A stack of approximately 15 books of various sizes and colors is piled on a wooden deck. The deck's planks lead towards a horizon under a bright, cloudy sky. The books are the central focus on the left side of the image.

The Singer's Library

A Hybrid Profession: Singing Voice Rehabilitation Specialist

BY BRIAN MANTERNACH

In her new book, author Leda Scearce strives to remove the stigma surrounding vocal injuries and make singers and teachers aware of the best way to address such injuries—via a group of experts who collaboratively diagnose and treat singers.

Singers are accustomed to working in a one-on-one capacity in the voice studio, receiving the majority of their vocal direction from a single teacher. As the primary source of instruction for vocal technique, voice teachers are often called upon for additional guidance in repertoire, diction, interpretation, audition preparation, and even recommendations for concert attire. Teachers with training and experience in these areas may feel comfortable providing this advice. Other teachers, however, may feel less than competent in one or more of these areas.

Singing voice rehabilitation often follows a different model. When singers develop a voice injury, rather than working under the sole instruction of one expert, a voice care team made up of a laryngologist, a speech-language pathologist, a singing voice rehabilitation specialist, and potentially others will diagnose

and collaboratively treat singers to ensure a complete and efficient path toward recovery.

In our Q&A below, author Leda Scearce discusses her new book, *Manual of Singing Voice Rehabilitation: A Practical Approach to Vocal Health and Wellness*, which defines the responsibilities of each member of the voice care team and specifically outlines all that is required of the singing voice rehabilitation specialist.

As the title implies, the book is written primarily for those interested in singing voice rehabilitation. I have most often heard these professionals referred to as "singing voice specialists" (SVS), but throughout the book you use the term "singing voice rehabilitation specialists." Why the change?

My intention was not so much to change as to clarify. The term "singing voice specialist" was

used early on to describe singing teachers who had additional, sometimes informal, training in vocal health/voice disorders. Dr. Robert T. Sataloff was one of the first to use this designation and one of the first to train and employ a singing teacher to work with injured singers in his practice. However, to date, no formal process has been established by any relevant organization or institution for determining the criteria for this designation. There is currently no oversight as to the use of this title, and it has been applied to those with widely varying backgrounds and experience, from speech-language pathologists with advanced degrees in voice pedagogy to voice teachers who work in a clinical context to voice teachers who have undergone training in supplementary vocal health programs to people who simply self-designate the title.

I've also heard the argument that "anyone who sings/teaches singing is a 'singing voice specialist.'" I wanted to be clear that the focus of this book is to address working with singers to help them recover function that has been lost as a result of a voice disorder. It's an exciting time to be part of this emerging profession and, as we move forward, optimal titles and training will likely evolve through collaboration of various voice disciplines.

When dealing with singers who have encountered vocal pathology or vocal injury, you advocate a team approach in the chapter called "It Takes a Team: Multidisciplinary Voice Care for the Singer." The voice care team can include a laryngologist, a speech-language pathologist, a singing voice rehabilitation specialist, and the singer's voice teacher. Why is it best to have so many people involved? Does voice rehabilitation ever run into the "too many cooks in the kitchen" phenomenon?

You left out gastroenterologist, pulmonologist, neurologist, psychiatrist, physical therapist . . . it seems overwhelming, doesn't it? It may not be necessary to include all the professionals listed in your question in the rehabilitation process; often, the singer will only require the services of a laryngologist and a speech-language pathologist who is also an accomplished singer and voice teacher, if that combination of skills is available.

What makes caring for the singer with a voice injury complex is that voice problems are almost always multifactorial. Depending on the diagnosis and severity of the voice problem, the treatment plan may include surgical management, medications, lifestyle adjustments (like changes in diet and sleep

habits), optimizing vocal hygiene, improving vocal pacing (how much and how intensely one uses the voice and in what situations), and training to improve the efficiency of the speaking voice. For singers, the treatment plan becomes even more complex, as their rehabilitation will likely also include therapy that directly addresses the singing voice, including targeted rehabilitation exercises,

counseling, and guidance in applying principles of optimal vocal coordination into real-life performance situations.

No single provider will have the education, training, experience, and qualifications to address *all* of these factors thoroughly, effectively, and efficiently and as a result, optimal recovery usually involves more than one professional. . . . I think the "too

Book Review

Author Leda Searce is clear from the beginning that *Manual of Singing Voice Rehabilitation* is not an introductory book. She assumes that most readers will already have a broad knowledge of voice science, voice disorders, and voice pedagogy—and yet she also believes the information will be of value to anyone seeking greater knowledge about singing health, including music educators, music therapists, conductors, vocal coaches, worship leaders, and music directors.

The book is divided into five parts. The first, *Setting the Stage*, provides overviews of voice disorders and vocal hygiene and explains the multidisciplinary approach to voice care for singers that necessitates the "hybrid" profession of the singing voice rehabilitation specialist.

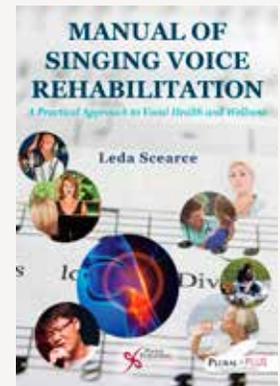
Part II, *Emotional Factors*, explains the psychological impact a voice injury may have on singers. It warns against the "blame game" implied by the use of phrases like "vocal abuse," which are contrary to the empathy that should permeate voice rehabilitation.

The chapters in part III, *Vocal Coordination and Conditioning*, discuss shaping the voice and designing vocal exercises for rehabilitation. They also make distinctions on how considerations change for classical singers versus contemporary commercial music (CCM) singers or for singers in need of speaking voice therapy.

Part IV is an in-depth analysis of vocal pacing, encouraging patients to use journaling and prioritizing to guide daily vocal use. The chapters include case studies as well as guidelines for vocal pacing that are specific to classical singers, CCM singers, voice teachers, and choral singers, among others.

Lastly, part V, *More Tools for the Toolbox*, covers the aging voice, use of sound equipment, finding useful apps, and the importance of vocal health education.

A thorough resource on a variety of topics, *Manual of Singing Voice Rehabilitation* is eminently useful. In outlining her approach, Searce never allows readers to forget the person behind each injured voice. In so doing, the patience and compassion that she advocates throughout the book—and her constant focus on treatment plans that are both personalized and achievable—are qualities worth emulating in the voice studio. —Brian Manternach



many cooks" phenomenon can be avoided if all the members of the team work collaboratively and within the parameters of their expertise.

A voice teacher recently said to me, "If I see one more presentation about 'It Takes a Team' I'm going to scream! What am I supposed to do if my students don't have insurance and can't see a doctor or voice therapist?" She went on to opine that in this situation, the voice teacher should just be able to manage the problem. While I understand her frustration and share her lament relative to the limitations of our healthcare system, to me this is a dangerous attitude. It is never a good idea to just keep plowing on without a diagnosis. I once saw a singer in clinic who presented with classic symptoms of benign voice injury and before examining her, I had her pegged for nodules or polyps. It turned out that she had an unusual presentation of vocal fold cancer—no smoking history, no risk factors. If someone had made the decision to just keep working on her voice, this woman would have died.

If a speech-language pathologist is also trained as a singing voice rehabilitation specialist, can that person handle both roles or should they be played by two different professionals?

In this case, the voice can be addressed holistically (speaking and singing) by the same provider. We might call this person a "clinical singing voice specialist" or "clinical singing voice rehabilitation specialist," indicating they have a clinical credential that enables them to work in a medical setting as well as the appropriate expertise in singing and teaching singing. In my opinion, this is the ideal situation: it results in a more streamlined experience for the singer, provides the greatest

efficiency, and ensures that clinical and pedagogical factors are appropriately considered and addressed.

Is it still a prevalent thought that vocal injury comes just as a result of bad technique or vocal "abuse"? Do you encounter singers and voice teachers who feel there is a stigma associated with having a vocal injury, that it somehow means a singer is "broken" beyond repair?

Please excuse me for a moment while I climb on my soapbox: this is a very important topic that I feel passionately about and that I address at length in the book.

I do encounter this concept of "vocal abuse" and the perception you describe frequently, not only among voice teachers but also among speech-language pathologists and medical doctors. The concept of "abuse" is not found in any other area of performing arts, in the world of athletics, or any other type of movement-related injury. Pianists and typists get tendonitis or carpal tunnel syndrome and we don't call them "hand abusers." Ballet dancers have altered foot anatomy and we don't call them "foot abusers." When a football player sustains an anterior cruciate ligament (ACL) tear, we don't call him a "knee abuser."

All of these are examples of stress injuries and are regarded as an expected result of placing superhuman demands on a human body. Diagnosis is made, treatment is undertaken, rehabilitation is completed, and the performer or athlete gets back into the game, all without the use of the word "abuse." Yet among singers, voice educators, and health care providers, it is very common to use this pejorative expression.

This type of blame language not only undermines positive change

and successful recovery, it's also scientifically inaccurate, as research shows that many singers who are functioning at the peak of performance don't have "perfect"-looking vocal folds. This stigma is particularly notable in the classical singing realm and is so powerful and pervasive that many singers hide their injuries, use pseudonyms when seeking medical care, and never reveal the voice problem to the public, thus perpetuating the idea that "good singers don't get voice injuries." The stigma may also make singers reluctant to seek help when they are having voice problems.

In her foreword, Margaret Baroody emphasizes the need to treat the whole person in order to successfully treat the voice of the injured singer, and throughout the book you stress the need for a compassionate attitude toward the injured singer during the rehabilitation process. Since singers are so personally invested in their voices, does this present an obstacle or an opportunity to singing voice rehabilitation?

Absolutely it presents an opportunity. The effective rehabilitation provider creates an environment of trust, support, and encouragement in which the singer feels safe, validating their concerns and providing a clear outline of the treatment plan so that the singer understands and can envision the path to recovery. Singers are usually incredibly relieved if they see that their therapist "gets" how important singing is to them and that it's a huge part of their identity (not to mention livelihood, spiritual activity, quality of life, etc.).

Recognizing the unique role of everyone on the voice care team, you call the singing teacher a "critical member" of the team as someone intimately acquainted

with the singer's voice, voice history, and vocal habits. Is the voice teacher's primary role, then, in identifying when something is off with a student's voice or should they also expect to be involved in helping the singer execute the rehabilitation exercises (and making sure voice use during lessons is not working contrary to the rehabilitation process)?

Voice teachers are on the front lines of vocal health and absolutely play an essential role in identifying possible voice injury and making appropriate referrals. Depending on the teacher's training, knowledge base, and experience, they may be more or less involved in the therapy process.

I always feel it's an advantage to have the input of the voice teacher as I'm developing a treatment plan

and working with a singer and, whenever possible, I try to have at least an initial discussion with the voice teacher at the beginning of the process. Ideally that conversation continues throughout the rehabilitation period. It's a good idea for the voice teacher and singing voice rehabilitation specialist to discuss the current repertoire and technical goals being addressed in the voice lesson and whether this needs to be adjusted to support rehabilitation.

The voice teacher not only knows the student's voice but their personality, work habits, motivation, learning style, and many other relevant factors that can enhance and streamline the rehabilitation process. Dovetailing therapeutic exercises into the typical vocal exercise regimen completed in voice lessons also

supports efficiency and holistic recovery. I always encourage my patients to record their therapy sessions and to share this recording with their teacher (within the bounds of their comfort) so that the teacher has a clear idea of the exercises we're working on and can incorporate them into voice lessons.

Brian Manternach is on the voice faculty of the University of Utah's Department of Theatre. In addition to his contributions to Classical Singer, he is an associate editor of the Journal of Singing. An active singer, he holds a doctor of music degree from the Indiana University Jacobs School of Music. Visit www.brianmanternach.com for more information or contact the author at bmantern@gmail.com.



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