers get only a few minutes to rest their voices between classes. Class sizes are larger than ever requiring more vocal effort from the teacher. If the teacher is singing during class, this causes additional fatigue and often ends in a vocal pathology. It is in these moments that the Singing Voice Specialist is most needed.

In preparation for this discussion, several terms must be defined. What is *vocology*? Dr. Ingo Titze, leading voice scientist and the first to use this terminology, defines *vocology* as “the science of voice habilitation and the treatment of voice disorders.”⁷ Voice Science is a tool to help the understanding of the mechanism and how it works upon phonation. It can help give a visual aspect to an auditory perception of sound, which can assist in identifying vowel inconsistencies, muscle pair dominance, and

⁷ Ingo Titze, *Principles of Voice Production*, xxii.

muscle tension within the mechanism. He further explains that this term mirrors that of “audiology, which is the science of aural habilitation and treatment of hearing disorders.”⁸ Dr. Titze makes a very clear distinction between *habilitation* vs. *rehabilitation*. “*Habilitation* is the process of enabling, equipping for, or capacitating. Voice habilitation is more than repairing a voice or bringing it back to a normal state; it is the process of strengthening the voice to meet specific demands.”⁹ Conversely, *Rehabilitation* is the act of restoring what has been damaged to its former condition. For the average person seeking voice instruction, it is the process of habilitation. For a singer who is recovering from a vocal injury, the attention is first given to rehabilitation, then continuing to habilitate the voice further. “Vocal performers, like athletes, are taught to achieve maximum output and efficiency in performance. They are also taught principles of preservation, making the instrument endure (in a predictable way) over a large portion of the life span.”¹⁰

An *Otolaryngologist*, or ENT, is a physician trained to treat the ears, nose, and throat. A *Laryngologist* is a physician specifically trained to treat the larynx, or voice, and its surrounding structures. Both the *Otolaryngologist* and *Laryngologist* assess the internal structure of the larynx and surrounding areas of the throat by using laryngoscopes along with stroboscopy. This will assist in detecting any abnormalities of the instrument that affect its functionality, such as muscle tension dysphonia, nodules, hemorrhage, etc. Many voice care clinics use the Singing Voice Handicap Index (SVHI)

⁸ Ingo Titze, introduction to *Principles of Voice Production* xxiii

⁹ Titze, xxiii

¹⁰ Titze, xxiii

to better understand the issues the singer is experiencing.¹¹ Once the physician assesses the data and has made a diagnosis, the patient is often referred to the partnering Speech-Language Pathologist for therapy.

A *Speech-Language Pathologist* (SLP) assesses the function of the instrument by a series of acoustic measurements and aims to determine the cause for a pathology or disorder. Once the SLP determines the patient's plan of care based on a physician's diagnosis along with data gathered in the SLP's assessments and the SVHI, the SLP begins therapy or rehabilitation of the disordered speaking voice.¹² Speech-Language Pathologists work closely with the treating physician to assist in providing care for patients with difficulties of speech, breathing, or swallowing. In order to become a licensed SLP, one needs to complete a degree in either Speech-Language Pathology or Communication Sciences and Disorders and pass the Praxis Exam. For professional certification, one is required to complete a 36-week clinical fellowship with the American Speech-Language-Hearing Association and apply for a Certificate of Clinical Competency in Speech-Language Pathology (CCC-SLP).¹³

¹¹ See Appendix A to view Singing Voice Handicap Index (SVHI) form.

¹² Robert Sataloff, *Vocal Health and Pedagogy* (San Diego: Singular Publishing Group, Inc.,1998), 261.

¹³ "How to become a Speech-Language Pathologist," State by State Requirements to become a Speech-Language Pathologist, [SpeechPathologyGraduatePrograms.org](https://www.speechpathologygraduateprograms.org), Accessed February 19, 2020, <https://www.speechpathologygraduateprograms.org/how-to-become-a-speech-language-pathologist/>.

Pedagogy is “the method and practice of teaching, especially as an academic subject or theoretical concept,”¹⁴ whereas *vocal pedagogy* is the practice of teaching singing. A *singing teacher* is one who trains a singer to access the entire instrument and assists in building vocal technique to facilitate the singing of a variety of styles through proper muscle function, breath management, and relaxation of the larynx and neck. A vocal pedagogue or voice instructor/teacher is different from a vocal coach. A *vocal coach* is enlisted to instruct the singer on proper diction in various languages, tutors a vast array of musical styles, and clearly assesses accurate musicianship.

A *Singing Voice Specialist* is defined by Dr. Robert Sataloff as “singing teachers who have acquired extra training to prepare them for work with injured voices, in collaboration with a medical voice team.”¹⁵ Dr. Sataloff, a leading Otolaryngologist who also holds a Doctorate of Musical Arts degree in Voice Performance, was the first to use this designation. The SVS must have “an exceptional ability to hear minute changes in vocal quality and maintain the highest of standards when it comes to efficient and healthy vocal production.”¹⁶

In looking at Singing Voice Specialists, or SVS, the initial attention needs to rest on the word ‘specialist’. The definition of a ‘specialist’ is “one who specializes in a

¹⁴ Pedagogy (n.) in *Lexico online dictionary* by Oxford.
<https://www.lexico.com/definition/pedagogy>

¹⁵ Robert Sataloff, *Vocal Health and Pedagogy* (San Diego: Singular Publishing Group, Inc.,1998), 115.

¹⁶ Robert Sataloff, *Neurolaryngology* (San Diego: Plural Publishing, 2017), 807

particular occupation, practice, or field of study.”¹⁷ The field in question resides between the *singing teacher* and *Speech-Language Pathologist*; the teacher of singing being a part of the musical community focusing on voice habilitation, and the Speech-Language Pathologist as part of the medical community focusing on voice rehabilitation. These two communities come together to create this specialization; yet while the Speech-Language Pathologist has a required certification through a single governing body which unifies the field, the voice teacher does not. When discussing the *singing* voice, attention then focuses on the teacher of singing, whereas *speaking* voice rehabilitation resides with the Speech-Language Pathologist. However, the average voice teacher is not expected to have an advanced knowledge of the physiology and mechanics of the singing voice. If the teacher acquired a bachelor’s degree in a varying field or does not hold a degree in voice, they may have little to no pedagogical knowledge of the apparatus they are teaching. The large crevasse that separates voice teachers and Speech-Language Pathologists is certification.

Just as an athletic team employs a staff of coaches to train the team and rehabilitate injured players, so also should the vocal athlete or singer. Ideally the Laryngologist or Otolaryngologist, Speech-Language Pathologist (SLP), Singing Voice Specialist (SVS), and vocal pedagogue or singing teacher comprise a *voice care team* in order to provide complete care of the injured singer. Each member plays an integral role in managing a particular portion of the singer’s care, ensuring each aspect is covered completely in the patient’s plan of care.

¹⁷ Specialist. (n.) in *Lexico online dictionary* by Oxford.
<https://www.lexico.com/en/definition/specialist>

CHAPTER 2

COMMON VOICE DISORDERS

The American Speech-Language-Hearing Association describes a voice disorder as a change “in voice quality, pitch, and loudness which differ or are inappropriate for an individual's age, gender, cultural background, or geographic location.”¹⁸ A voice disorder may be present when the patient expresses distress or discomfort that the sound or feel of the voice has changed, either perceptively or audibly. Some of the most common voice disorders occur through routine daily activities such as throat clearing, speaking over people in a crowded room or restaurant, excessive coughing during an illness, cheering loudly at a sporting event, or calling the children in from playing outside. However, those largely at risk for these issues are professional voice users such as professional singers, actors, speakers, radio personalities, call center workers, athletic coaches, and teachers. Many voice disorders can be avoided if more attention is paid to overall vocal hygiene and behavior in the scenarios described above. Unfortunately, many do not implement the needed precautions until an injury has occurred.

The most common disorders are fatigue, hoarseness (commonly called laryngitis) and dysphonia, causing the larynx to become inflamed or swollen. This may occur when speaking too loudly, speaking at too high a pitch for an extended period of time, or pushing the voice beyond a comfortable point causing fatigue. Other factors which may

¹⁸ “Voice disorders,” American Speech-Language-Hearing Association, Accessed March 31, 2020, <https://www.asha.org/Practice-Portal/Clinical-Topics/Voice-Disorders/>

contribute to these symptoms are sinusitis causing postnasal drip and inflammation of the vocal folds, gastroesophageal reflux causing stomach acid to rise through the esophagus and splash onto the vocal folds causing irritation and inflammation, or possibly a viral infection. When experiencing these symptoms, rest and proper hydration will assist the vocal cords in healing and assist in regaining vocal function. “When no professional commitments are pending, a short course of absolute voice rest may be considered as it is the safest and most conservative therapeutic intervention.”¹⁹

Muscle Tension Dysphonia, or MTD, is caused by excessive amounts of tension in the larynx as well as head and neck muscles. When the muscles surrounding the larynx stiffen, they cease to allow the larynx the flexibility it requires for proper muscular function of the vocal folds. Therapy with a Speech-Language Pathologist may help to alleviate the tension by use of laryngeal massage and speaking exercises to regain vocal function. “In the case of the injured voice, it is common to find excessive, counterproductive compensatory muscle tension at any point in the body.”²⁰

Other common voice disorders include vocal nodules, polyps or cysts. Vocal nodules are small calluses on the edges of the vocal cord. They usually occur in pairs bilaterally, one on each irritated area of the cord and are symmetrically located on each cord. This may be caused when the vocal folds are impacted at the midline with excessive tension or force. The irritation may be caused by over singing, or excessive coughing or

¹⁹ Robert Sataloff, Alice Brandfonbrener, Richard Lederman, eds. *Performing Arts Medicine*. (Pennsylvania: Science and Medicine, 2010), 135

²⁰ Robert Sataloff, *Neurolaryngology* (San Diego: Plural Publishing, 2017), 811

throat clearing.²¹ Symptoms may include hoarseness, lowered vocal pitch range, loss of range, and a breathy voice quality. Treatment may include rest, therapy, steroid injection, and/or possible surgery.

Vocal polyps are small growths, usually occurring from extended exposure to chemical irritants. Symptoms may include hoarseness, lowered vocal pitch range, and a breathy vocal quality. Treatment may include rest, therapy, and /or surgery. Vocal fold cysts are small fluid-filled sacs usually occurring unilaterally from a trauma and appear just under the epithelial layer of the vocal fold causing swelling of the vocal fold. Symptoms may include hoarseness, lowered vocal pitch range, and a breathy vocal quality. Treatment may include rest, therapy, and /or surgery. Continuing regular phonation when nodules, a polyp, or a cyst are present may result in a hemorrhage or dilation of a blood vessel causing inflammation of the vocal fold.

Additional disorders of the vocal mechanism may include ulcers, tumors, paresis or paralysis. Vocal fold ulcers are erosions in the vocal cords. Symptoms may include pain when talking, hoarseness, and the voice will tire easily. Treatment may include medications, and/or therapy. Vocal fold tumors are growths caused by cancer or noncancerous lesions caused by a virus. Symptoms may include hoarseness and potential breathing or swallowing issues. Treatment may include medication, therapy, and/or surgery. Vocal fold paresis or paralysis occurs when the muscles of the larynx become weakened or paralyzed and cease to function properly. Symptoms may include a change

²¹ Leda Scarce, *Manual for Singing Voice Rehabilitation: A practical approach to vocal health and wellness* (San Diego: Plural Publishing, 2016), 31

of voice quality, hoarseness, and inability to speak louder.²² Treatment may include medication, therapy, and/or surgery.

In the survey conducted for this research, 298 participants answered questions regarding their vocal health. Figure 1 reveals the response to question 6 of this survey which asked participants, “Have you ever experienced the following: hoarseness, laryngitis (loss of voice), or vocal fatigue?” Out of these 298 participants, most reported having experienced one or more of these symptoms. 76.51% reported having experienced vocal fatigue, 68.46% reported having experienced hoarseness, and 53.02% reported having experienced laryngitis or complete loss of voice. Upon further review of this data, 59% reported having experienced both hoarseness and vocal fatigue, 44% have experienced both laryngitis and vocal fatigue, and 40% reported having experienced hoarseness, laryngitis, and vocal fatigue. Only 9.06% reported having never experienced hoarseness, laryngitis, or vocal fatigue.

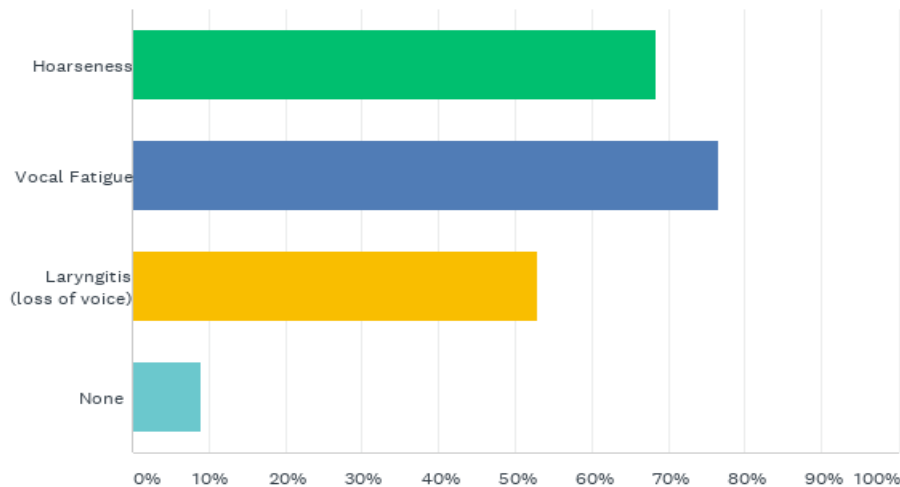


Figure 2.1 Common Voice Disorders

²² “Vocal Cord Disorders,” Harvard Health Publishing, Harvard Medical School, November 2018, https://www.health.harvard.edu/a_to_z/vocal-cord-disorders-a-to-z

This information is not intended to diagnose any voice disorder. These are merely guidelines to assist in understanding general aspects of a few common voice disorders, their symptoms, and possible treatment options. This list is not comprehensive nor exhaustive in nature. Should a person experience any of the symptoms listed above, consult a physician for more information.

CHAPTER 3

HISTOLOGICAL LITERATURE REVIEW

The following literature review is a histological account of the establishment of the designation of Singing Voice Specialist and the literature documenting its progression from inception to present day.

In 1984, Dr. Sataloff presented a session called ‘Care of the Professional Voice’ at the Music Educators National Conference, hosted by the University of Michigan, where he explained the lack of a program developed for Arts Medicine. As mentioned in Chapter 1, Sataloff was the first to use the term ‘Singing Voice Specialist’ in regard to a teacher of voice with an extended knowledge of working with the injured voice. In this document, he includes an outline of a Ph.D. program in Arts Medicine to educate the Singing Voice Specialist.

In 1991, at the Voice Foundation’s 19th Annual Symposium on Care of the Professional Voice, a discussion began concerning standards of training for the singing voice professional. Dr. Ingo Titze, renowned voice scientist, presented a proposed vocology curriculum, and Dr. Sataloff proposed the establishment of a Ph.D. in Arts Medicine. Both proposals for degree programs were then featured as articles within the Voice Foundation’s *Journal of Voice*, volume 6 the following year. Dr. Sataloff’s proposal states:

At present, there are no academic programs or degrees offered in "arts medicine." In order to educate oneself, it is necessary to either obtain multiple degrees, which frequently require time and information not applicable to the student's goals, or to find informal "apprenticeships" to fill in gaps left by traditional educational categorization. The Ph.D. program in arts medicine suggested in this article is designed to fill the educational needs of scholars in this new field. It abandons traditional educational categories and is flexible enough to address the special interests and unusual background of each candidate.²³

This type of program is desperately needed in the industry and would enable more voice pedagogues to pursue a degree that bridges the gap between music and medicine. This program was proposed 29 years ago but has yet to be developed at an institute of higher learning.

Dr. Titze also presented an article within the same journal discussing the lack of education in this field. His initial statement of the article reads, "At several recent conventions I have sensed a stirring among voice teachers and clinicians that suggests something is lacking in the formal training of practitioners in voice."²⁴ He goes on to bring attention to the lack of education for all practitioners, and discusses "the legal issue of who is licensed to train, remediate, or modify vocal behavior."²⁵ Professional voice users such as singers, actors, sports coaches, and speakers use their voices at an optimal level for an extended period of time. Speech-Language Pathologists are trained to treat voice disorders through speech therapy at a 'normal' level one would experience in a quiet room. Titze makes the point that the focus must shift to train professional voice users to use their instrument healthily for their profession. The fact that both Sataloff and

²³ Robert Sataloff, "Proposal for Establishing a Degree of Doctor of Philosophy in Arts Medicine," *Journal of Voice*, 6, no. 1 (1992): 17-21.

²⁴ Ingo Titze, "Rationale and Structure for a Curriculum in Vocology," *Journal of Voice*, 6 no. 1 (1992): 1-9.

²⁵ Titze, "Rationale."

Titze concurrently identified a lack of education in this area, clearly indicates a need for more structured degree programs to facilitate this career. To that end, Dr. Titze's statement within his book *Principles of Voice Production* holds the key:

Voice Production is a topic of formal study in several professional fields, including music, theatre arts, communication science, speech-language pathology, and medicine. Researchers and practitioners in these fields do interact, but often their personal and institutional training has not been structured for an optimum team effort to benefit the client. Among practitioners, there is a growing sentiment that voice training and voice therapy have too much in common to be artificially separated by departmental and instructional boundaries.²⁶

Shortly after Sataloff's presentation to the Voice Foundation in 1992, he continued his quest to distinguish the roles needed for specialty designations within the field of voice medicine. His book *Vocal Health and Pedagogy* (1998) clarifies the roles and responsibilities of each person who cares for the voice. Sataloff addresses everything from the aging voice, medications for singers, nutrition for singers, choral pedagogy, and devotes an entire chapter to the Singing Voice Specialist (SVS). He clearly outlines the importance of the SVS as part of a voice care team and discusses in detail the responsibilities of the SVS and how they should manage their patients. Sataloff gives an evaluation form for Singing Voice Specialists which may be used to create the patient's plan of care. He also gives a patient history form specifically for singers and professional voice users from which the SVS can create the patient assessment; examples of this are also given in this text. He addresses many facets of the industry and clearly outlines the

²⁶ Ingo Titze, *Principles of Voice Production* (New Jersey: Prentice-Hall, Inc., 1994); xxii

various aspects of treating voice patients.²⁷ Sataloff reprises this chapter partially within the chapters on voice in *Performing Arts Medicine* (2010) and *Neurolaryngology* (2017).

The following passage from an article written in 2002 by Dr. Heman-Ackah and Dr. Sataloff titled “Who takes care of voice problems; A Guide to Voice Care Providers” describes a Singing Voice Specialist as “a singing teacher with special training equipping him or her to practice in a medical environment with patients who have sustained vocal injury.”²⁸ Heman-Ackah and Sataloff explain that any education or training in this field must be “acquired by apprenticeship and observation because regrettably there are still no formal training or fellowship programs that assist teachers in becoming Singing Voice Specialists.” The article includes a comprehensive list of the educational requirements for a SVS such as “knowledge of anatomy and physiology of the normal and disordered voice, a basic understanding of the principles of laryngology and medications, and a fundamental knowledge of the principles and practices of speech-language pathology.”²⁹ These particular requirements are not found in the curriculum of any one current degree program and must be gleaned by the individual teacher as they see fit. “The term ‘specialist’ implies an area of specialization within a larger field, not a separate field itself.”³⁰ The article continues to caution the field, explaining the need to cease the “frivolous use of this term [Singing Voice Specialist] by any and all who deem

²⁷ Robert Sataloff, *Vocal Health and Pedagogy* (San Diego: Singular Publishing Group, Inc., 1998): 315-33.

²⁸ Yolanda Heman-Ackah, Robert Sataloff, and Mary Hawkshaw, “Who Takes Care of Voice Problems? A Guide to Voice Care Providers,” *Journal of Singing* 50, no. 2, (2002): 142.

²⁹ Heman-Ackah, 142.

³⁰ Heman-Ackah, 142.

themselves qualified.”³¹ The need for qualifications of the Singing Voice Specialist are again expressed, and the overarching problem of no common qualifications leads to a lack of supervision of teachers to convey information for healthy pedagogy.

In 2003, the *Journal of Voice* published an article by Sharon L. Radionoff titled “Preparing the Singing Voice Specialist Revisited” which chronologically outlined the history of Singing Voice Specialization. Radionoff identifies a definite need for a structured education within the field as there is an increasing demand for teachers to work with injured singers. Many voice teachers, lacking the necessary knowledge of voice science, continue to provide traditional instruction and fail to adequately address proper vocal function. The author warns, “this is a risky situation at best.”³² Within this article, Radionoff discusses the 1993 joint Adhoc committee formed between ASHA, NATS, and VASTA which released a statement titled “The Role of the Speech-Language Pathologist and Teacher of Singing with Voice Disorders.” This joint statement was initially created in 1993 yet wasn’t published until 1998 in the *Journal of Singing* and published on the ASHA website in 2005. This joint statement discusses guidelines for preparing the singing teacher and speech-language pathologist as part of a voice care team to service singers with voice disorders.³³ Together, the organizations realized that functioning separately was not the optimal way to best treat the patient.

³¹ Heman-Ackah, et al. “...A Guide to Voice Care Providers,” 142.

³² Sharon Radionoff, “Preparing the Singing Voice Specialist Revisited,” *Journal of Voice* 18, no. 4 (2003): 514.

³³ Radionoff, 514.

The article continues that “all three organizations acknowledge the need for broader, interdisciplinary training of speech-language pathologists, teachers of singing, and voice and speech trainers who plan to work with professional voice users.”³⁴ The statement lists recommended guidelines for better preparation of speech-language pathologists who work with professional voice users (singer, actors, television/broadcasting announcers). Some recommendations include additional anatomy and physiology education for singing teachers to work with voice disorders, and behavioral management of voice problems. The organizations agree that there need to be more specific training requirements for those who work with voice disorders. Additional continuing education and training programs are needed which offer accreditation and the “development of criteria for identification and/or certification of individual members who obtain the recommended specialty training.”³⁵ Even though these particular recommendations have been identified and documented by these professional organizations, little has been done to date.

After discussing this statement, Radionoff’s article continues to ask the same question being asked today, “What is the optimal way to train a Singing Voice Specialist?”³⁶ She continues to define a Singing Voice Specialist as others have and discuss the heightened need of educating Singing Voice Specialists to become a part of the voice team, especially with the demands of cross-training and increased pressures of

³⁴ “The role of the speech-language pathologist, the teacher of singing, and the speaking voice trainer in voice habilitation,” American Speech-Language-Hearing Association, Accessed May 15, 2020, www.asha.org/policy.

³⁵ “The role of the SLP”, ASHA.

³⁶ Radionoff, 514.

specific genres on the voice. Therefore, Radionoff proposes a Master of Arts Medicine program which may be accessed via multiple paths, either through a music department or speech-language pathology department. This hybrid program would integrate the necessary tools from each degree and address known deficiencies in each area. The degree culminates in the need for a thesis project, comprehensive examinations, and a clinical fellowship.

Radionoff describes the “crucial need for an immediate goal to protect the injured voice patient and to be able to offer the best care possible.”³⁷ In doing so, there must be a certification established for Singing Voice Specialists from an umbrella organization that is willing to ensure the knowledge and continuing education of the SVS. Having a certification offers peace of mind to the student that the teacher training the voice at a most vulnerable time is endorsed and trained to assist them and not cause further harm. “The interest in the field continues to grow, and the need for qualified professionals is evidenced with busy clinics unable to find a Singing Voice Specialist. Therefore, a means of appropriate preparation or formal program of study is required. Without a means of licensure or endorsement, anyone can pronounce him or herself a ‘Singing Voice Specialist,’ without adequate credentials.”³⁸

In a 2009 article published by ASHA, “Team Management of Voice Disorders in Singers,” Drs. Zeitels, Hillman, and Burns partnered with SLP Tara Stadelman-Cohen to discuss the steps taken in evaluating and treating a singer with a voice disorder. Although this article does not directly say ‘Singing Voice Specialist’, it does state the need for

³⁷ Radionoff, 520.

³⁸ Radionoff, 514.

Speech-Language Pathologists to have additional education in voice – particularly singing voice - beyond the general understanding of the speaking voice. It is clear that this process is a bit different when the patient is a singer. In the discussion of the SLP and the singing voice, it is emphasized that the SLP is able to adequately rehabilitate the *speaking* voice. “For management of *singing* voice difficulties, however, it is advantageous for the treating SLP to have formal singing training. Such background typically provides additional insights and skill sets that facilitate all phases of management, particularly during voice treatment.”³⁹

In 2010, an article published in the NATS *Journal of Singing*, broached this subject again from the view of “The Speech Pathologist, the Singing Teacher, and the Singing Voice Specialist: Where’s the Line?” This article, co-authored by Marina Gilman, John Nix, and Edie Hapner, seeks again to define the Singing Voice Specialist and shares very transparent figures exposing the typical education level of an SLP regarding specifics of the singing voice. In a study completed in 2006, Speech-Language Pathologists were surveyed about their work with professional musicians. Many had completed degrees in music or had received over two years of private voice instruction. However, of those who were surveyed as having worked with and treated professional singers, “10% had reported no performing experience and little (less than one year) or no vocal training.”⁴⁰ Again the article restates one of the challenges of the field, “there

³⁹ Tara Stadelman-Cohen, James Burns, Steven Zeitels, and Robert Hillman, “Team Management of Voice Disorders in Singers,” ASHAwire, November 1, 2009, <https://doi.org/10.1044/leader.FTR1.14152009.12>

⁴⁰ Marina Gilman, John Nix, and Edie Hapner. “The Speech Pathologist, the Singing Teacher, and the Singing Voice Specialist: Where’s the Line?,” *Journal of Singing*. 67, no. 2 (2010): 171.

remains little agreement on the skills and credentials needed to treat singers with voice pathologies after diagnosis and medical treatment by the otolaryngologist.”⁴¹ Even bigger than this specific problem is the lack of a unified agreement on the qualifications to become a voice teacher,⁴² much less to teach a student who is recovering from a vocal pathology.

In 2012, the *Journal of Singing* published Dr. Karen Wicklund’s article “The Future of Singing Voice Rehabilitation as a Profession: A Suggested Curriculum of Study for the Training of Singing Voice Specialists.” This article is an excerpt from her book *Singing Voice Rehabilitation: A Guide for the Voice Teacher and Speech-Language Pathologist*, the first edition being published in 2010. Wicklund refers to the aforementioned articles and proposes a further refined academic curricula. Dr. Wicklund established her own 56-hour certification course, which was the only certification for Singing Voice Specialists in existence. This text details what each Singing Voice Specialist must know including anatomy and physiology, medical terminology, and specific voice disorders. Wicklund includes extensive protocols for assisting patients after surgery and/or therapy with specific vocalises for each pathology. She also includes literature suggestions for different voice classifications and styles once they have completed therapy and are ready to move into song. Dr. Wicklund has since ceased to offer the SVS training or certification. When asked why this certification was no longer being offered, Dr. Wicklund simply replied that she was turning her efforts toward other

⁴¹ Gilman, Nix and Hapner, 174.

⁴² Gilman, Nix and Hapner, 174.

projects as the courses and certification were very time consuming.⁴³ With a lack of an overall governing body to implement training in order to receive certification, it is impossible to manage and is a daunting task for one person.

In 2012 a dissertation was written by Julia Madden titled “A Review of Vocology for the Singing Voice.” Much of the paper echoes Radionoffs’ sentiments discussing the lack of structured educational programs, and non-existent certification. Madden goes into detail on the members of a voice team and includes a chart which shows the differences between Speech-Language Pathologists, Singing Voice Specialists, Singing Voice Teachers, and Singing Voice Coaches. She outlines educational requirements, knowledge of singing and voice science, and certification requirements of each profession.

In 2014, Shellie Beeman, now on voice faculty at Bob Jones University, submitted her dissertation, “Perceptions of Voice Teachers regarding the Teaching and Monitoring of Students’ Vocal Behaviors as Students Sing and Speak: Recommendations for Prevention and Rehabilitation within the Voice Studio.” This paper focuses much on the aspects of voice therapy and rehabilitation, although the word ‘rehabilitation’ should be cautioned from use in the voice studio. As discussed previously, voice teachers do not have certification which allows rehabilitation to be practiced; only habilitation may be practiced by building healthy vocal function, proper forward placement, and breath management. Some techniques used in therapy are helpful within the voice studio; however, they may not be discussed with the student as providing therapy. Together when practiced consistently, this builds overall vocal stamina of the instrument. Beeman encourages additional education as many have previously discussed, and points

⁴³ Dr. Karen Wicklund, email communication to author, May 21, 2019.

particularly at McClosky Technique, and Wicklund’s SVS certification (no longer offered), and makes reference to resonant voice therapy and vocal function exercises as helpful tools.

Continuing in 2014, two professors from Queensland Conservatorium Griffith University partnered in editing a book titled “Teaching Singing in the 21st Century.” This textbook compiled chapters on trending topics in voice studios written by prominent international pedagogues and scientists within the field of singing. Although the text does not explicitly discuss Singing Voice Specialization, the topic in Chapter 7 is certainly fitting without carrying the SVS title; “The Role of the Speech and Language Therapist – Speech Pathologist – in the Modern Singing Studio.” For all intents and purposes, what is being described is a Singing Voice Specialist. Discussed here are the advantage of the scientific knowledge of the voice that a Speech-Language Pathologist has acquired, and is therefore able to identify and scientifically explain the issues of breath management and articulation.⁴⁴ The chapter addresses the methodology that voice instructors use to teach breathing and support, specifically the use of the Accent Method developed by voice scientist and speech language therapist Professor Svend Smith. This method was mainly used in therapies for pathological voices by “coordination between breathing, voicing, articulation body movement and language for each individual.”⁴⁵ However, the Accent Method was implemented in voice studios of the Queensland Conservatorium

⁴⁴ Ron Morris, “The Role of the Speech and Language Therapist – Speech Pathologist – in the Modern Singing Studio” in *Teaching in the 21st Century*, eds. Scott Harrison and Jessica O’Bryan, (Dordrecht: Springer, 2014), 91-107.

⁴⁵ Morris, 95.

Griffith University and was found to be a successful tool with speech language therapists working alongside voice instructors.

The *Journal of Voice* published an article in 2015 titled “A Review of Training Opportunities for Singing Voice Rehabilitation Specialists” by Julia Gerhard. Gerhard’s research identifies university programs that offer supplemental curricula in related areas that would be helpful toward becoming an SVS. Yet, “at the time of publication, there is not yet a recognized certification to guide the curricula and training protocol for singing voice rehabilitation specialists.”⁴⁶ Some of the programs are focused toward vocal pedagogy students who are coming to SVS from the perspective of music and are looking for more courses in voice science. The majority of programs are offered to those students who are working toward or hold degrees in Speech-Language Pathology seeking supplemental voice instruction. She details the need for clinical observations and internships to gain additional practical knowledge, as well as professional organizations that publish journals and hold informative conferences. Yet, still these options are a hybrid and not a targeted focus on the specific needs of a Singing Voice Specialist. The article ends with the same hopeful statement that previous articles have made; “Considering the growing number of programs addressing singing voice rehabilitation, students will likely have a more codified path of study in the near future.”⁴⁷

In 2016, Brian Manternach wrote an article “Overcoming a Voice Disorder” which discusses the importance of the SVS to a singer recovering from a voice disorder.

⁴⁶ Julia Gerhard, “A Review of Training Opportunities for Singing Voice Rehabilitation Specialists.” *Journal of Voice*. 30, no. 3 (2015), 329.

⁴⁷ Gerhard, 333.

“While many voice clinics are employing Singing Voice Specialists, the training process they complete can vary dramatically. Unlike a laryngologist or SLP, SVS training has not been standardized, meaning there is no regulating body that has laid out the minimum requirements necessary to earn the title of a certified Singing Voice Specialist.”⁴⁸

Manternach interviews Dr. Karen Wicklund who clarifies the educational needs of a Singing Voice Specialist, stating “The Singing Voice Specialist has to know how the voice disorder impacts the singing voice. This includes advanced knowledge of voice disorders, understanding which exercises will work with the injured voice, and training in behavior management of voice disorders.”⁴⁹ Dr. Wicklund explains that the knowledge of a Singing Voice Specialist should weigh heavier in musical knowledge with “substantial background and expertise as a voice teacher rather than the clinical background of an SLP.”⁵⁰ She “does not believe that the training SLP’s receive by itself is sufficient to qualify working as a Singing Voice Specialist.”⁵¹ Understanding that each voice team is comprised of different specialists – a laryngologist, Speech-Language Pathologist, Singing Voice Specialist, and others as needed depending on the prognosis – “recognizing the unique areas of specialization allows all members of the voice team to play to their strengths in order to better serve clients.”⁵²

⁴⁸ Brian Manternach, “The Singer’s Library: Overcoming a Voice Disorder,” Classical Singer Magazine, May 1, 2016, <https://www.csmusic.net/content/articles/the-singers-library-17/>.

⁴⁹ Manternach, “Overcoming a Voice Disorder.”

⁵⁰ Manternach, “Overcoming a Voice Disorder.”

⁵¹ Manternach, “Overcoming a Voice Disorder.”

⁵² Manternach, “Overcoming a Voice Disorder.”

In Sataloff's publication in 2017, *Neurolaryngology*, he reprises the chapter on "The Singing Voice Specialist" written with colleagues Margaret Baroody and Linda Carroll from his previous publication *Vocal Health and Pedagogy* in 1998 in greater detail. Many of the charts and information explaining work in a medical setting remain the same, yet in this text Sataloff, Baroody and Carroll include specific language warning the Singing Voice Specialist to be mindful of verbiage and scope of practice which could have possible negative legal implications. Some terminology shifts in identifying the SVS who is also a certified SLP as a voice clinician, and further explains "regardless of whether he or she has an SLP degree, shall be referred to as Singing Voice Specialist Intervention (SVSI)."⁵³

Leda Scarce echoes this warning in her *Manual of Singing Voice Rehabilitation: A Practical Approach to Vocal Health and Wellness*. In an interview with Brian Manternach, Scarce explains that her use of the word 'rehabilitation' is to provide more clarity for the designation. Scarce reiterates the continued issues of a lack of certification or formal education in this field which leads to "people who simply self-designate the title."⁵⁴ Scarce suggests in this interview that such an SVS/SLP be considered a "clinical Singing Voice Specialist or clinical singing voice rehabilitation specialist"⁵⁵, which provides better identification of the provider. Scarce addresses the significance of the voice teacher as a member of the voice care team. "Voice Teachers are on the front lines

⁵³ Robert Sataloff, *Neurolaryngology* (San Diego, Plural Publishing 2017): 806

⁵⁴ Brian Manternach, *The Singer's Library: A Hybrid Profession: Singing Voice Rehabilitation Specialist*, *Classical Singer Magazine* July 1 2017, <https://www.csmusic.net/content/articles/the-singers-library-8/>.

⁵⁵ Manternach, "A Hybrid Profession."

of vocal health and absolutely play an essential role in identifying possible voice injury and making appropriate referrals.”⁵⁶ Her book discusses the emotional implications of vocal injury, includes targeted vocalises for rehabilitation, and covers helpful tips for pacing and daily health for professional voice users.

“Of Charlatans, Humbugs, and Pocketbooks: Advocacy of Standards, Education, and Certification for Voice Teachers in the Bulletin of the National Teachers of Singing, 1944-1954” published by Dr. Amelia Rollings in the *Voice and Speech Review* in November of 2019, gives a chronological footprint of the National Association of Teachers of Singing (NATS) organization from its inception. One of the initial reasons for its development in 1945 was “to rid the profession of charlatans and fakers.”⁵⁷ In order to do this, there needed to be some way to ensure that singing teachers had proper education of singing in order not to cause damage to singers. A committee was formed to facilitate the implementation of credentials which would verify the singing teachers’ knowledge and give validity to their methods. Coursework was developed in anatomy and physiology, acoustics, and various terminology as an educational platform for voice teachers and would set the standard for voice teachers throughout the country.

Once teachers understood what was involved in this examination that would verify their education on singing and pedagogy, teachers turned on the entire idea and thought it offensive. Many had substantial background in teaching and performance and

⁵⁶ Manternach, “A Hybrid Profession.”

⁵⁷ Amelia Rollings, “Of Charlatans, Humbugs, and Pocketbooks: Advocacy of Standards, Education, and Certification for Voice Teachers in *The Bulletin* of the National Association of Teachers of Singing, 1944-1954.” *Voice and Speech Review*, November 7, 2019, doi:10.1080/23268263.2020.1684630.

didn't feel the need to prove themselves to the organization. With this, membership plummeted and caused the entire NATS committee to rethink the importance of this task. The founders urged the membership to participate as education was imperative. Due to lost membership and revenue the certification never came to fruition and remains so to date.

There are many additional texts which discuss voice medicine, vocal therapy, and the emergence of voice science and evidence based vocal pedagogy. Although these texts are full of helpful information in educating the Singing Voice Specialist, they do not discuss the field directly and therefore have not been included in this literature review.

CHAPTER 4

EDUCATIONAL PROGRAMS FOR SINGING VOICE SPECIALISTS

Singing Voice Specialty is a relatively new designation in the field of voice science, or vocology. At this time there are no educational programs designated to specifically train Singing Voice Specialists. Those seeking to enter this field must put together an educational patchwork of sorts to gain the required knowledge of the field through obtaining multiple degrees. Initially Singing Voice Specialists were mostly voice teachers who had attained additional training via professional workshops, personal research, and clinical observations with Otolaryngologists and SLPs. As the area of Singing Voice Specialization has evolved, many voice teachers have sought additional education by pursuing a degree in Speech-Language Pathology in order to become licensed as a CCC-SLP.

Voice instructors who hold both a degree in vocal pedagogy and/or performance as well as Speech-Language Pathology has defaulted to the current model of Singing Voice Specialists for several reasons. The SVS now has degrees in both voice habilitation and speech rehabilitation. The licensure then provides credibility to their title, as well as the ability to file services through insurance. Julia Gerhard further explains in her article “A Review of Training Opportunities for Singing Voice Rehabilitation Specialists” that the training opportunities in this field are changing and multiplying. However, she continues by saying, “This is happening despite a lack of agreed on guidelines or an

accredited certification acknowledged by the governing bodies in the fields of speech-language pathology and voice pedagogy, The American Speech-Language Hearing Association (ASHA) and the National Association of Teachers of Singing (NATS) respectively.”⁵⁸ Gerhard lists University and private training programs, clinical experience opportunities, professional organizations and conferences offering continuing education, cross-training, and self-study as a means to gain additional education for work in this field. A few of the following programs are mentioned in this article as part of the growing educational options for those seeking this career. However, the first two programs mentioned in this chapter are newly implemented programs since the aforementioned article was published in 2015. These programs are specific to voice science and offer more medical information and clinical background than that of a Vocal Pedagogy degree.

University Programs

The University of North Texas College of Music implemented a program in 2018 which is the first of its kind, offering a Ph.D. in music with a concentration in performing arts health. This degree focuses on hearing, voice, musculoskeletal and psychological health of musicians and other performing artists.⁵⁹ The program is organized into three categories. Students spend approximately a third of their curricular hours focused on different aspects of performing arts health, while the other two categories are core music

⁵⁸ Julia Gerhard, “A Review of Training Opportunities for Singing Voice Rehabilitation Specialists.” *Journal of Voice*. 30, no. 3 (2015), 329.

⁵⁹ “UNT to offer world’s first music doctoral degree in performing arts health” University of North Texas, UNT News Service, January 9, 2018. <https://news.unt.edu/news-releases/unt-offer-world%E2%80%99s-first-music-doctoral-degree-performing-arts-health>

curriculum such as history and theory, and tools such as research, methodology and practicum/internship.⁶⁰

Lamar University in Beaumont, Texas has a newly developed Vocology Certification Program. The coursework consists of 18 credit hours mostly taken online with 6 hours of face to face instruction during a mandatory residency. Online coursework includes the following in sequence: Speech Anatomy and Physiology, Speech and Voice Science, Instrumental Voice Analysis, Auditory Perceptual Training, Pedagogy of Performance, Literature of Vocology, with the final two courses of Speaking Voice Habilitation and Performing Voice Habilitation being taken on-campus.⁶¹ The faculty of this program are members of PAVA (Pan American Vocology Association) who are instrumental in establishing a program to facilitate training for singing teachers who are seeking additional instruction in voice science. In an interview with Bruce McClurg, a student of the Vocology Certification program at Lamar, he revealed that the residency requirement is currently being reevaluated due to the Covid-19 pandemic and might also be offered online in the future. If so, the entire certification would be available online which would make the program more accessible. McClurg mentioned that it has been a rigorous, but well-structured program.⁶²

⁶⁰ Graduate Handbook, University of North Texas. Accessed June 8, 2020. <https://tcpah.unt.edu/handbook/ii-curricular-structure>

⁶¹ Vocology Certification Curriculum, Lamar University, Accessed on June 8, 2020. <https://www.lamar.edu/fine-arts-communication/speech-and-hearing-sciences/vocology-certificate-curriculum.html>

⁶² Bruce McClurg, phone interview with the author, May 27, 2020.

Ohio State University has a relatively new program, Singing Health Specialization, as designed by Dr. Scott McCoy in an effort to bridge gaps between music and healthcare. Dr. McCoy is the author of the pedagogical textbook *Your Voice: An Inside View*. He is also past president of NATS and NYSTA, a member of the American Academy of Teachers of Singing, and was very influential in the development of the Presser Voice Lab at Westminster Choir College before beginning the program at Ohio State. The program is integrated as a 16-credit hour supplement to the DMA program in voice or as a portion of a PhD in Speech and Hearing Science. “Courses are drawn from existing curricula in the sponsoring units, including a core of five required courses (11 credits). At least 5 additional credits from Music, and Speech and Hearing Science are selected in consultation with program advisors, based on degree plans, the student's background, and particular needs for competency.”⁶³

Another program offering a perspective on voice science is that of the Optional Emphasis in Singing Health through James Madison University in Harrisonburg, VA. This program is offered in addition to the graduate voice area requirements and necessitates 9 credit hours of Speech-Language Pathology prerequisites. This program integrates classes in acoustics measures, voice disorders and performance psychology. In addition to these classes, students participate in essential clinical observations at Rockingham Memorial Hospital Collaborative Voice and Swallowing Clinic.⁶⁴

⁶³ Singing Health Specialization, The Ohio State University, Accessed January 9, 2020, <https://music.osu.edu/future/areas/voice/sing-health>.

⁶⁴ Optional Emphasis in Singing Health, James Madison University, Accessed on June 8, 2020, https://www.jmu.edu/music/_files/singing-health-flyer.pdf.

Private Programs

Outside the parameters of the academic structure, there are several programs which offer additional information in anatomy and physiology of the voice. The National Center for Voice and Speech (NCVS) is a well-established organization founded by Dr. Ingo Titze. One of the initiatives that NCVS offers is the *Summer Vocology Institute* held annually at the University of Utah. The program offers three sessions each summer which address different subject areas of the program. Should the participant choose, up to 9 credit hours may be gained for these courses through the University of Utah as part of either the School of Music, Speech-Language Pathology or in Communication Sciences. These credits may be transferred to an existing program, as well as used for continuing education hours. When asked if this program was designed out of his proposal for such a degree program in 1991, Titze confirmed “that is what we are hoping to do, yes.”⁶⁵

NYSTA, the New York Singing Teachers Association, has developed an online arsenal of continuing education courses available to any teacher who is seeking more information on a particular subject within the field of voice pedagogy. Each subject offers an online video tutorial which is accessible on demand. Once all five courses have been completed and corresponding examinations have been passed, teachers may be awarded a title of Distinguished Voice Professional Certificate of Completion. However, as of June 2020 the program is being “revamped” specifically for an online platform in order to bring the latest pedagogical viewpoint to a wider audience.⁶⁶

⁶⁵ Dr. Ingo Titze, phone interview with the author, April 10, 2020.

⁶⁶ Professional Development Program, New York Singing Teachers Association, Accessed June 8, 2020, <https://nysta.org/professional-development-program/>.

PAVA, the Pan American Vocology Association, was developed in 2003 as an answer to the question posed with this document; education and certification specifically for the Singing Voice Specialist. “This was the whole purpose of starting a new professional organization,” states Dr. Titze, founder of the organization. PAVA is structuring a credential called a “Recognized Vocologist”, or PAVA-RV, which is the closest the area of Singing Voice Specialty has come to a certification process. “The current recommendations for the PAVA-RV credentialing process are a hybrid application that includes a portfolio demonstrating an applicant’s established profession and multi-disciplinary vocology experiences as well as an assessment of knowledge across the domains of vocology.”⁶⁷ Now that the committee has finalized what is to be included in the portfolio, board member Dr. Amelia Rollings confirms that the feasibility committee will now structure how the online education modules will be accessed and the portfolio is to be delivered for assessment.⁶⁸ In the coming years, PAVA is optimistic that their membership will have access to this credential and gain continued education in the field of voice science. It is the hope that this credential will be utilized to verify more voice pedagogues with additional experience and knowledge in the field of voice science, further recognizing the title of Singing Voice Specialist.

Gerhard’s article encourages readers to look for opportunities through specific organizations geared to voice science. Other possibilities for extended education and experience would be through a clinical observation or short-term training programs.

⁶⁷ Pan American Vocology Association, Board of Directors Report to Membership, October 16, 2016.

⁶⁸ Amelia Rollings, PhD., SVS., phone interview with the author, February 10, 2020.

Clinical observations may be obtained at a teaching hospital or voice clinic. Each hospital has a specific protocol for acceptance into the clinic and will usually require training on guidelines of confidentiality and hospital safety. Initial contact should be made through the clinician whom the participant would like to observe to verify proper scheduling and mentorship. This experience provides invaluable, practical knowledge of the field.

In Leda Scarce's *Manual for Singing Voice Rehabilitation: A Practical Approach to Vocal Health and Wellness*, several thoughts assist in providing parameters for the aforementioned educational platforms. "It is important to point out that although many of these are excellent programs for augmenting the knowledge typically gained in academic music or speech-language pathology programs, none are recognized by ASHA or state licensing organizations," states Scarce.⁶⁹ As for self-study, it is advised to use this as an additional source and not a sole form of continuing education in this field. "Your training may of course include this but should also incorporate course work from accredited academic programs, hands-on instruction in singing, observations of experienced professionals, and supervised experience in voice pedagogy and voice rehabilitation."⁷⁰

Future Education for Singing Voice Specialists

While interviewing experts within the field, each was asked if they see a potential pathway for a degree program for Singing Voice Specialists and how that might be structured. The responses varied among the experts, suggesting the need for an academic

⁶⁹ Leda Scarce, *Manual for Singing Voice Rehabilitation*, 5.

⁷⁰ Leda Scarce, *Manual for Singing Voice Rehabilitation*, 10.

environment that is home to both a major medical center and large music school. Several agree that it should be part of a cognate within a graduate vocal pedagogy degree, bringing in the necessary classes from speech pathology curriculum. “I think it would probably be part of a concentration within a degree,” states Anderson University Associate Professor of Voice Deedy Francis.⁷¹ “Possibly an arts medicine track within a pedagogy program,” suggests Singing Voice Specialist Deanna McBroom.⁷² “I could probably see [a degree program] before I can see the certification, per se, because I think there is more flexibility in that,” expresses Allen Henderson, Executive Director of the National Association of Teachers of Singing.⁷³

Stacey Menton, Speech-Language Pathologist, Singing Voice Specialist, and Instructor at Mayo Clinic in Jacksonville, FL proposes:

If there were some way to combine Speech Pathology, but only the voice realm of it...I feel you need to understand cranial nerves and the neurological underpinnings of how the voice works. I feel like most of [the current programs] lend more to becoming a Speech Pathologist, so I don't know if that is 100% necessary.

Dr. Chandler Thompson, also a Speech-Language Pathologist at the Mayo Clinic, expounds that future SVS education requires a “balance of vocal pedagogy, voice science and acoustic and aerodynamic measures that separate the speech-related measures and

⁷¹ Deedy Francis, phone interview with the author, May 26, 2020.

⁷² Deanna McBroom, SVS, phone interview with the author, February 13, 2020.

⁷³ Allen Henderson, DMA, phone interview with the author, April 9, 2020.

software from the singing-related software. There is certainly overlap, but the current speech-related software cannot measure singing.”⁷⁴

Vocologist Dr. Ingo Titze remains hopeful:

I think that is happening. It is slow because universities are careful about starting a new department and new programs. Here at the University of Utah, my colleague Lynn Maxfield is trying to start exactly that and we are now hoping to have a department level center which is called the Utah Center for Vocology. Within that we hope to develop Masters and Doctoral degrees in Vocology. This would be inclusive of the acting voice, the singing voice, and rehabilitation with the idea of then working with the Speech-Language Pathology [department] to get their CCC’s. That broad picture is being developed. Lynn Holding at USC is trying to get a program going, and people at Shenandoah University are working more with the CCM model. I think that universities will eventually have programs that will cover both rehabilitation and habilitation.

Yet Singing Voice Specialist Deanna McBroom makes several valid points that must be considered:

If the field is going to move to where a degree is required to be an SVS, then it is going to have ... to have enough students to do it and a placement for those students. An institution isn’t going to do that if they are going to end up with 6 students in a class. Then that is just not financially feasible. You’ve got to build a program where you are able to have a certain number of students, then you have to develop research opportunities for those students for advanced degrees; it’s a major commitment. There are so many considerations that have to be made. It is not an easy thing and not something that is financially viable even for a large university. What jobs will they go to? Where are you going to place these [students]? These things don’t exist unless they are built relationally.

As these important relationships are expanded both medically and musically, the discussion broadens to seek a wider platform to complete this task. As the current online climate is increasing due to Covid-19, Dr. Sharon Radionoff proposes a hybrid degree focused through the area of music education, bridging across several universities in order to receive the best training without having to have a “brick and mortar” building housing

⁷⁴ Chandler Thompson, DMA, MS, CCC-SLP, email interview with the author, March 30, 2020.

all faculty at one university. Radionoff expresses the need of four professionals to create a program: a medical physician, a SLP, a Singing Voice Specialist, and a voice scientist. One institution would confer the degree while the other portions are transferred from separate institutions where the faculty member is established.⁷⁵

An even larger issue explained by Dr. Amelia Rollings is the lack of a “unified curriculum” of the DMA program.⁷⁶ Some are heavier on performance than writing and vice versa, yet this is the terminal degree for a singer who wishes to teach in higher education. There is a serious lack of voice science and pedagogy within traditional DMA programs. Both Rollings and Henderson mentioned the Pedagogy Focus Group which is a group of approximately 50 voice teachers who have met to discuss “a [vocal] pedagogy curriculum [which] would be hopefully uniform across all programs, from undergraduate, masters, and doctoral level.”⁷⁷ Allen Henderson, Executive Director of NATS explains, “Until we get our hands and minds around that issue and straighten ourselves out from that standpoint, we might be getting the cart before the horse with the certification issue. Maybe not... but it takes us attacking the issues from a variety of fronts.”⁷⁸

Most are optimistic of what is to come within this field regardless of the current barriers. “I think you are going to find your major music schools as they have more and more faculty doing research in vocal health, I think that’s coming,” says McBroom. “With the development of the Performing Arts Medicine Association (PAMA) and the

⁷⁵ Sharon Radionoff, PhD., SVS, phone interview with the author, May 29, 2020.

⁷⁶ Rollings, phone interview.

⁷⁷ Rollings, phone interview.

⁷⁸ Henderson, phone interview.

interest in performing arts medicine, and the Voice Symposium, who knows what will happen down the road” says Francis.⁷⁹ This statement from Leda Scarce sums up the current efforts, “...the coming decades will see increasing educational opportunities for those who seek this specialized training, as well as clarification and specification of professional standards. It is indeed an exciting time to be part of this emerging profession.”⁸⁰

⁷⁹ Francis, phone interview.

⁸⁰ Scarce, *Manual of Singing Voice Rehabilitation*, 6.

CHAPTER 5

PAST, PRESENT, FUTURE

Many voice scientists and pedagogues have laid important groundwork for the designation of Singing Voice Specialist before such a title was established. Oren Brown, a professional singer and voice instructor at the Mannes School of Music and later The Juilliard School, was the first vocal pedagogue to partner with an otolaryngologist in an effort to provide therapies for vocal injuries.⁸¹ “[This] association propelled him to pursue education in aspects of vocal anatomy and medical diagnosis and treatments.”⁸² A lifetime of teaching and therapy culminated into his book *Discover your voice: How to develop healthy vocal habits* (1996).

Even earlier than this, Dr. Irving Wilson Voorhees, author of *Hygiene of the Vocal Organs* (1923), broached the subject of the team approach between singing teacher and physician in an article in *The Musical Quarterly* titled “Vocal Disabilities as Described by a Voice Physician.” Here Dr. Voorhees discussed the initial evaluation of a singer from a doctor’s perspective. He explained that much more is needed than just listening to a few bars of a song to understand a students’ voice.

It would be of everlasting benefit to all concerned if the teacher at his first interview with a pupil should ask for the cooperation of the laryngologist who has paid some attention to the voice problem, and secure from him a written report of

⁸¹ Claudel Callender, “The Vocal Legacy of Oren Brown,” *La Scena Musicale* 10, no. 3, (2004) <http://www.scena.org/lsm/sm10-3/owen-brown.htm>.

⁸² Sataloff. *Neurolaryngology*, 806

his findings including his opinion as to the possible development of the voice under certain natural physical handicaps which so often are joined with good talent.⁸³

It seems that Dr. Voorhees was a proponent in the specialization of the ENT field as he called attention to the “important area of the ever-widening field of the specialty known as ‘ear, nose, and throat.’”⁸⁴

Among the others to integrate voice science into vocal pedagogy were William Vennard with his text *Singing: The Mechanism and Technic* (1949), Herbert-Caesari and his book *The Voice of the Mind* (1951); and award-winning documentary *The Vibrating Larynx* (1960), a collaboration between Vennard and Dutch scientist Janwillem van den Berg. This groundbreaking work showed each part of the larynx - its musculature separately and within the laryngeal structure - and discussed the vibratory efforts on phonation, all using an excised larynx. As the voice is not an instrument you can see or directly touch, this documentary was revolutionary for pedagogues and students alike and provided a scientific understanding of the function of the vocal mechanism.

Many other voice pedagogues, researchers, scientists and physicians would continue to write works which merged the practice of the technique of singing with science. “In 1981, the term SVS was coined in the practice of Dr. Sataloff where the field was established as a full-time model within a medical practice.”⁸⁵ Sataloff knew the need of a Singing Voice Specialist in his practice and began collaborating with mezzo-soprano, Margaret ‘Peggy’ Baroody. She began an extended internship with Dr. Sataloff

⁸³ Irving Wilson Voorhees, “Vocal Disabilities as Described by a Voice Physician,” *The Musical Quarterly* 10, no. 1 (1924): 40.

⁸⁴ Voorhees, “Vocal Disabilities,” 50.

⁸⁵ Sataloff, *Neurolaryngology*, 805.

and his staff to better understand the needs of the injured voice and eventually became part of his voice care team. A pioneer in the field, Baroody has been a proponent in educating others as to the importance of the SVS and their position as part of the voice care team. Baroody has served on the board of the Voice Foundation and the Pan American Vocology Association and has been an active presenter on the topic internationally.

“We owe so much of the progress and development of this field to those early pioneers who were singing teachers willing to undertake this additional training and knowledge and figure out how to work in a medical context. At the time, there really were not people who had the dual background, or at least very few,” explained Scearce.⁸⁶

Present

Experts within the field were asked to discuss the current state of Singing Voice Specialization. “I think it has exploded” expressed Dr. Amy Rutt, Otolaryngologist at Mayo Clinic “but still only popular in certain [metropolitan] areas.”⁸⁷ “[Many] have never even heard of a Singing Voice Specialist. They don’t know what that job title means vs. someone who is a singing teacher or vocal coach. The more people that are aware of the subspecialty, the more job opportunities would be available,”⁸⁸ states Rutt. Several experts confirmed that most SVS’s are located in more metropolitan areas and

⁸⁶ Leda Scearce, MM, MS, CCC-SLP, phone interview with the author, June 5, 2020.

⁸⁷ Amy Rutt, DO, phone interview with the author, March 25, 2020.

⁸⁸ Rutt, phone interview.

are associated with large voice centers.⁸⁹ More rural areas are less likely to have an SVS on staff in a clinic and may not have one locally in order to refer a patient for services.

Experts agree that currently there are several models that have developed which perpetuates the SVS title. “It’s a mixed bag”, says Menton. Scarce explains, “one of the contexts in which it is used is someone who is working in a medical office or closely connected to a medical practice collaborating with a physician and SLP to work with singers.”⁹⁰ “Then there are also singing voice teachers who have in some way, shape, or form, gained additional knowledge teaching students with vocal pathologies.”⁹¹ Yet Scarce cautions using this pathway since “the nature of that is all across the map.”⁹² If the SLP is the preferred pathway for the SVS due to certification, some SLPs have very little knowledge of singing unless they have studied voice previously. “I feel like that is an equally unclear and potentially problematic scenario. Because there is no designated training program for this, anybody can say that [they are Singing Voice Specialists].”⁹³

Baroody explains,

I think there is a tremendous interest in this subject for a number of reasons. Interestingly one of the driving reasons in my experience is that singers get out into the singing world and realize they can’t necessarily make a living as a singer and they start teaching. Teaching is interesting, but not always as complete as they’d like. Then they take an interest in working with injured voices, and they want to get into the field. On the other side, what you’ve got, and maybe this is

⁸⁹ Rutt, Menton, McBroom, phone interviews.

⁹⁰ Scarce, phone interview.

⁹¹ Stacey Menton, CCC-SLP, SVS, phone interview with the author, March 25, 2020.

⁹² Scarce, phone interview.

⁹³ Scarce, phone interview.

where the history of it is important, is that you've got a subspecialty that has grown out of multiple disciplines. It has come from a result of a need for people that are experts in working with voice production to assist the medical world in enabling people to regain the use of their voice after some pathology or surgical intervention. It's the collaboration of multiple disciplines, including laryngology, speech pathology, voice science, and singing and acting pedagogy. Singers and actors have all contributed to the evolution of what we call the Singing Voice Specialist.⁹⁴

Dr. Thompson articulates "There are people out there who designate themselves as SVS. Since there is no real agreement between the SLP world and the singing teacher world, the designation is somewhat arbitrary and perhaps even misleading."⁹⁵

Future

Clarity of title

What is the title of this field? Taking a closer look at the future of Singing Voice Specialization, this is the first question. "Several folks have tried to formalize that a little bit more in the Singing Voice Specialist type of terminology, but we are still in the throes of truly trying to define what that term means. I think it means a lot of different things to different people. We are now still fully defining what that means," explains Henderson.⁹⁶

Amelia Rollings questioned: "Let me be clear, as a Singing Voice Specialist, are you talking about someone who works primarily with an ENT or an SLP to work on rehabilitation of injured voices through singing, or do you mean singing voice as just

⁹⁴Margaret Baroody, MM, SVS, phone interview with the author, April 11, 2020.

⁹⁵ Thompson, email interview.

⁹⁶ Henderson, phone interview.

voice teaching?”⁹⁷ This is precisely the current discussion; What does the title actually convey?

“I struggle with that term because it has become imprecise,” Scarce explains. “In fact, we have stopped using it in our clinic. The title that we use for the people who work with singers is *clinical Singing Voice Specialist*. I feel like at least that term implies working in a clinical context and having a clinical degree in SLP with licensed certification.”⁹⁸

“The Singing Voice Specialist is a term that I am not particularly fond of,” explains Titze. “It works in a clinic, but it doesn’t work outside of the clinic because a Singing Voice Specialist is a Singing Teacher, and a Singing Teacher is definitely a Singing Voice Specialist. But if you are working in a clinic where everybody has medical titles, then Singing Voice Specialist works. We have adopted the term vocologist because it doesn’t make that confusion.”⁹⁹

However, in favor of the title, Radionoff explains that since “Dr. Sataloff created the terminology and the team approach, shouldn’t he have some say about that title and who receives it?” Radionoff describes herself as a “trainer”, explaining “if you think about...Sports medicine, that is not far off from calling myself a ‘trainer.’ Some think that title doesn’t really encapsulate what an SVS really does, but we have to be so careful. We can’t say ‘therapist’, but the reality is we are more than a therapist.”

⁹⁷ Rollings, phone interview.

⁹⁸ Scarce, phone interview.

⁹⁹ Dr. Ingo Titze, phone interview with the author, April 10, 2020.

Certification

A lack of certification for voice teachers is a large piece of the puzzle that is needed to link these two professions together in order to facilitate a standard in the field. Several questions arise around the reasons a certification is needed. Some perceive a certification as a tool to “identify qualified professionals,” and “enhance credibility and prestige.”¹⁰⁰ Yet certification is required for professions which could potentially “result in personal harm for clients.”¹⁰¹ Included in the list of these professions are teaching and medicine - precisely the two professions which merge in this field. “Ideally, I think [Singing Voice Specialization] is something that becomes a certification that you hold through a larger organization like PAVA so that it is monitored,”¹⁰² suggests Menton.

As the only National organization for voice teachers, many see that NATS should be the organization under which a certification for voice instructors would fall. Amelia Rollings recounts the journey of NATS previously attempted certification in her article titled “Of Charlatans, Humbugs, and Pocketbooks: Advocacy of Standards, Education and Certification for Voice Teachers in The Bulletin of the National Association of Teachers of Singing, 1944-1954.”¹⁰³ In 1959, NATS formed the American Institute of Vocal Pedagogy (AIVP) which was to serve as a certification platform providing continuing education for voice teachers. The certification offered through Music

¹⁰⁰ Allen Henderson, *To Credential or not to Credential*, PAVA Inaugural Symposium, University of North Carolina, Greensboro, NC, 2015.

¹⁰¹ Rollings, “Of Charlatans, Humbugs, and Pocketbooks,”¹⁴

¹⁰² Menton, phone interview.

¹⁰³ Rollings, 15.

Teachers National Association (MTNA) was thought to have fulfilled this need. The program was disbanded in 1969 for financial reasons. These certification ideas were transformed into what has now become the structure of masters and doctoral degrees.¹⁰⁴

The MTNA offers a certification for private and collegiate teachers in the areas of flute, organ, piano, violin, and voice. The certification process takes a year to complete and encompasses developing a portfolio of projects including teaching philosophy, teaching videos, and studio policies. Once your portfolio is complete and certification has been granted, you are deemed a Nationally Certified Teacher of Music (NCTM). Recertification is required in order to show that the teacher remains educated, passionate, and current in the field.¹⁰⁵ MTNA offers an additional Teaching Specialist Certification which may be gained in two areas – Recreational Music Making (RMM) or Group Piano. This certification is granted one time with no recertification necessary.

MTNA is a well-established organization established in the 1960s with certification parameters already in place. Approximately 3,800 of its 22,000 members are NCTM certified. As Allen Henderson, president of NATS, explained in his presentation on credentialization to PAVA in 2015, “Data reveals that there has been no significant credibility increase outside the profession due to the NCTM certification. In addition,

¹⁰⁴ Rollings, 15.

¹⁰⁵ MTNA Certification, Music Educators National Association, Accessed on June 9, 2020, <https://certification.mtna.org/>

there is no data to prove that there has been significant economic benefit to those with the certification.”¹⁰⁶

Within this discussion, Henderson unravels the mounting costs of initial research to evaluate interest in such a certification, and the initial cost of developing and implementing the credential, not to mention the CEUs needed to keep all members current. There is a possibility even after such a large expenditure that there would not be enough participation to ensure a return on investment. “Building a certification program from the ground up in a profession that already has had hundreds of years of history is very complicated” Henderson admits.¹⁰⁷ Much of this research regarding cost and title identification has been done by PAVA within its initial determination of the need and structure of a certification or credential for its membership. Even if a certification was developed through NATS, MTNA or any other umbrella organization, there is no guarantee that insurance companies would acknowledge such a certification and authorize payment for SVS clinical services.

In Scarce’s opinion, “When I see that as part of someone’s business card or email, that doesn’t tell me anything about their background. It tells me more about how they see themselves.”¹⁰⁸

Will the field of Singing Voice Specialization ever see a certification? Experts are hopeful, revealing several ideas on how to undertake this task. “Optimally, if we can get

¹⁰⁶ Henderson, *To Credential or not to Credential*.

¹⁰⁷ Henderson, phone interview.

¹⁰⁸ Scarce, phone interview.

certification of voice teachers and then have a secondary certification of SVS,” explains Rollings.

“It’s complicated, but it can be done,” explains Baroody. “I’m a huge proponent of trying to find a way to have a year-long certification for singing teachers, but the question always comes up ‘how in the world would you do this?’ ASHA, which is a recognized organization is just getting around to having a voice specialization area. How are you going to get a Singing Voice Specialization for singing teachers in a world that doesn’t have a certification for singing teachers? It’s a huge project that someone needs to undertake.”¹⁰⁹

What is needed to propel the field of Singing Voice Specialization forward? Dr. Ingo Titze explained, “I think it requires three things:

1. Convincing the administrations at universities that this is important enough for them to promote and move along. That means also have on board the people who are department chairs in schools of Music, Theater, and Communication Sciences. Not every university has that passion yet, or even the people who have that passion - enough to excite the administrators.
2. The material has to be clearly identified as to what a practicing vocologist should know. We believe that they should have a broad knowledge base. They should know something about phonosurgery, behavioral treatment and the disorders that are related to voice, and they should know what is done in singing teaching, whether it is classical or commercial. They should also know something about animal vocalization. The broad picture should be there.
3. Finding the formal evaluation of whether a person should or shouldn’t carry a title or letters behind them.

It’s moving all three things along. In part they are being developed, but this takes a while.”¹¹⁰

¹⁰⁹ Baroody, phone interview.

¹¹⁰ Titze, phone interview.

Allen Henderson also addresses the “need for even stronger connections with the medical community. We’ve got to be more conversational with ENTs and laryngologists around the country about the needs of the singer and the singing teacher.” More needs to be explored as to “how we can build some strong partnerships that would create some demand for voice teachers to get more training in order to work or consult in an environment like that.” This would help them to “become a teacher that a laryngologist would trust for basic singing training – not just habilitation but rehabilitation as well.”¹¹¹

Peggy Baroody describes the consummate SVS:

I’d like to see a way for singing teachers who are interested in working with injured voices but who do not want to become Speech Pathologists to get training to do this. In order to do this, there is a consensus in the field of Singing Voice Specialists and laryngologists regarding the requirements for such a person.

At the very least a Singing Voice Specialist should be an experienced singing teacher even if they go on to become a Speech pathologist, preferably someone with at least an undergrad degree in vocal performance and pedagogy, and someone who has had real professional singing experience. That gives you a real understanding of what the demand is on high level singers. Experienced singing teachers have developed the ability to listen to the human voice to quantify what they are hearing and choose a course of action to correct or to change what they are hearing.

Scarce also itemizes the same necessary qualifications of an ideal SVS candidate and explains, “I see more and more people willing to undertake that pathway, so there are more people on the market that have that background.”¹¹² Should this become the mold by which Singing Voice Specialist is formed, a hybrid degree is needed to complete this formula. There are many for possibilities listed in this chapter which offer the needed education for an SVS, and some programs that could potentially bring a degree into

¹¹¹ Henderson, phone interview.

¹¹² Scarce, phone interview.

being. However, without a governing organization willing to house a certification program the progression of Singing Voice Specialization is at a standstill.

CHAPTER 6

SURVEY RESULTS

A survey was conducted of the general public in which 298 participants answered 10 questions regarding singing genre, education, and vocal health.

Initial Survey Results

Question 1: “Are you a singer?”

93.27% responded ‘yes’. 20 responders recorded an answer of ‘No’, yet most went on to indicate singing at some level. Only 1 respondent indicated an answer of ‘No’ and had no additional singing experience.

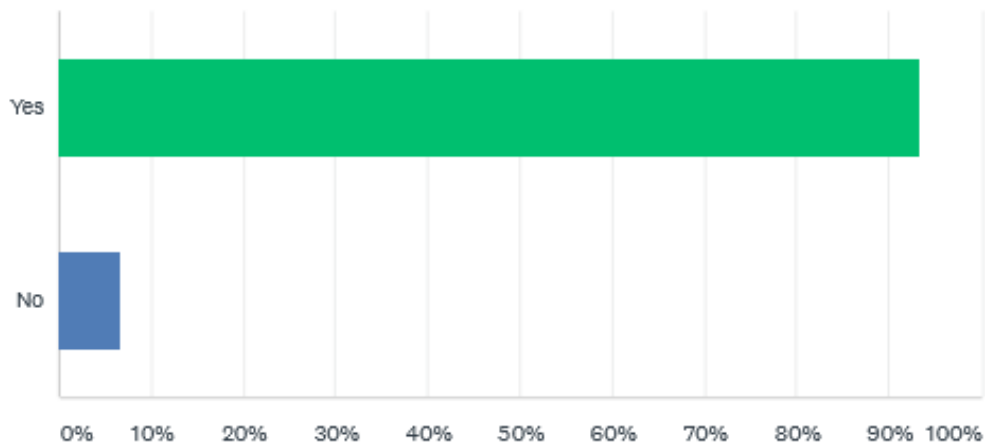


Figure 6.1 Survey Question 1

Question 2: “If so, which of the following best describes you?”

45.99% self-identified as a professional singer, 20.91% self-identified as a collegiate singer, 16.72% self-identified as an active novice singer, and 4.18% self-identified as a high school singer. 11 participants declined to answer this question.

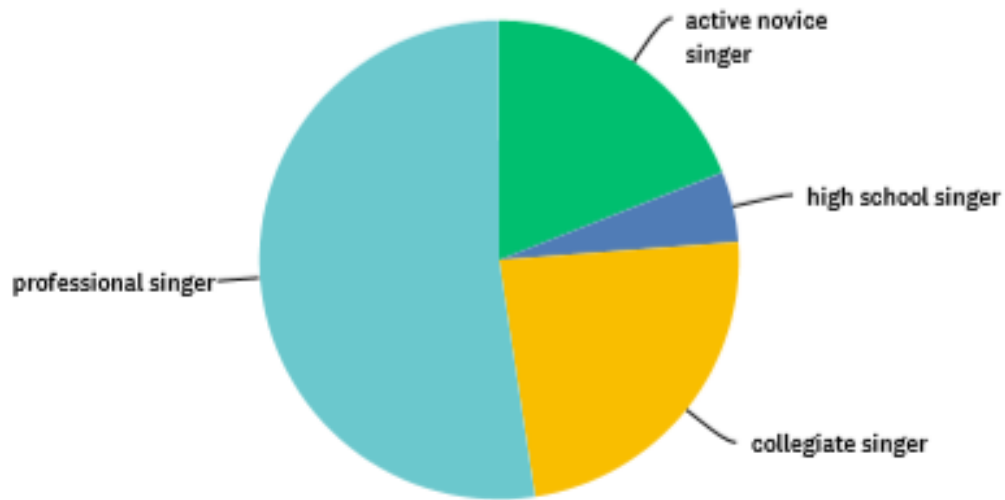


Figure 6.2 Survey Question 2

Question 3: “What kind of music do you sing most often?”

30.95% indicated classical/opera, 21.77% indicated choral literature, 20.75% indicated praise and worship, 13.27% indicated musical theater, and 8.16% indicated pop/rock. 4 participants declined to answer this question. It was brought to the attention of the researcher after administering the survey that ‘jazz’ was inadvertently omitted from the list of genres which could account for the 4 remaining participants.

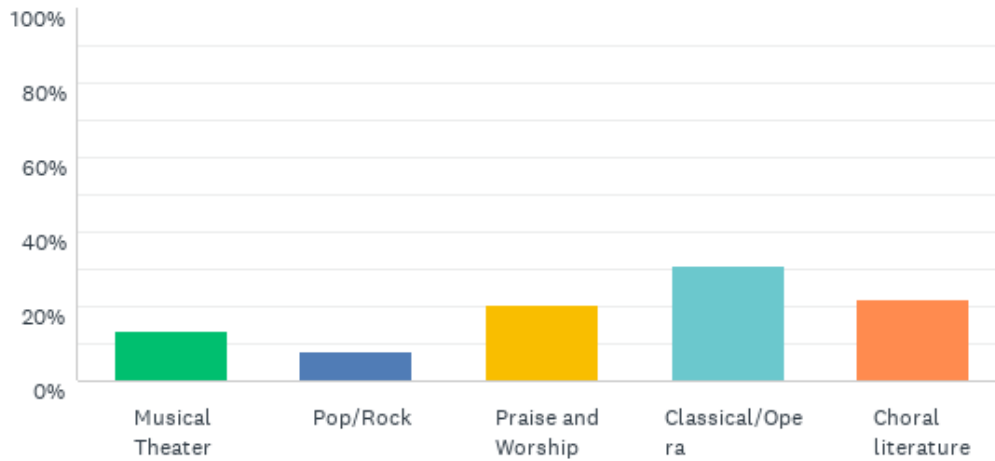


Figure 6.3 Survey Question 3

Question 4: “Have you had formal singing/voice training?”

84.9% responded ‘yes’ and 15.1% responded ‘no’.

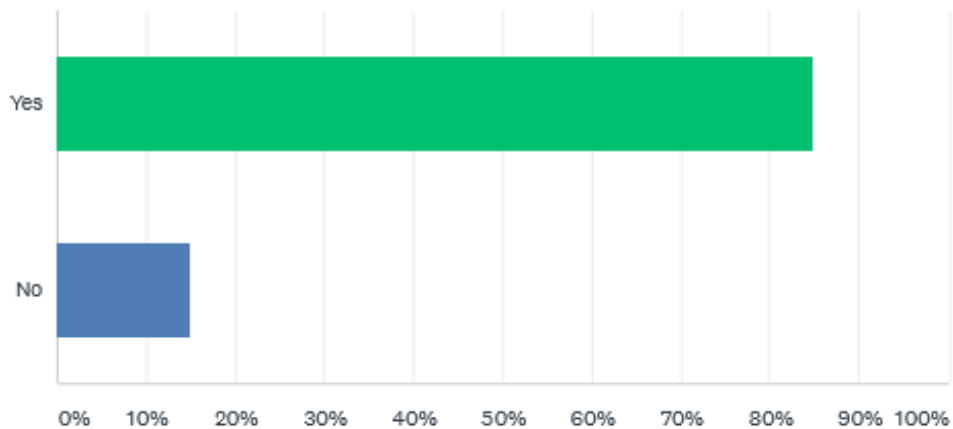


Figure 6.4 Survey Question 4

Question 5: “If yes, how long have you studied?”

6.96% indicated ‘0’ years of study, 4.4% indicated less than a year of study, 16.12% indicated 1-5 years of study, 36.63% indicated 5-10 years of study, 19.78% indicated 10-20 years, and 16.12% indicated over 20 years of study.

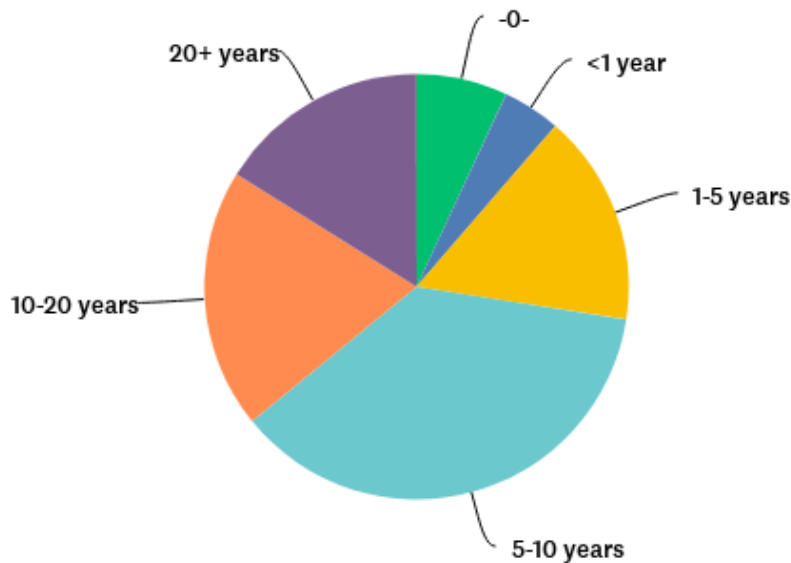


Figure 6.5 Survey Question 5

Question 6: “Have you ever experienced the following: hoarseness, laryngitis (loss of voice), or vocal fatigue?”

76.51% reported having experienced vocal fatigue, 68.46% reported having experienced hoarseness, and 53.02% reported having experienced laryngitis or complete loss of voice. Upon further review of this data, 59% reported having experienced both hoarseness and vocal fatigue, 44% have experienced both laryngitis and vocal fatigue, and 40% reported having experienced hoarseness, laryngitis, and vocal fatigue. Only

9.06% reported having never experienced hoarseness, laryngitis, or vocal fatigue.

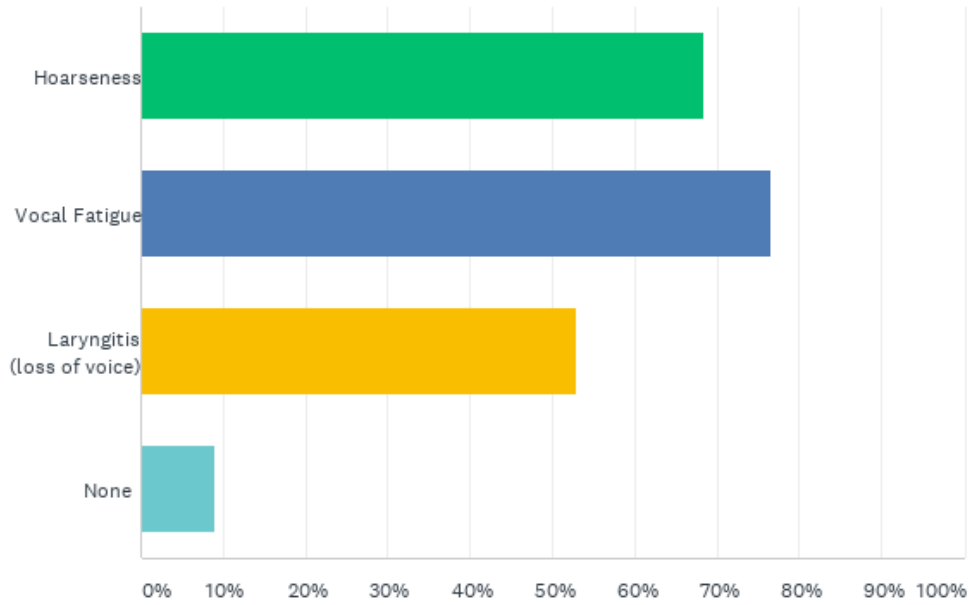


Figure 6.6 Survey Question 6

Question 7: “Have you ever experienced a vocal injury?”

19.8% responded ‘yes’ and 80.2% responded ‘no.’

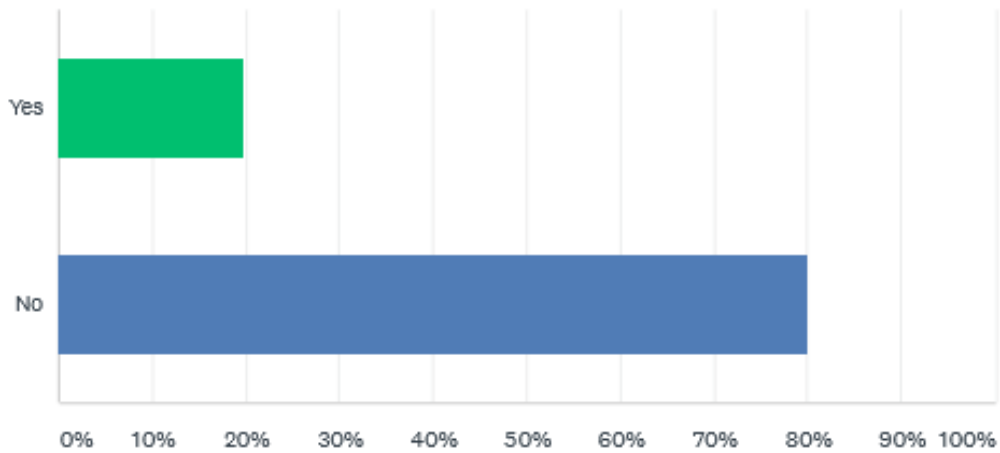


Figure 6.7 Survey Question 7

Question 8: “If yes, did you participate in any of the following?”

12.85% reported as having received voice therapy with a Speech-Language Pathologist, 2.08% reported as having Phonosurgery with subsequent voice therapy with a Speech-Language Pathologist, 1.39% reported as having surgery only with no subsequent voice therapy, and 4.17% reported as having received a diagnosis but choosing not to participate in either surgery or voice therapy. 80.2% responded ‘N/A’ which aligns with the previous question, however 4 participants who previously indicated as having experienced a vocal injury declined to answer this question.

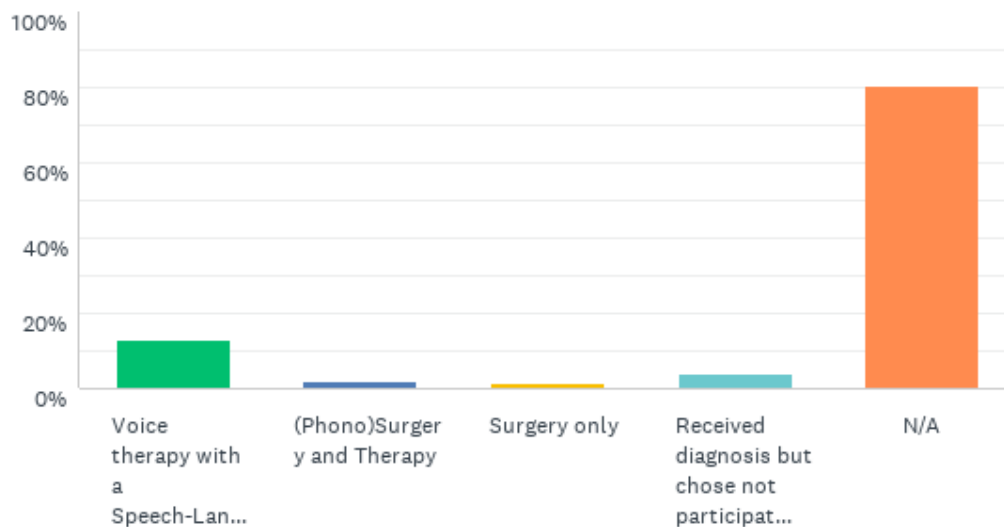


Figure 6.8 Survey Question 8

Question 9: “Upon completion of surgery or therapy, did you seek voice instruction from...”

11.6% indicated seeking instruction from a private voice instructor, 2.73% indicated seeking instruction from a Singing Voice Specialist, and 6.14% indicated

seeking no additional vocal instruction. 79.52% indicated an answer of ‘N/A’, however one participant declined to answer the question which would account for the slight decrease in non-injured participants aligning again with questions 7 and 8.

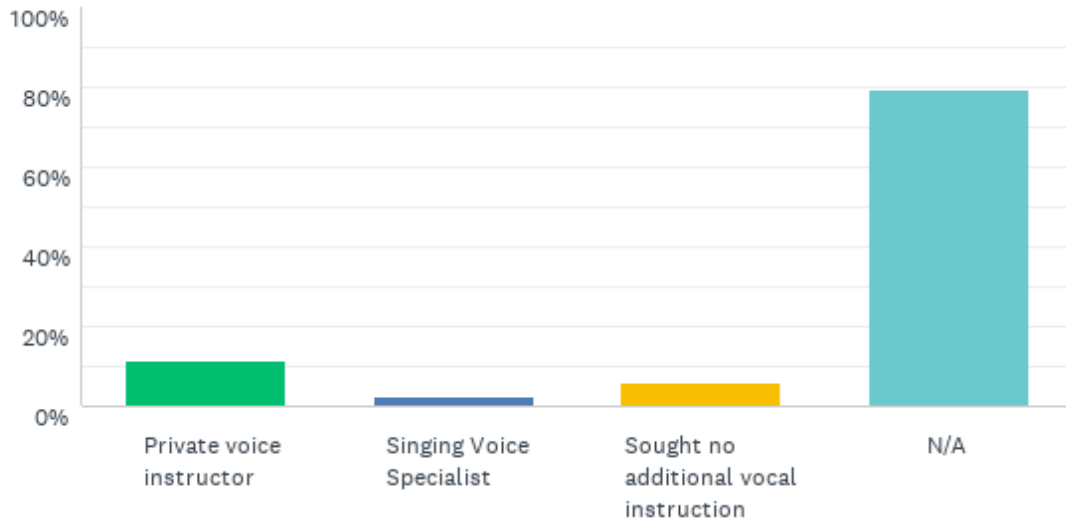


Figure 6.9 Survey Question 9

Question 10: “Have you ever heard of a Singing Voice Specialist?”

43.96% indicated ‘yes’ while 56.04% indicated ‘no’.

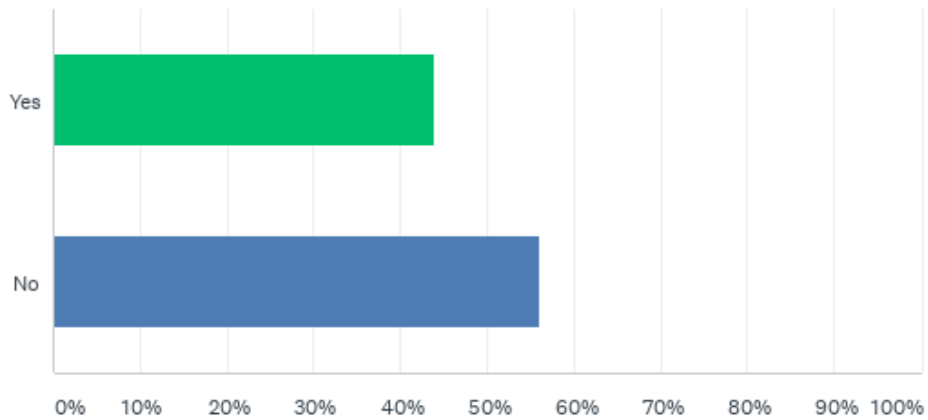


Figure 6.10 Survey Question 10

Survey Results of Injured Singers

When further analyzing the data, 59 singers responded having experienced a vocal injury. Of these 59, 17 participants are classical/opera singers (28.8%), 11 participants are choral singers (18.64%), 14 participants are praise and worship singers (23.72%), 9 participants are musical theater singers (15.25%), 5 participants are pop/rock (8.49%), and 3 participants indicated 'other' (5%).

Of the 298 participants, 39 (13.8%) participants were professional singers who reported having experienced a vocal injury. Of these 39, 24 (61.53%) reported participating in voice therapy with a Speech-Language Pathologist. Of those 24 professional singers who participated in voice therapy with a Speech-Language Pathologist, 2 (8.3%) identified as choral singers, 9 (37.5%) identified as classical singers, 6 (25%) identified as musical theater singers, 3 (12.5%) identified as pop/rock singers, 3 (12.5%) identified as praise and worship singers, and 1 (4.16%) identified as 'other'. 15 (62.5%) of these 24 participants have heard of a Singing Voice Specialist and 5 (20.8%) actually sought assistance from a Singing Voice Specialist upon completion of therapy. Of these 15, 4 (26.6%) participants have studied professionally for 10-20 years, 8 (53.3%) have studied for twenty years or more, 3 (20%) have studied for 5-10 years.

Of the 39 professional singers reported having experienced a vocal injury, 3 (7.7%) reported participating in Phonosurgery and therapy. 1 (2.56%) identified as a classical/opera singer, 1 (2.56%) identified as a pop/rock singer, and 1 (2.56%) identified as a praise and worship singer. Of these 3 professional singers, 2 have heard of a Singing Voice Specialist. Both are veteran singers having studied formally for over ten years, and

the other for over twenty years. One sought additional assistance from a Singing Voice Specialist upon completion of therapy.

Of the 39 professional singers reported having experienced a vocal injury, 2 (5.13%) singers participated in only phonosurgery without the subsequent speech therapy. Of these 2 singers, both identified as classical/opera singers and have heard of a Singing Voice Specialist. Neither of them sought assistance from a Singing Voice Specialist after surgery, however one sought assistance from a private voice instructor.

Of the 39 professional singers reported having experienced a vocal injury, 6 (15.38%) singers received a diagnosis but chose not to participate in phonosurgery or therapy. 2 (5.13%) of the participants identified as choral singers, 1 (2.5%) identified as a classical/opera singer, 1 (2.5%) identified as a musical theater singer, 1 (2.5%) identified as a praise and worship singer, and 1 (2.5%) identified as 'other'. 2 (5.13%) of these singers have heard of a Singing Voice Specialist. 3 (7.7%) of these singers sought additional private voice instruction after diagnosis, and none of them sought assistance from a Singing Voice Specialist.

Of these 39 professional singers reported having experienced a vocal injury, 23 (58.97%) of these singers sought assistance from a private voice instructor, 6 (15.38%) of these singers sought assistance from a Singing Voice Specialist, and 5 (12.8%) of these singers reported seeking no additional assistance. 9 (23.07%) of the 39 professional singers who have reported experiencing a vocal injury have not heard of a Singing Voice Specialist.

Of the 5 active novice singers reported as experiencing a vocal injury, 1 (20%) reported participating in voice therapy with a Speech-Language Pathologist. This participant is a musical theater singer with 5-10 years of voice training. This singer did not see a Singing Voice Specialist but did seek instruction from a private voice instructor. Only 1 (20%) active novice singer reported participating in Phonosurgery and therapy. This participant is a praise and worship singer and sought no additional instruction after surgery and therapy. Only 1 (20%) active novice singer reported participating in phonosurgery only. This participant is a praise and worship singer and sought additional assistance from a Singing Voice Specialist. Two of the active novice singers declined to answer this question. Of the active novice singers who reported as having a vocal injury, 1 (20%) sought assistance from a private voice instructor, 1 (20%) sought assistance from a Singing Voice Specialist, and 2 (40%) sought no additional vocal instruction.

Of the 9 collegiate singers who reported having experienced a vocal injury, 5 (55.5%) participated in voice therapy with a Speech-Language Pathologist. Of these 5 singers, 2 (40%) identified as choral singers, 2 (40%) identified as classical/opera singers, and 1 (20%) identified as a praise and worship singer. Only 1 (20%) collegiate singer reported having phonosurgery and subsequent speech therapy. This participant is a choral singer. None of the collegiate singers reported as having phonosurgery only. One (20%) collegiate singer received a diagnosis but chose not to participate in therapy or phonosurgery. This participant is a choral singer. Of these 9 collegiate singers, 3 (33.3%) sought assistance from a private voice instructor, none sought assistance from a Singing Voice Specialist, and 3 (33.3%) sought no additional assistance.

Of the 2 high school singers who reported having experienced a vocal injury, neither participated in voice therapy with a Speech-Language Pathologist or phonosurgery. These singers sought no additional voice instruction upon vocal injury.

Survey Results by Category

Of the 298 participants, 131 (43.96%) participants reported as having heard of a Singing Voice Specialist. Of those participants, 47 (35.87%) identified as classical/opera singers, 24 (18.32%) identified as praise and worship singers, 21 (16.03%) identified as choral singers, 16 (12.21%) identified as musical theater singers, 14 (10.68%) identified as pop/rock singers, and 7 (5.34%) identified as ‘other’. Of the 131 participants, 68 (51.9%) are professional singers, 25 (19.08%) collegiate singers, 15 (11.45%) are active novice singers, and 5 (3.81%) are high school singers. 8 (6.1%) of these singers reported as having less than one year of formal voice instruction, 2 (1.52%) participants reported as having one year or more of study, 17 (12.97%) participants reported as having between one and five years of formal voice instruction, 45 (34.35%) participants reported as having five to ten years of professional voice instruction, 30 (22.9%) participants reported as having studied ten to twenty years, and 24 (18.32%) participants reported as having twenty years or more of professional study.

Out of the 298 participants, 253 (84.9%) singers reported as having received formal singing/voice instruction. Of these 253 trained singers, 90 (35.57%) identified as classical/opera singers, 58 (22.9%) identified as choral singers, 40 (15.8%) identified as praise and worship singers, 36 (14.2%) identified as musical theater, 17 (6.7%) identified as pop/rock, and 10 (3.95%) identified as ‘other’. Of these 253 singers who have received

formal singing/voice training, 52 (20.5%) singers have reported as having experienced a vocal injury. 26 (50%) of these singers reported having heard of a Singing Voice Specialist.

Of the 298 participants, 45 (15.10%) singers reported as having received no formal voice instruction. Of these 45 singers, 21 (47%) of these singers identified as praise and worship singers, 7 (15.5%) identified as pop/rock singers, 6 (13.3%) identified as choral singers, 3 (6.7%) identified as musical theater singers, 5 (11.1%) identified as 'other', and 1 (2.22%) identified as a classical/opera singer. Of these 45 singers reported as having received no formal voice instruction, only 3 (6.7 %) have reported vocal injury. 13 (28.8%) of these singers reported as having heard of a Singing Voice Specialist.

Of the 67 professional singers who have reported having formal voice instruction and have heard of a Singing Voice Specialist, 3 (4.47%) singers have had 1-5 years of formal voice instruction, 20 (29.85%) singers reported as having 5-10 years of formal instruction, 21 (31.34%) singers reported as having 10-20 years of formal voice instruction, and 22 (32.8%) singers reported as having formal voice training for 20 years or more.

Concluding Evidence

The survey results reveal that the majority of singers who have heard of a Singing Voice Specialist have had formal voice study of 5 or more years. The data shows that the singers who sustained vocal injury are from a variety of genres. The percentage of vocal injuries reported by professional singers are higher than that sustained by novice singers. The percentage of injuries sustained was highest in classical/opera singers and lowest in

pop/rock singers. Out of 131 (43.96%) participants reported as having heard of a Singing Voice Specialist, only 7 (5.34%) reported as actually having worked with a Singing Voice Specialist.

The survey results confirm that there is a great need to educate singers and doctors alike as to the importance of the Singing Voice Specialist. If Otolaryngologists are more informed of this crucial step for the injured singer, a possible increase in partnerships between SVS's and clinical voice teams might occur.

CHAPTER 7

CONCLUSION

The initial questions presented by the researcher:

- Why hasn't a structured educational degree program been implemented?
- Why isn't there a certification in place for a SVS like a SLP?
- Why has this taken so long?

These questions still remain somewhat active, however this research holds many of those answers. Dr. Titze summarizes, "It is all moving, but you are right. It's been 30 years and people are wondering if anything is ever going to be formally there."¹¹³ We can surmise from this document that these questions are still relevant, yet the roadblocks have been identified:

- a lack of certification/credentialization
- a lack of a formalized degree program.

Might MTNA be an organization that could host a Singing Voice Specialist Certification, possibly as part of the Teaching Specialist Certification? Might PAVA RV become an authorized tool for credentialing the SVS? Might NATS partner with another organization in order to facilitate this much needed certification? In short, no credential will guarantee that a teacher is good at teaching singing, just as a certification doesn't

¹¹³ Titze, phone interview.

ensure that a doctor won't make a mistake. However, the implementation of a structured degree program offering the subjects as suggested by the experts interviewed in this document would be an initial step in bridging this incredibly important gap.

As so eloquently expressed by Peggy Baroody, “The thing I take hope in, and what I am appreciative of, is the influence that all of this collaboration has had on vocal pedagogy. I am looking at a class of 12 singers who 20 years ago would not have received the understanding and the information that they are getting now. As they go into the world as singers and teachers, if nothing else, all of this interest has influenced and raised the bar on teaching singing. I think that is a great thing!”¹¹⁴

Upon completion of this document, further research is needed in the following areas:

- More research of targeted audiences such as NATS, ACDA, NYSTA, etc. for greater understanding and interest in this field.
- Evaluation of those who know of Singing Voice Specialists and see better how to target the population in need of this service.
- Once a title is firmly established, development of a comprehensive roster of Singing Voice Specialists by region/location.

Looking across the history of the field of Singing Voice Specialization there is great anticipation at how this profession will continue to develop. The voice is the main pathway of communication. Singing is an exceptional tool for this communication, and a precious one. As long as there are singers – no matter the genre or years of experience,

¹¹⁴ Baroody, phone interview.

and voice teachers with the passion to assist singers at a most crucial time – injury, there will be a need for the Singing Voice Specialist.

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APPENDIX A

SINGING VOICE HANDICAP INDEX ASSESSMENT FORM

SINGING VOICE HANDICAP INDEX

Name: _____ Date: ___/___/___

Instructions: These are statements that many people have used to describe their voices and the effects of their voices on their lives. Check the response that indicates how frequently you have the same experience.

(0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

F1	It takes a lot of effort to sing.	0	1	2	3	4
P2	My voice cracks and breaks.	0	1	2	3	4
F3	I am frustrated by my singing.	0	1	2	3	4
P4	People ask "What is wrong with your voice?" when I sing.	0	1	2	3	4
F5	My ability to sing varies day to day.	0	1	2	3	4
F6	My voice "gives out" on me while I am singing.	0	1	2	3	4
E7	My singing voice upsets me.	0	1	2	3	4
F8	My singing problems make me not want to sing/perform.	0	1	2	3	4
E9	I am embarrassed by my singing.	0	1	2	3	4
P10	I am unable to use my "high voice."	0	1	2	3	4
F11	I get nervous before I sing because of my singing problems.	0	1	2	3	4
F12	My speaking voice is not normal.	0	1	2	3	4
P13	My throat is dry when I sing.	0	1	2	3	4
P14	I've had to eliminate certain songs from my singing/performance.	0	1	2	3	4
E15	I have no confidence in my singing voice.	0	1	2	3	4

F16	My singing voice is never normal.	0	1	2	3	4
P17	I have trouble making my voice do what I want it to.	0	1	2	3	4
P18	I have to "push it" to produce my voice when singing.	0	1	2	3	4
F19	I have trouble controlling the breathiness in my voice.	0	1	2	3	4
P20	I have trouble controlling the raspiness in my voice.	0	1	2	3	4
P21	I have trouble singing loudly.	0	1	2	3	4
F22	I have difficulty staying on pitch when I sing.	0	1	2	3	4
E23	I feel anxious about my singing.	0	1	2	3	4
E24	My singing sounds forced.	0	1	2	3	4
E25	My speaking voice is hoarse after I sing.	0	1	2	3	4
P26	My voice quality is inconsistent.	0	1	2	3	4
E27	My singing voice makes it difficult for the audience to hear me.	0	1	2	3	4
E28	My singing makes me feel handicapped.	0	1	2	3	4
E29	My singing voice tires easily.	0	1	2	3	4
E30	I feel pain, tickling, or choking when I sing.	0	1	2	3	4
E31	I am unsure of what will come out when I sing.	0	1	2	3	4
E32	I feel something is missing in my life because of my inability to sing.	0	1	2	3	4
E33	I am worried my singing problems will cause me to lose money.	0	1	2	3	4
E34	I feel left out of the music scene because of my voice.	0	1	2	3	4

Please circle the words that match how serious you feel your voice problem is:

No Problem Mild Problem Moderate Problem Severe Problem

On a scale of 1-10, with 1 being least talkative and 10 being most talkative, how would you rate yourself?

1 2 3 4 5 6 7 8 9 10

APPENDIX B

IRB PROPOSAL AND APPROVAL LETTER

Study Title: The Singing Voice Specialist: An Essential Bridge Between Two Worlds

Principal Investigator Name: Rebecca Loar

Faculty Mentor: Dr. Ana Dubnjakovic

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A. ABSTRACT:

It is the intention of this study to show the increasing need for Singing Voice Specialists as a viable part of a professional voice care team, familiarize singers with this resource, and expand the prominence of this field. This study will seek to show field advancement for Singing Voice Specialists in curriculum offerings, credentialing possibilities through organizations established for voice science education, possible certification programs to facilitate such a title, as well as identify associations that are

directly affecting the possibility of targeted work in singing voice specialty. Interviews will be facilitated with Otolaryngologists, Speech Language Pathologists, current Singing Voice Specialists, and voice teachers discussing the future of this designation, and the needed steps to propel this profession forward.

B. SPECIFIC AIMS/HYPOTHESIS:

The Harvard Medical School recently published an article which explained the most common vocal disorders, their symptoms, and possible treatment options. Common vocal fold disorders include vocal cord nodules, vocal cord polyps, contact ulcers, and laryngitis. A study was recently published in the *Journal of Voice* titled “The Impact of Vocal and Laryngeal Pathologies on Professional Singers,” which concluded that “professional singers are at an increased risk of laryngeal pathologies and symptoms associated with vocal misuse and overuse, particularly hoarseness, gastroesophageal reflux disorder (GERD), edema, and polyps.” With increased risk in this profession, there is an increase for the need of specified treatment for singers. However, retrieving accurate data on the number of singers that have experienced pathologies is not possible. Many singers will not report a problem of hoarseness or laryngitis to a doctor if it can be handled at home quietly. The stigma of a vocal problem among musicians carries a psychological weight that cannot be understood by the average person. This topic and its results are out of the scope of this paper but are worth mentioning here to support the need for Singing Voice Specialists. SVS need to have not only an extended medical background but an understanding of the psychological impact on a singer while they are going through treatment and rehabilitation.

There are a number of sources written about the care of the singing voice through the *Journal of Singing* and *Journal of Voice* just to name a few, some of which have specifically discussed singing voice specialty. However, there are no new writings to discuss the advancements in certifications and credentialing in the field of vocal pedagogy. The new credential being developed through the Pan American Vocology Association, and newly immersing Arts Medicine degrees now offered will directly impact the advancement of the singing voice specialist.

C. BACKGROUND AND SIGNIFICANCE:

Dr. Robert Sataloff describes Singing Voice Specialists as “singing teachers who have acquired extra training to prepare them for work with injured voices, in collaboration with a medical voice team. They are indispensable for singers.” The Voice Foundation’s website simply states; “The *singing voice specialist* is a *singing* teacher with special training equipping him or her to practice in a medical environment with patients who have sustained *vocal* injury. Most *singing voice specialists* have a degree in *voice* performance or pedagogy. Some have extensive performing and teaching experience, but without a formal academic degree. Nearly all have professional performance experience, as well as extra training in laryngeal anatomy and physiology of phonation, training in the rehabilitation of injured voices, and other special education.”

Many singers suffer with voice disorders at some point in their career. The first line of defense is most often an Otolaryngologist or Ear, Nose and Throat (ENT) doctor for a diagnosis. After the diagnosis, the patient is often referred to a Speech Language Pathologist (SLP) for rehabilitation. Once they have completed the designated sessions with the SLP, they are released from care. For the average person, this level of care is

adequate and performs the tasks established in the patient plan of care. However, when the patient is a singer, the care must continue far after speech therapy in the medical setting. Once a singer returns to voice instruction after an injury, the instructor needs to have additional pedagogical information to manage instruction for a recovering singer. If the singer is not currently studying, the patient should be referred to a singing voice specialist as part of their voice care team.

Much has been written about vocal pedagogy and teaching the injured singer, yet there is still not a determined path that can lead someone to enter this field. Since 1984 there have been discussions of the designation of a singing voice specialist. Dr. Sataloff is the first to have suggested such a title, even developing an Arts Medicine degree for such a profession, however this program was never implemented. Since then, many have discussed different certifications and degree programs in order to facilitate education in this area, yet none had been adopted until now. In 2018, the University of North Texas finally opened the world's first PhD program in Arts Medicine with emphasis on the science of the health of the performing artist. "We need to get the knowledge out there that musicians need to protect their bodies. In the case of vocalists, they need to know how to prevent overuse, misuse and abuse of their voices." Along with Ohio State University's Singing Health Specialization, this allows for new, more specified education. This area of study is gaining traction, but is it enough to propel the field forward? Will these programs offer a targeted education which will funnel voice instructors into this career path? Will those who are looking for this career still piece together a program on their own or seek this more specialized curriculum?

In preparation for this project, questions have been informally asked of doctors, Speech Language Pathologists and voice teachers alike. Most questions have been met with interest yet no answers, with the exception of Speech Language Pathologists – perhaps because this profession flies too closely to their nest. Singing voice specialty is a thin veil between the uncertified musical world of vocal pedagogy and the certified medical world of speech language pathology.

In this document, a brief history of vocology along with an outline of the literature specifically discussing the legacy of this designation will be included. In addition, interviews with Otolaryngologists, Speech Language Pathologists, Singing Voice Specialists, and voice professors – all of whom are leaders in their field – will discuss the current state of this designation and what they see are the needed next steps in order to further growth in this field.

D. RESEARCH DESIGN, METHODS & DATA ANALYSIS:

Research for this project will be comprised of 30-45 minute interviews with Otolaryngologists, Speech Language Pathologists, current Singing Voice Specialists, and voice teachers to discuss the current state of the field, adequacy of current educational programs, future curriculum needs, and the necessary steps to advance the profession.

In addition, an anonymous survey will be administered to singers. Data will be analyzed to see how many singers are familiar with this career path, the number of singers who have suffered an injury, and whether they had known access to a Singing Voice Specialist after rehabilitation.

E. HUMAN SUBJECTS:

1. Target Population

Interview: Voice Care professionals that are experts in the field to provide credible information as to current state of the field of Singing Voice Specialty.

Survey: The target populations are all professional voice users, professional singers, and teachers of singing. Since the aim of the study is to examine all voice users, potentially with injuries, all will be used in the study.

2. Recruiting Plans: A survey will be sent out to voice teachers and singers, as well as accessed and shared via social media.

3. Existing Data/Samples: No existing data will be used in this study.

4. Consent/Assent: Consent will be received via email prior to interview. Verbal consent to record interview will be attained before interviews are completed. Participation in online survey is voluntary.

5. Potential Risks: There are no known risks involved in participating in this research. No identifying data are collected in this survey.

6. Potential Benefits: It is the intention of this study to show the increasing need for Singing Voice Specialists as a viable part of a professional voice care team, familiarize singers with this resource, and expand-the prominence of this field. This study will seek to show field advancement for Singing Voice Specialists in curriculum offerings, credentialing possibilities, as well as identify associations that are directly affecting the possibility of targeted work in singing voice specialty.

7. Confidentiality: Data collected via general survey will be anonymous (i.e. no identifying characteristics information will be kept).

However, field experts will be identified to add credibility to the research, and transcriptions of their personal interviews will be included within the document. By agreeing to participate, the expert agrees to have your identity disclosed along with their answers and will be featured in the document as an expert in their field.

8. Compensation: Participants will receive no compensation.

9. Withdrawal: Participants can withdraw from survey or interview process at any point without any consequences.

F. REFERENCES/LITERATURE CITATIONS: (see Bibliography)

G. APPENDIX:

Interview questions:

1. What do you feel is the current state of the field of Singing Voice Specialty?
2. How do you feel about the adequacy of current educational programs?
3. What are the future curriculum needs for Singing Voice Specialists?
4. What are the necessary steps to advance the profession?

Interview Invitation and Consent:

My name is Rebecca Loar and I am currently a doctoral student in the Music Department at the University of South Carolina. I am conducting a research study as part of the requirements of my degree in Voice Performance, and I would like to invite you to participate. This study is sponsored by the School of Music.

I am studying Singing Voice Specialists and the current development of the field. Should you decide to participate, you will be asked to participate in a personal interview. Your expertise in the field will add great value to the topic at hand. By agreeing to

participate, you agree to have your identity disclosed along with your answers. You will be featured in this document as an expert in your field.

In particular, you will be asked questions about the current state of the development of the field of Singing Voice Specialty, the necessary training to work with injured singers, and educational programs to facilitate this designation. If you feel uncomfortable answering some of the questions, you do not have to answer any questions that you do not wish to answer. The interview will take place via phone and should last about 30-45 minutes. The interview will be audiotaped so that I can accurately transcribe what is discussed. The recordings will only be reviewed by members of the research team and destroyed upon completion of the study.

You will receive no compensation for participating in the study. We will be happy to answer any questions you have about the study. You may contact me at (772) 538-8756 or via email at rloar@email.sc.edu or my research advisor Dr. Ana Dubnjakovic, (ana@mailbox.sc.edu).

Thank you for your consideration. If you would like to participate, please follow the link to the survey.

With kind regards,

Rebecca Loar

(772) 538-8756

rloar@email.sc.edu

Contact: Rebecca Loar, (rloar@email.sc.edu) phone: (772) 538-8756

Demographic information/survey questions:

1. Are you a singer?
2. If so, are you an undergraduate, graduate or professional singer?
3. Have you had formal singing training?
4. If so, how long did/ have you studied?
5. What style of music do you sing most often? (Classical, jazz, CCM, Musical Theater)
6. Have you ever experienced a vocal injury?
7. If so, did your injury require surgery?
8. Did you participate in voice therapy with a Speech Language Pathologist?
9. Upon completion of therapy, did you seek private instruction or continue private instruction with your current teacher?
10. Have you ever heard of a Singing Voice Specialist?

Survey Invitation and Consent:

Dear Survey Participant,

My name is Rebecca Loar. I am a doctoral student in the Music Department at the University of South Carolina. I am conducting a research study as part of the requirements of my degree in Voice Performance, and I would like to invite you to participate. This study is sponsored by the School of Music and research advisor Dr. Ana Dubnjakovic.

I am studying Singing Voice Specialists and the necessary training to work with injured singers. If you decide to participate, you will be asked to complete a confidential survey about your educational background and knowledge of Singing Voice Specialists. In particular, you will be asked questions about vocal injuries and your knowledge of Singing Voice Specialists. If you feel uncomfortable answering some of the questions, you do not have to answer any questions that you do not wish to answer. The survey will take place via survey monkey and should last about 2 minutes.

Participation is anonymous, which means that no one (not even the research team) will know what your answers are. So, please do not write your name or other identifying information on any of the study materials.

You will receive no compensation for participating in the study. We will be happy to answer any questions you have about the study. You may contact me at (772) 538-8756 or via email at rloar@email.sc.edu or my research advisor Dr. Ana Dubnjakovic, (ana@mailbox.sc.edu).

Thank you for your consideration. If you would like to participate, please follow the link to the survey.

With kind regards,

Rebecca Loar

(772) 538-8756

rloar@email.sc.edu

Investigator: Rebecca Loar, (rloar@email.sc.edu) phone: (772) 538-8756

Advisor: Ana Dubnjakovic, (ana@mailbox.sc.edu) phone: (803) 777 5425

Project contact address: c/o Rebecca Loar, University of South Carolina, Music Building, 813 Assembly Street, Columbia, South Carolina 29208

For additional information about your rights as a research subject contact the University of South Carolina's Office of Research Compliance at (803) 777-7095.



OFFICE OF RESEARCH COMPLIANCE

INSTITUTIONAL REVIEW BOARD FOR HUMAN RESEARCH

APPROVAL LETTER for EXEMPT REVIEW

Rebecca Loar

813 Assembly Street

Columbia, SC 29208 USA

Re: **Pro00098500**

Dear Ms. Rebecca Loar:

This is to certify that the research study *The Singing Voice Specialist: An Essential Bridge Between Two Worlds* was reviewed in accordance with 45 CFR 46.104(d)(2) and 45 CFR 46.111(a)(7), the study received an exemption from Human Research Subject Regulations on **3/16/2020**. No further action or Institutional Review Board (IRB) oversight is required, as long as the study remains the same. However, the Principal Investigator must inform the Office of Research Compliance of any changes in procedures involving human subjects. Changes to the current research study could result in a reclassification of the study and further review by the IRB.

Because this study was determined to be exempt from further IRB oversight, consent document(s), if applicable, are not stamped with an expiration date.

All research related records are to be retained for at least three (3) years after termination of the study.

The Office of Research Compliance is an administrative office that supports the University of South Carolina Institutional Review Board (USC IRB). If you have questions, contact Lisa Johnson at lisaj@mailbox.sc.edu or

(803) 777-6670.

Sincerely,

Lisa M. Johnson
ORC Assistant Director and IRB Manager

APPENDIX C
DMA VOICE RECITALS

Rebecca H. Loar

Candidate for the Doctor of Musical Arts Degree

in Performance (Voice)

Thursday, April 19, 2018 - 6:00pm, Recital Hall

“Da quel ferro che ha svenato” from Farnace Antonio Vivaldi (1678-1741)

Siete Canciones Populares Españolas Manuel de Falla (1876-1946) /arr. Herring

El paño moruno
Seguidilla murciana
Asturiana
Jota
Nana
Canción
Polo

Caitlin Jones, *marimba and vibraphone*

C'est l'extase Claude Debussy (1862-1918)

Il pleure dans mon coeur
Mandoline

I never saw another butterfly Ellwood Derr (1910-1981)

Prologue/Terezin [Theresienstadt]
The Butterfly
The Old Man
Fear
The Garden

Neal Postma, *alto saxophone* and Claudio Olivera, *piano*

Seitdem dein Aug Richard Strauss (1864-1949)

Ich trage meine Minne
Morgan
Zueignung

Rebecca H. Loar

Candidate for the Doctor of Musical Arts Degree

in Performance (Voice)

Monday, January 14, 2019 - 6:00pm, Recital Hall

La Courte Paille

Le sommeil

Quelle aventure!

La reine de cœur

Ba, be, bi, bo, bu

Les anges musiciens

'Le carafon

Lune d'avri

Francis Poulenc (1899-1963)

Beyond All Price (Hester's Lullaby)

Wiegenlied

Lori Laitmann (b. 1955)

Richard Strauss (1864-1949)

Детская (The Nursery)

Жук (The Beetle)

В углу (In the Corner)

С няней (With Nanny)

На сон грядущий (At Bedtime)

С куклой (With Dolly)

Modést Músorgskiy (1839-1881)

Songs of Time and Tide

Light, my light

The sleep that flits on baby's eyes

When I bring to you coloured toys

Is it beyond thee to be glad

On the seashore of endless worlds

Dr. John Fitz Rogers (b.)

Rebecca H. Loar

Candidate for the Doctor of Musical Arts Degree

in Performance (Voice)

Monday, April 22, 2019 - 6:00pm, Recital Hall

Les Nuits d'Étés

Villanelle

Absence

L'île inconnue

Hector Berlioz (1803-1869)

Knoxville: Summer of 1915

Samuel Barber (1910-1981)

Viel letzte Lieder (Four last songs)

Richard Strauss (1864-1949)

Frühling (Spring)

September

Beim Schlafengehen (When falling asleep)

Im Abendrot (At Sunset)

Rebecca H. Loar

Candidate for the Doctor of Musical Arts Degree

in Performance (Voice)

Opera at USC

February 28, 29, and March 1, 2020

7:30/3:00PM, Drayton Hall Theater

Carousel

Richard Rogers (1902-1979)
Oscar Hammerstein II (1895-1960)

Role: Nettie Fowler

Ms. Loar is a student of Dr. Tina Stallard. This recital is presented in fulfillment of the requirements for the Doctor of Musical Arts degree in Voice Performance.