THE NATS CONFERENCE IN SALT LAKE CITY had a special significance for me because our organization, the National Center for Voice and Speech, had just moved its headquarters to Salt Lake. Two months prior to the meeting, we selected several well-known Utah arts promoters to our advisory council, two of whom assumed teaching responsibilities at the conference. Our newly adopted slogan, “NCVS: Giving Voice to America,” was appreciated by singing teachers across the country.

The meeting left no doubt in my mind that singing styles do not need to compartmentalize singing teachers if sufficient time and knowledge are given to the process of assimilation. Listening to teachers who presented their approaches to nonclassical styles, and observing the large number of attendees at break-out sessions for music theater and commercial styles, led me to the conclusion that singing teaching is progressive, explorative, and full of excitement. I respect those who trademark their techniques, but I revere those who educate for the betterment of the profession as a whole. The trademarked methods, often founded on an initial burst of discovery by a single individual, seem to require a substantial amount of dressing-up to warrant the cost for certification and profitability. Also, these trademarked methods often rely on data and examples produced by a single individual (usually the inventor). The passion that goes with the methods, however, makes up for some incomplete validation.

That brings me to another reflection on the meeting, which was triggered by semiformal and informal discussions about certification of a “singing voice specialist” or a “singing health specialist.” The first of these labels, “singing voice specialist,” is meaningless to me because it adds nothing to what already exists. Singing teachers are singing voice specialists! Adopting such a new label would diminish the credentials of a singing teacher and confuse the professions. The term “singing health specialist” makes more sense, but we have to keep in mind that a specialty does not exist outside the realm of some general training. The word “health” would suggest that some basic understanding of health education underlies the specialty. Should this general education come from speech pathology, physical therapy, or music therapy? More discussion is clearly needed on prerequisite training.

One pitfall should be avoided from the outset. No single school, or even a consortium of schools, should assign to themselves the exclusive authority to grant nationally recognized credentials. We can collectively develop guidelines
for general course content and minimum requirements, but schools should compete for excellence in the execution of specialty training programs. More importantly, students should have the right to choose from a variety of faculties. In structuring the Vocology Track at the University of Iowa and the Summer Vocology Institute in Denver and Salt Lake City (which together have provided specialty training in voice for twenty years now), we never assumed that we would be the only ones training vocologists. We also never assumed that we would be the only ones providing a certificate for completion of such training. Vocology is not trademarked and never will be. We invite institutions all over the world to set up programs in vocology. Textbooks and other teaching materials, as well as key faculty, should vary across the country and around the globe. I believe that the best program for a “singing health specialist” will develop by the principle of natural selection from a diversity of programs.

These are my personal thoughts, flawed as they may be. Your thoughts would be highly appreciated.

Ingo Titze

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