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HANDS-ON VOCOLOGY

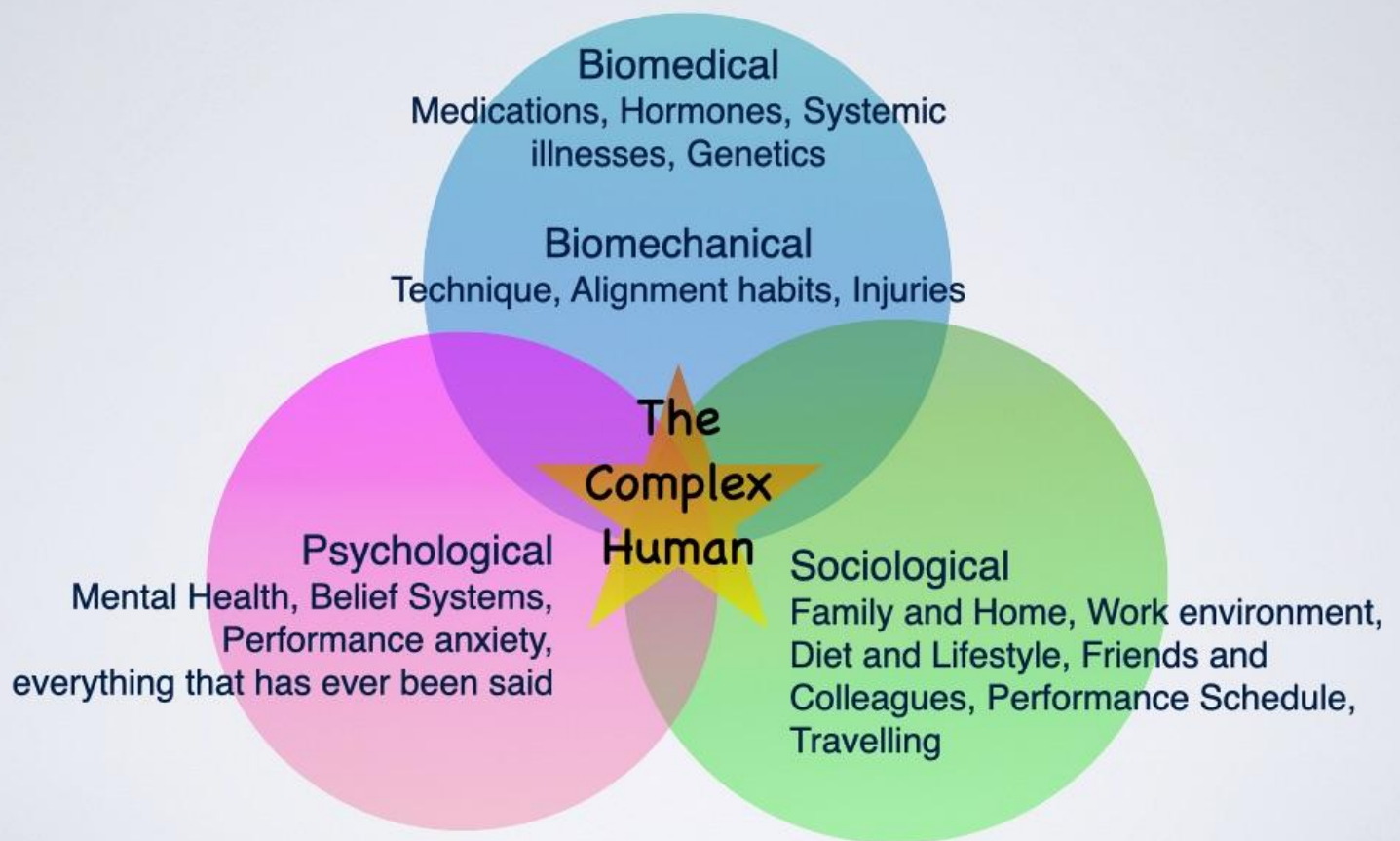
What can the Singing Teacher Learn from Interdisciplinary
Rehabilitative Practice?

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‘There is more that unites us than that which divides us’, Jo Cox

The singer is a complex human, their voice is affected by every aspect of their being. In order to fully understand our students, we connect with the whole person; we have a picture of their past experience and their current environment, we know their ups and downs, their worries and wishes. Is there an epistemological framework for this understanding? How do we fulfill our role as a facilitator of learning for all singers more effectively? I am proposing that we look to the singing voice rehabilitation specialist for some suggestions here. The SVS or VRS will have trained in many areas: as well as being an experienced performer and teacher, they will have studied functional anatomy and pathology, clinical and endoscopic observation, rehabilitation techniques, nutrition and exercise, manual therapy and counseling skills. This combination of knowledge and understanding will enable the specialist to work with the singer from a holistic, biopsychosocial perspective.

Let's dig a little deeper into what is meant by biopsychosocial. When we work with a singer, we will have studied voice pedagogy – giving us an understanding of the link between anatomy and vocal behavior, an ability to hear a voice and have a concept of the mechanism of action. We also know the repertoire and performance context for that singer. We may also appreciate their cultural background, and be familiar with the setting of their home and family. When we get to know our students, we will be aware of how confident they are, what triggers them, what excites them. This bigger picture weaves together a sense of identity for every individual we work with, and this sense of self is at the center of the biopsychosocial model.



The rehabilitation specialist will be working with a team of specialists in other areas to provide an interdisciplinary setting; the singing teacher, working mostly alone, can benefit from an understanding of many disciplines that are interwoven to create a holistic approach.

The singing teacher is not a counselor or psychotherapist. This, however, does not preclude the singing teacher from being empathetic, considering their use of language carefully, and understanding the implications of the student's lived experience on their vocal identity. There are important things to find out, so you begin with open questions: "when this happens, how does it make you feel?" or "what do you do to unwind and relax?" Or you can give simple options: "does that feel easier or more of a challenge?" or "does that feel familiar or unusual?" The answer can guide you to more closed questions. The singing teacher needs some knowledge of the impact of past trauma, mental health issues and neurodiversity. This will not make them an amateur psychologist, it merely illuminates for them the boundaries between empathy and therapy. You can't know how far is too far unless you have an idea of what could be on the other side.

The singing teacher is not a clinical diagnostician (only a doctor can be this). The teacher will, however, continually use their ears and eyes to assess the health and efficiency of the student's singing. They will be hearing the subtle nuance of a voice that is tired, that is tight or that is struggling to function with no clear explanation. They will be the one to recommend a referral, effectively flagging up concern and signposting to specialist help.

The singing teacher is not a manual therapist, dietician, or fitness expert. They will, however, have a working knowledge of the healthy bodymind and be able to understand the links between lifestyle, mindset and health. Rehabilitation practitioners will have an initial assessment protocol, this is to establish the biomedical context for the client. However, broader questioning is often absent in clinical settings, where there is limited time and the focus tends to be biomedical. The singing teacher has an ongoing working relationship with the singer that will contextualize and illuminate the influences of health and wellbeing.

It is very important that the singer seeks expert assessment from a laryngologist if there is any unexplained change to the voice that doesn't resolve in 2–3 weeks. Although the responsibility is then handed to the rehabilitation team, the singing teacher will be the first and the last link in the chain of care for that singer. Their wider and deeper knowledge of the singer will be a crucial link for the team. The singing teacher is a transdisciplinary expert, one who knows their limits and boundaries, but only from a working knowledge of the land on either side of every boundary.

We can put all of this into the context of the neurology of learning and healing. As psychoneuroimmunology becomes more widely researched, we have a possible explanation for the placebo effect. Look after someone holistically, show them some genuine care, and rates of recovery improve. In the teaching studio we know that the singer will learn more quickly and effectively when they feel safe, unjudged and happy. For both the learning and the healing environments we need to take time, to place the singer at the center of the process, to listen to their story and treat them with kindness and respect.

There is more to improving your singing than just learning technique and repertoire. Expressive and uninhibited voices can only truly emerge when the individual has found a safe place to explore and create, to understand what balanced function feels like, and to integrate their personality and imagination into their vocal identity. This is totally dependent upon the integration between a healthy mind and body. Ultimately the teacher's role necessitates a holistic consideration of the student, hearing their story and understanding where they are coming from. Only then can you help them to find where they are going.