

Brian Manternach, Associate Editor

Hesitant to refer

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WHEN WE HEAR SOMETHING “OFF” in our students’ voices, reliable resources are available to help us know when the singers should be referred to an otolaryngologist. For instance, voice teacher and speech-language pathologist Deirdre Michaels specifically addressed this topic at the 51st NATS National Conference in a keynote presentation titled “Do You Hear What I Hear? When to Refer.”¹

These sources tend to focus primarily on the physical reasons we should refer students we suspect have vocal pathology. There are other factors, however, that may give us pause before we rush to send our students off to the ENT. While some of these factors may be rooted in concern for the student (Will it upset the student and cause her to think that her voice is “broken”? Will the student be able to afford potential voice therapy or voice surgery?), other factors may stem from self-preservation (Will the student or the student’s parents think I ruined his voice? Will I earn a reputation as a teacher who harms voices?).

Of course, the NATS Code of Ethics calls on us to provide our “best voice and music instruction and career advice to all students.”² Therefore, we are compelled to be honest and upfront with our students if we suspect vocal pathology and to refer them to the appropriate professionals. But it must also be approached sensitively, knowing that, as singers, we are physically and emotionally invested in our voices. Since we are trusted figures in our students’ lives, to suggest that there may be something “wrong” with their voices could cause emotional distress.

To explore this issue, I visited with three of my students who were referred to a voice clinic at my suggestion. All three were found to have some form of vocal pathology and have taken or are taking appropriate steps to address the specifics of their situations. At the time, I was concerned about how the students would react when I suggested they should see an ENT, knowing that no one looks forward to hearing “bad news.” Now, after the fact, I asked them to reflect on the emotional impact of having their voice teacher express concern regarding their vocal health.

The first student was a 19-year-old female who came to my studio with experience in voice lessons, choir, and music theater. Her mother had developed nodules when she was in high school, so when my student began to experience difficulties with her own voice she “assumed the worst.” Though she did not bring up this concern when we started lessons, I eventually heard some inconsistencies in her sound. When I asked her if this was typical for her

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voice, she told me it was an issue she had been dealing with for as long as she could remember and that none of her previous voice teachers knew what to do about it (though one suggested that she simply needed to work harder).

After a couple weeks of trying different strategies, I suggested that she visit a voice clinic. A year later, recalling her feelings at the time, she said, “I was both relieved and scared at the idea that I would finally be able to figure out what was happening in that section of my voice.”

Having endured some harrowing childhood surgeries, she was pleasantly surprised with her visit to the voice clinic. “My experience at the ENT was much better than I could have ever hoped for,” she said. “The doctors were incredibly kind and helpful. They walked me through what was happening step by step so that I could understand what was going on at all times.”

Since she had known for years that her voice was not functioning optimally and had anticipated a more dire prognosis, she felt empowered to finally be able to address the issue. “I felt better because I finally felt like I was taking steps to fix this.”

The second student, a 22-year-old female, also suspected for years that something was “wrong” with her voice, given her breathy tone and the uneven transition into her upper register. One previous teacher told her it was something she would grow out of, and another said she needed to strengthen her upper range. However, after years of working to correct the issue to no avail, her frustration continued.

When what had simply been an unfocused tone turned into diplophonia, I articulated my concern and suggested that she make an appointment at the voice clinic. Two years later, I asked her how she felt when I made that suggestion. “Honestly, it was a relief,” she said. “I felt like I had been working so hard and nothing was happening. So when you brought it up, it felt like the problem was more or less out of my hands. It was no longer about me not working hard enough. It also felt like a step forward. Yes, I could’ve found out something really scary about my voice, but at least I would be aware.”

The third student, a 24-year-old male, had been experiencing vocal fatigue, frequent loss of voice, and difficulty in his upper range. At the time, he was performing

a leading role in a music theater production and was preparing a second role for a summer engagement. This was not the ideal time to have vocal troubles, but when I addressed the issues with him, he said it caused him to take stock and to honestly acknowledge his symptoms and consider how long he had been experiencing them.

When I recently asked how he felt back then when I suggested he visit the voice clinic, he said, “I was already frustrated that I was experiencing the things that caused the need to see the ENT, but I was happy that I could get it figured out. So, for me, the suggestion to see an ENT wasn’t a hard thing emotionally—the hard emotional part was already there because of the symptoms—so the idea of seeing the ENT was maybe even a little bit of a relief.”

All three singers were given a plan of action to fit their situations. All three were encouraged to either continue their singing lessons or to resume their lessons after a period of time spent addressing their specific vocal issues. All three continue to sing.

Although I was concerned that suggesting the students see an ENT would cause anxiety or psychological distress, all three were already experiencing anxiety since they had previously suspected that something was wrong with their voices. Hearing them articulate their relief at the prospect of finally having more precise information and a way forward has relieved some of my own trepidation over suggesting they see the doctor in the first place. It has further confirmed for me that, though the subject must be handled carefully, it nevertheless must be handled. It also helped to know that I have trusted colleagues at the voice clinic from whom I was confident the students would receive excellent care and guidance.

Each case is unique and must be treated as such, but for these three students, fully acknowledging the possibility that they may have vocal pathology was the first step in overcoming the psychological block that may have been impeding progress. Visiting the voice clinic, then, was the next step to addressing the physical issues at hand and to reconnecting to a stronger, healthier voice.

NOTES

1. Available for viewing at the Nats Live Learning Center, <http://nats.sclivelearningcenter.com/>.
2. <http://www.nats.org/code-of-ethics.html>.