Editorial: Voice Care Training for Choral Conductors

A recent conference (April 25-26, 2013) convened by the National Center for Voice and Speech in Salt Lake City prompts reflection on the scope of voice care training for choral conductor-teachers. At this gathering and in like venues, I have listened as colleagues in vocal performance, speech-language therapy, audiology, medicine, and theatre find common cause and common vocabulary to evaluate their roles in the habilitation and rehabilitation of human voices. It is time for choral conductor-teachers to join this conversation more fully.

Far more people sing in choirs than take private voice lessons or consult other voice specialists. By virtue of the larger ensemble contexts in which we function, choral teacher-conductors should be in the vanguard of professionals prepared to convey accurate information about proactive voice care, and to implement voice care behaviors in rehearsal structures and other singing activities.

Historically, however, there has been little official expectation for choral teacher-conductors, whose job it is to work with human voices in ensemble, to know much about how these voices work and thrive. For instance, since its founding in 1924 the National Association of Schools of Music (NASM) has served as an accrediting agency for music degree programs offered by its member institutions in the United States. Not until the 2009-2010 academic year did NASM stipulate that doctoral students in choral conducting, the very people who seek to teach and serve as models for others in the field, "must have detailed knowledge of vocal technique and pedagogy" (NASM, 2009, p. 142). It took seven decades after its founding for NASM to suggest that undergraduate students preparing to teach choral music in the schools attain "sufficient vocal and pedagogical skill to teach effective use of the voice" (NASM, 1993, p. 36).

NASM does not specify what constitutes "detailed" or "sufficient" knowledge and skill in vocal pedagogy. It leaves such matters to its individual member institutions. Unlike other professionals who graduate from accredited programs (e.g., lawyers, nurses, speech-language pathologists, athletic trainers, and beauticians) choral conductors need not pass a profession-wide, content specific board exam before they may work unsupervised with the physiology and bodily processes of singers. I do not suggest here that we should implement this level of certification. The point is that, absent specification of particular competencies to flesh out the vocal pedagogy knowledge endorsed by NASM guidelines, our profession needs to reach consensus, perhaps in conversation with our colleagues in other voice disciplines, on the skills we expect our members to have in this area.

I do here submit, however, that the fundamental nature of the work we do bequeaths to us more than opportunity to engage in proactive voice pedagogy. Because we guide other people in using their bodies and minds to sing, our work obliges us at a minimum to abide by the ancient injunction, "First, do no harm." I fail to see how ignorance of what may constitute vocal inefficiency or vocal distress in choral rehearsal and performance contexts excuses us from this basic ethical obligation.

Possession of a college or university degree in choral music or appointment to choral ensemble leadership does grant us carte blanche permission to do as we please with the voices in our care. It behooves us, by virtue of being professionals, to seek out evidence-based knowledge and practices that can assist us to incorporate fundamental principles of proactive voice care and basic hearing health in our rehearsal structures, warm-up routines, audition procedures, festival events, and choir tours.

I know of no choral conductor-teacher who sets out intentionally to hinder the optimal vocal efficiency of singers in ensemble or dispense inaccurate voice information. Yet, clearly, the expectations for our profession as a whole have been less than consistent and far from exacting ones when it comes to vocal pedagogy and voice care.

 Doubtless many choral teacher-conductors possess accurate physiological and acoustical knowledge of how human voices function and flourish. I surmise, however, that they largely acquired this acumen on their own; that is, they had to seek it outside of typical college and university curricula in choral conducting and choral pedagogy. Regrettably, our profession has provided little inducement to ensure that voice-friendly behaviors become the expected norm rather than the exception.

We may need to examine what passes for "best practice" voice knowledge and voice knowledge acquisition in our profession. We are well past the day when it suffices for us simply to imitate without reflection the vocal practices of well known conductors, even though those practices may have been well intentioned. We may wish to re-evaluate reliance upon choral conducting and choral methods books that may
contain inaccurate information, untested assumptions, or no scientific data whatsoever with respect to lifespan vocal anatomy, physiology, and acoustics. Surely, our responsibility does not end with admonishing our singers to "drink plenty of water," or by referring them to a web page on vocal health, especially if what we sometimes ask our singers to do in rehearsals and performances contradicts evidence-based understandings of optimal vocal efficiency.

I have heard it said that requiring private voice study for choral conductor-teachers will solve this problem by providing the sensibilities and understandings needed to function as front line, voice care professionals. Although necessary and valuable, private voice study, even with knowledgeable teachers, focuses on solo singing. Choral conductor-teachers work with voices in ensemble. In this context, requirements to adjust one's own singing and hearing to surrounding sound sources introduce new variables and, consequently, somewhat different modes of voice production and hearing complexity.

In addition, many choral teacher-conductors work with a broad age range of collective, neuropsychobiological instruments, from children's choirs to ensembles of older adults. They may also work with collections of vocal instruments in various stages of physical change. In adult choirs, for instance, it is not at all unusual for pre-, peri-, and post-menopausal women to sing in the same ensemble. In choirs of older children and adolescents, we may have in the same choir singers at every stage of pubertal voice change, and the voice status of those singers may change from month to month or even week to week.

I find it curious that the required credit hours and expected competencies in multiple levels of musicology and music theory courses far exceed expectations for expertise in vocal pedagogy in many of our current degree programs in choral conducting and choir pedagogy. I find it telling that among professional choral organizations that have codes of ethics (many do not) these codes stress such matters as, "members shall respect the property rights of composers, authors, and publishers by being aware of and complying with the copyright laws and attendant procedures regarding performance, reproduction, and performing rights" (PAM, 2013, p. 11). Yet these codes of ethics remain silent about the obligation to care for the voices in their members' charge.

Such imbalance invites a simple question: Is our task to teach and value music scores, or is our task to teach and value singers in ensemble? Admittedly, this query is not only simple, but also simplistic. Obviously, embracing one task does not necessarily exclude embracing the other. We often do both.

But where our value system as a profession begins, i.e., with scores or with the people who sing scores, is a point worth pondering. If we say that our values begin with fidelity to inanimate music scores, then we are doing just fine as a profession according to current degree requirements and expectations for aspiring choir teacher-conductors and, arguably, according to some published codes of professional ethics. If, on the other hand, we say that our initial allegiance is to people, then we need to redesign some curricula and reorient some aspects of professional culture to better reflect that primary orientation.

Otherwise, we may still have conductor-teachers who, in efforts to achieve score fidelity, see nothing amiss, for example, with (a) repeating for 20 - 30 minutes in one sitting a section from a Haydn or Mozart mass, where the sopranos and tenors phonate scored pitches at the top or above their respective staves with a forte or fortissimo volume level; or (b) selecting SAB literature for ensembles of young, changing voices, where the tessiturae of the scored baritone parts live smack in the middle of the difficult passaggi areas for many boys in the group, and hesitating to alter those scored voice parts lest the property rights of composers be dishonored; or (c) designing days-long choir festivals where singers may rehearse eight hours per day and, during non-rehearsal times, engage in scheduled activities that promote further voice use rather than encourage modified vocal rest.

To be clear, more attention to training in basic voice care and function within present university music curricula would not equip choral conductor-teachers to diagnose and treat voice disorders. But we ought to be eminently prepared to try to prevent those disorders that can be prevented, and, in that capacity, to dispense factual information and institute voice-friendly rehearsal and conducting behaviors that help our singers understand and care for their built-in instruments.

Non-disease voice distress tends to develop cumulatively over time rather than at an isolated moment in time. Its evolution, moreover, may entail a constellation of contributing factors rather than a single cause. Because the initial stages of such distress may not be readily or visibly apparent, it becomes important to train our ears to detect subtle changes in voicing behaviors. It likewise is important to address proactively inefficient habits of vocal production, along with the environmental factors that may abet them, long before they present as easily audible disphonias.

Perhaps viewing choir auditions as an opportunity to ask singers if they currently experience vocal difficulties and inviting them to complete a validated survey (such as the Singing Voice Handicap Index), or to speak
brief passages (such as "The Rainbow Passage" or "Arthur the Rat") commonly used to listen for vocal onsets and other voicing behaviors, would provide a good starting place for conversations about proactive voice care.

Two studies in this issue of IJRCS relate directly to some of the matters raised above. Martin Ashley presents a study of pubertal timing among boys who traditionally sing treble voice parts in conjunction with a longstanding tradition in English choral singing. His data include illustrative interview transcripts and audio files that merit reader attention and reflection, particularly with respect to widely varying approaches to the nurture of young male voices and the understandings communicated to these young singers. Ashley's work also raises germane questions regarding the coordination of medical and pedagogical research pertaining to changing boys' voices.

Sarah K. Jones provides a quantitative snapshot of in-text citations found within a body of choral pedagogy books published across two decades. According to the definitions and procedures that guide her analysis, Jones finds that these citations, when present, reference non-research-based sources significantly more than research-based materials. Her discussion raises interesting questions and speculations about the kinds of knowledge transmitted by these books.

Three other studies in this issue inaugurate new lines of research. Two of them illustrate ways by which largely anecdotal recommendations contained in vocal pedagogy materials may be tested. Rebecca L. Atkins and Robert A. Duke explore whether varied internal and external focus of attention conditions yield significant differences in the tone quality of untrained singers in a limited vocalization task. Each of the directed focus of attention conditions produced better ranked tone than the baseline condition where participants sang without instruction. Previous studies have documented the benefits of an external focus of attention in such motor skill learning contexts as golf and skiing. Atkins and Duke may be the first researchers to investigate this phenomenon in a singing context.

Melissa C. Brunkan measures the effects of observing and performing different kinds of physical gestures while singing on vocalists' intonation and tone quality. Results from this pilot study indicate that a low circular gesture, whether observed in a conductor or performed by a singer, may improve singer tone quality and intonation. By contrast, a high circular gesture, whether observed or performed, may detract from in-tune singing and perceived tone production.

For decades now, incorporation of critical thinking skills has been the subject of ongoing discussion in educational circles. No published study to date, however, addresses the matter in choir rehearsal contexts with specific attention to how choral teacher-conductors might be trained to implement critical thinking behaviors. Jessica Nápoles, Sandra Babb, Judy Bowers, Matthew Garrett, and Angel Vázquez-Ramos propose and examine two such training protocols. Findings from this initial study suggest a protocol that includes intentional teaching for transfer yields a significant increase in the amount of choral rehearsal time devoted to critical thinking behaviors. Nápoles and her colleagues forthrightly acknowledge the limitations of this initial study. Yet the groundwork laid by this investigation, including replicable protocols, shows promise for ensuing studies in this important area.


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-James F. Daugherty

References


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