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Focus on Vocal Health

From the Guest Co-Editors

We are pleased to share this focus collection of the *International Journal of Research in Choral Singing* (*IJRCS*) with you. Several years ago we were tasked with compiling a collection around the topic of vocal health in choral singing contexts. As the collection neared completion, we thought it fitting to include a foreword by James F. Daugherty, the creator and founding editor of *IJRCS*. We are grateful to Jim for both his mentorship and for his tireless pursuit of sound practice and rigorous research that impact the choral singing profession. This emphasis may lead to a more research-informed, humanistic approach to choral singing for all.

From its inception, this journal has aimed to address the need for choral musicians to share research and knowledge. It is our hope that you will find that the articles offer new insight on a wide variety of topics.

Sincerely,

Melissa Brunkan and Melissa Grady, guest co-editors
IJRCS Special Focus on Vocal Health

Foreword:

Advancing Vocal Health Research and Practice in Choral Singing Contexts

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Studies appearing in this special collection focus broadly on vocal health in choral singing contexts. They do so from a variety of vantage points—singers in various stages of lifespan voice development, teacher-conductors, parents, and professional journal content. Such investigations interest us because choir conductor-teachers serve as the primary voice teachers and main sources of voice care information for millions of singers. Far more people sing in choirs than take private voice lessons.

For reasons logical and ethical, singers and the public at large might assume choir conductor-teachers, especially those with university credentials, have knowledge of how human voices function physiologically and acoustically at various lifespan stages, knowledge sufficient to promote vocal health and to guide singers in optimal, efficient vocal development. Alas, that has not always been an accurate assumption. Not until 1993, for example, did the National Association of Schools of Music (NASM) *Handbook* first recommend that baccalaureate degree students in music education acquire “vocal and pedagogical skills sufficient to teach effective use of the voice” (p. 99). Only with the 2009 - 2010 school year did the NSAM *Handbook* stipulate doctoral students in choral conducting “must have detailed knowledge of vocal technique and pedagogy” (p. 142).

For much of the nineteenth and twentieth centuries, the professional knowledge bases (reflected in publications, methods materials, and higher education curricula) of studio voice teachers and choir conductor-teachers were largely dissimilar when it came to promoting accurate, scientific understandings of how voices work and function. Leon Thurman (1983) framed this matter succinctly: “We choral conductors are least trained in voice use and care . . . Our rehearsal and performances are concerned more with the musical result than what gets us there – the voices” (p. 5). The American Academy of Teachers of Singing (1964) decried the “uninformed leadership” of choir conductor-teachers who do not “have an understanding of the functioning of the voice itself” (p. 1). As recently as 2011, the national ACDA convention featured a session entitled, “Choral Directors are from Mars, and Voice Teachers are from Venus.”

Given that training of choral teacher-conductors has had to play catch-up in addressing

more adequately how voices work and function, an investigation by Melissa L. Grady and Melissa C. Brunkan in this issue of *IJRCS* offers some encouraging news. Self-reports of choral teacher-conductors surveyed ($N = 56$) indicate nearly all these teacher-conductors at least talk about basic vocal health (e.g., hydration, not shouting) in choral rehearsals. Most respondents (ca. 80%), moreover, had enrolled in college classes that included vocal health, vocal anatomy and physiology, or lifespan voice changes. A similar percentage had experienced professional workshop or convention sessions that included those matters. Statistical analyses indicated significant, cause and effect relationships between (a) participants' prior education and their reported teaching of vocal anatomy-physiology and lifespan voice changes in rehearsals and (b) participants' prior education and their reported application of healthy voice pedagogy practices in their rehearsals. In another positive indication, Andrew Schmidt reports a notable uptick over the past two decades in scientifically informed vocal pedagogy articles appearing in *Choral Journal*. Schmidt, however, observes a need for more research related to gender identity and non-traditional vocal styles.

Unlike ensemble music-making where people play inanimate, manufactured instruments, choir conductor-teachers work with living, embodied, neuropsychobiological instruments. Human vocal instruments do not cease to function at the end of an ensemble rehearsal or performance. They contribute continually to our survival (e.g., protecting the respiratory system, regulating air flow). We employ the vocal apparatus also for ongoing, everyday communication; we have but one larynx, and we use this organ for speaking, shouting, grunting, and whispering as well as for singing.

These factors raise important considerations for vocal health pedagogy. As embodied instruments, for example, human voices change as our bodies change. This process of change is ongoing throughout the lifespan. Anatomically and physiologically, two of the more dramatic periods of change tend to occur during puberty and menopause. In this issue of *IJRCS*, Patrick K. Freer reports the reflections of collegiate male singers ($N = 49$) in two choirs from two nations as they recollect their experiences with pubertal voice change. Among his findings, over 90% of participants wish that choir teacher-conductors would address vocal health and singing during male pubertal voice change. Jamea J. Sale explores how parents ($N = 54$) of pubertal female singers perceive their daughters' experience of voice change before and after viewing a brief educational video. Results indicate much promise for this approach to parent education, suggesting to us that choir teacher-conductors could well consider reinforcing positive self-identity and perseverance in pubertal singers by addressing parental knowledge and perceptions.

In a follow-up to her groundbreaking study of cisgender women singers in pre-, peri-, and post-menopause, Kathy K. Price surveys women ($N = 23$) a decade after the menopausal event. Her study provides much food for thought, especially in terms of recommending pedagogical protocols and vocal health strategies teacher-conductors might employ for singers in this stage of voice change. The studies by Freer, Sale, and Price remind us of the complexity of promoting efficient singing and vocal health in choir singing contexts. Cho-

ral teacher-conductors often lead ensembles whose membership may exhibit every gradient of change within broader lifespan voice stages. Consequently, fulsome promotion of optimal vocal efficiency and well-being among choral singers may well entail individualizing instruction beyond one-size-fits-all whole group pedagogy.

Also in this issue of *IJRCS*, Dustin S. Cates examines secondary school choral teachers' ($N = 227$) experiences with gender-inclusive teaching. This timely study reminds us that the well-being of embodied human voices entails social and psychological dimensions as well as physical considerations, for singing voices do not exist in isolation from the whole person.

Matthew Schloneger's well-documented case study of two female collegiate singers during an intensive week of music theatre and choral rehearsals employs multiple dependent measures. Participants wore voice dosimeters during waking hours. They also completed daily surveys related to perceived vocal health and several iterations of the Singing Voice Handicap Index (SVHI), a validated, disorder-specific, self-report instrument. Unlike studio voice teachers, choir teacher-conductors spend a preponderance of their time listening to and working with voices phonating simultaneously in ensemble. Singer self-reports using brief vocal health questionnaires, such as the daily survey employed by Schloneger, could provide individual singer data across time. They could alert the teacher-conductor who does not regularly listen to singers individually that it may be time to do so with a particular student. Incorporating such surveys as a part of choir rehearsals might also serve indirectly to communicate the importance of monitoring and maintaining one's vocal health.

As choral music professionals become more acquainted with voice science and increasingly trained in voice function and care, it is important to remember that we are not equipped by either training or certification to diagnose, much less treat, voice disorders. Yet we can dispense factual, scientifically refereed information about voice function and its optimal, efficient maintenance. We can introduce lifespan voice-friendly rehearsal behaviors and structures that help our singers understand and care for their unique, built-in instruments. We can acquire sufficient, science-based sensibilities to recognize when a singer might benefit from a referral to a certified voice health professional. We can avail ourselves of continuing education opportunities.

The multi-faceted array of studies appearing in this issue of *IJRCS* attest to the wide range of matters related to vocal health. I am confident their authors would agree that these studies represent a starting or progress point for subsequent, ongoing research necessary to expand and deepen our professional knowledge base of vocal health pedagogy.

On a personal note, it is a pleasure to see in this issue studies by some of my former students, Drs. Brunkan, Grady, Price, Sale, and Schloneger. Moreover, I am glad to see that all authors found ways to maintain an active research agenda during the understandable restrictions imposed by the pandemic. May their tribe increase.

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