

What strategies should popular culture music voice teachers implement to address the emotional needs of singers with voice injuries and disorders?

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Introduction

Voice teaching for popular culture music (PCM) is a growing profession that has developed independently of academia (Keskinen, Juntunen, and Nerland, 2024). According to Gerhard (2016), despite the existence of several training paths for voice rehabilitation specialists, there is still a need for an accredited comprehensive training program.

Keskinen, Juntunen, and Nerland (2024) affirm that popular music voice teachers are expected to excel in teaching a variety of genres and be skilled in style-specific vocal techniques. However, their research also confirms that voice teachers are often performers who transition into teaching the techniques and skills they have acquired throughout their careers (Keskinen, Juntunen and Nerland, 2024).

Hughes (2017) outlines that a PCM singing teacher must be proficient in technology, contemporary artistry, pedagogy, management, and vocal health. Hughes (2017) proposes a complete educational program for contemporary voice studies that includes health, safety, and well-being at the workplace as curricular components but does not explicitly mention addressing the emotional distress that singers may experience when encountering self-perceived or exhibited voice problems.

On the pedagogy and psychology of voice education, Angell (2019) highlights the absence of a defined line of action in voice curricula and suggests compensating for the lack of pedagogical strategies by incorporating soft skills from the learner-centred teaching style and implementing effective formative feedback. Effective formative feedback was defined by Shute (2008) as information provided to the learner intended to modify their thinking or behaviour to improve learning.

After reading several studies on voice pedagogy in singing, I have found that addressing the emotional needs of singers with injuries or disorders is not widely considered in research. Paradoxically, several studies have proven that individuals who use their voice professionally are at a higher risk for dysphonia (Fleming, Weekly, and Carrol, 2024).

Singers, in particular, are considered to be at greater risk of voice disorders, as they are disproportionately represented in samples of voice clinic attendees (Barlett and Wilson, 2017).

Given the high incidence of injuries in singers and the need for clear pedagogical guidelines in caring for injured singers, this work aims to propose pedagogical alternatives to address the emotional distress caused by voice injuries and voice disorders.

Literature Review

Prevalence of Voice Disorders in Singers

Aldridge-Waddon et al. (2023) define voice disorders as conditions that affect the production and quality of voice. These conditions are evidenced by dysphonia, pain, hoarseness, and vocal fatigue and are commonly reported due to singers' high vocal demands (Rotsides et al., 2021).

Mathmann et al. (2024) ponder the competitive pressures that lead professional singers to perform when their conditions are not optimal and the related health complaints, with Music Performance Anxiety (MPA) and upper airway infections being the most pertinent. In this line, Morawska, Niebudek-Bogusz, and Pietruzewska (2022) report that PCM singers face a higher risk for vocal difficulties due to generally low awareness of vocal hygiene, less intention to seek professional training (because most singing teachers mainly offer classical vocal technique and are unaware of contemporary style traits) and the use of heavier mechanisms in their performances due to particular stylistic demands (Lloyd et al. 1996-2002, 2020). Performance duration, extra-occupational vocal activity, and commercial and social needs such as press conferences or networking are also considered potential causes of voice injuries (Morawska, Niebudek-Bogusz, and Pietruzewska, 2022). These authors remark that some countries have recognised voice disorders as occupational disorders (Morawska, Niebudek-Bogusz, and Pietruzewska, 2022).

When faced with an injury, injured singers may ask themselves: why me? (Childs, Rao, and Mau, 2022). In response, Toles et al. (2021) reveal the intricate character of phonotrauma in singers. Some singers develop injuries while others, singing similar genres and with similar training, do not (Toles et al. 2021). The authors emphasise that a singer's career often entails heavy demands on the speaking voice, frequently related to public relations or part-time job requirements, such as speaking over background noise (Toles et al., 2021). Results suggest that singers with phonotrauma spend considerably more time speaking (Toles et al., 2021), a conclusion to which it should be added that PCM singers often need to turn to "day jobs" to maintain a decent standard of living (Barlett and Wilson, 2017). These "day jobs" (hospitality, telemarketing, teaching, retail, sales) frequently present a considerable voice usage load (Barlett and Wilson, 2017). Barlett and Wilson (2017) propose that some of the voice problems reported by singers may be correlated to their job-related speaking voice rather than their

singing voice. The authors corroborate that the inherently unstable nature of artistic careers often necessitates pursuing a supplementary income to ensure essential financial stability. However, they do not discuss the emotional challenges of having a “portfolio career” (Barlett and Wilson, 2017). Nevertheless, training and intervention plans for these PCM singers are recommended, considering their day jobs and the significant vocal demands of their multifaceted professional and personal lives (Barlett and Wilson, 2017).

Toles et al. (2021) also argue that vocally healthy singers tend to show personality traits that potentially increase the risk of phonotrauma, such as higher levels of happiness and dominance and lower levels of cautiousness, indicated by louder speaking with more variability of intensity and pressed glottal closure.

Even though the above data confirm that vocal injuries are frequent in singers, research by Bradshaw and Cooper (2018) reveals adverse reputational outcomes for Broadway performers with performance-related injuries. These performers reported social isolation, career consequences after injury disclosure, and a lack of information regarding policies and protections (Bradshaw and Cooper, 2018). Murphy Estes et al. (2024, p.8) corroborate the “persistent stigma surrounding voice injury.”, and Brown et al. (2023) confirmed that singers who depend on auditions do not openly discuss voice disorders for fear of reprisals.

A study yet to be evaluated by Glick et al. (2023) proposes peer support and positive social interventions to reduce the stigma associated with a vocal injury that often prevents professional voice users from seeking vocal healthcare (Glick et al., 2023). Estes et al. (2023) highlight that fear and stigma are mainly motivated by the lack of information about post-treatment vocal function and the importance of educating singers on early signs of voice injury to seek help as soon as possible. In this framework, the strategy I would recommend is based on preventing injuries along with group interventions for injured singers in which the role of an informed and empathic singing teacher or voice coach becomes indispensable.

Teaching Singers with Voice Problems

In a recent study, Fleming, Weekly, and Carroll (2024) present the results of a survey examining current practices by voice teachers and voice pedagogues in training and re-educating singers with past or present dysphonia or vocal fold injury.

The survey focuses on voice science, vocal health and hygiene, clinical practice, and general demographics (Fleming, Weekly, and Carroll, 2024). The results prove the need for a firmer educational program in managing voice disorders by vocal pedagogues to be a more informed member of the voice care team (Fleming, Weekly, and Carroll, 2024). Still, the conclusions presented do not cover how to address the emotional needs of singers with voice problems.

Yeakel, Martha, and Sataloff (2024) define a singing voice specialist (SVS) as a singing teacher with specialised training in laryngeal anatomy, phonation physiology, and voice injury rehabilitation. The authors acknowledge that the approach used with singers with voice problems must be different from that used with healthy students and even confirm that there might be voice teachers who do not feel comfortable working with a singer who has a vocal fold injury or surgery (Yeakel, Martha, and Sataloff, 2024). They advocate for a “voice team approach”, citing Baroody, Sataloff, and Carroll (2017, p.75). The ideal voice care team described may involve an otorhinolaryngologist, a speech-language pathologist, a singing voice specialist, an acting voice specialist, and other consultants, as an allergologist, a psychologist, and a psychiatrist are also considered essential parts of the voice team (Yeakel, Martha, and Sataloff, 2024). Still, this ideal may not be within reach of most singers with voice issues. Although singing instructors should not replace mental health professionals, their approach should encompass emotional care in addition to technical and aesthetic aspects of the voice.

Barlett (2020) asserts that a PCM studio teacher needs to develop a nonjudgmental, respectful, and flexible teaching approach. This should include a technical and stylistic cross-over curriculum prioritising the singer’s physical and psychological well-being. It should also cover subjects such as laryngeal biomechanics and acoustics. Angell (2019) suggests a teaching practice that stems from not over-demonstrating, not judging, letting the singers sing, acknowledging differences in every student, motivational and emotional aspects (Shute, 2008), and being gentle and modest.

Estes et al. (2023) emphasise the prevalent stigma among students in the performance community and highlight the anxiety levels that arise for undergraduate students about seeking care for voice issues. They also affirm that students count on their teachers when a voice problem appears as the primary source of information and that singers working with voice teachers are more inclined to accomplish voice therapy than those who are not (Estes et al., 2023).

As Manternach (2021) states, our experiences of shame should lead us to empathy when teaching. In his approach to teaching singers, Manternach (2021) emphasises using

language that avoids blaming or shaming. As mentioned in a previous piece (Manternach, 2017), he advocates for suggesting clinical advice with sensitivity, carefully handling the subject, and gently opening the door to healing. He believes that for students, “acknowledging the possibility of vocal pathology is the first step in overcoming physiological barriers that may be impeding progress” (Manternach, 2017, p.2).

In light of these considerations, the strategy I am proposing in the next section is based on one model of empathetic and compassionate teaching: *The Six Principles* developed by Wolpow et al. (2009) summarised by Foulkes (2023) in her lecture on *Trauma-Informed Singing Teaching* for the Voice Study Centre.

Preventing Injuries and Enhancing Emotional Support for Injured Singers by Creating an Empathetic Approach: Developing a Strategy.

My strategy developed from the literature reviewed in this essay focuses on prevention, acceptance, and participation, protecting the health and safety of PCM singers and creating a compassionate framework of trust, empathy, patience, inclusion, community and connections (Hendricks, 2021). To help with this groundwork, I would also utilise the "Hexaflex Skills to Recover to Manage Pain and Recover from Injury" by Juncos and De Paiva e Pona (2022, pp. 288-293), focusing on emotional pain rather than physical. My approach to mediation for acceptance also introduces group interventions for injured singers, and the whole strategy is based on the six principles of empathy and compassionate teaching by Wolpow et al. (2009) model summarised by Foulkes (2023).



Figure 1: Graphic illustration of The Six Principles (Wolpow et al., 2009, p.78)

Health and Safety for Singers: Prevention, Early Detection and Acceptance of Voice Symptoms

Results from a recent anonymous survey revealed the importance of early detection of voice injury and the provision and facilitation of rehabilitation and treatment options by the voice care team (Estes et al., 2023). The singing voice rehabilitation specialist is vital for this team (Scearce, 2016) as it is also the singing teacher (Estes et al., 2023). For a singing teacher to become a singing voice rehabilitation specialist, also known as a

singing voice specialist (SVS) (Searce, 2016), specific training is required. This includes obtaining a master's degree in speech-language pathology or meeting equivalent requirements, depending on the practitioner's country, and receiving training in voice pedagogy and performance (Searce, 2016). As I am currently a voice pedagogy student, singing teacher, and former performer, my strategy has been developed from the point of view of a present-day voice teacher who will become an SVS.

Working solo in a private studio, I encounter PCM singers from all genres and age groups. My prevention strategy would include educational materials on laryngeal anatomy and vocal hygiene routines tailored to each singer's particular needs. Fostering the ability to recognise warning signs of voice problems would be crucial, as the singer's self-awareness is a fundamental part of my approach. This emphasis on self-awareness empowers the singer and instils a sense of responsibility in them. Discipline would be regarded as essential, from a consistent, respectful and non-violent approach as indicated in Wolpow's first principle: "Always Empower, Never Disempower" (Wolpow et al., 2009, p.73).

As seen in the literature review, PCM singers often rely on "day jobs" to survive financially and may present difficult personal situations (Barlett and Wilson, 2017). I have been one of them for many years, and I know the harmful effects of stress on our voice. Trajano et al. (2022) actually relate stress and anxiety to dysphonia. Brown et al. (2023) affirm that stress reduction is highly recommended as a preventive and therapeutic tool for professional voice users. After monitoring the effects of an 8-week Mindfulness-Based Intervention (MBI) on patients with voice disorders, Brown et al. (2023) conclude that clinicians might underestimate the physical consequences of stress in professional voice users. The authors highlight the feeling of neglect the patients interviewed experienced after being discharged from voice therapy. After MBI sessions (see Appendix A for details), patients reported feeling relief from pain and tension and better management of psychological symptoms associated with the disorder (Brown et al., 2023). Given these results, I would recommend and facilitate regular mindfulness practices in my studio in collaboration with mindfulness certificate practitioners. On my side, I would give the student 7-10 minutes of chat relief before vocalising to relieve stress. I would practice active listening and try not to speak much unless necessary since it is agreed that voice teachers should talk less in voice lessons (Angell, 2019).

In daily practice, regardless of whether the singer has an injury or voice disorder, I would use the Hexaflex processes proposed by Juncos and De Pona e Paina (2022). They

recommend relying on the Acceptance and Commitment Training (ACT) Hexaflex Skills (see Figure 2) to better manage pain and recovery.

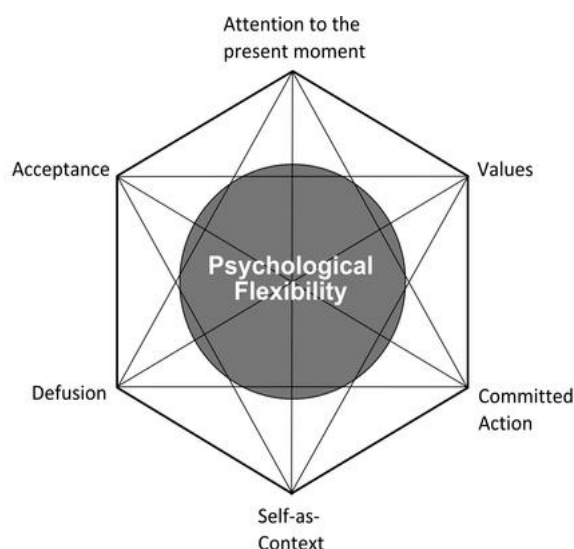


Figure 2: The “ACT” Hexaflex (Shaw, Juncos and Winter, 2020, p.4; original diagram by Batink et al., 2016; Hayes et al., 2006).

Guidance to the students would be delivered by adopting the ACT Hexaflex pattern and the six processes described by Juncos and De Pona e Paiva (2022) (see Appendix B for details on ACT and its application). Following *The Six Principles* of Wolpow et al. (2009), the teacher should maintain high expectations and check on their own assumptions about voice injuries, providing “unconditional positive regard” (Wolpow et al., 2009, p.72).

I want to clarify that when I talk about managing pain, I am referring to emotional pain or mild voice symptoms previously diagnosed by a laryngologist, i.e. muscular tension. It is important to note that actively singing with physical pain can be highly dangerous when it comes to vocal injuries. Additionally, it is essential to understand that these teaching proposals will never replace clinical and therapeutic practice.

Group Intervention and “Helpful Participation”

Wolpow et al. (2009) support participation as a vehicle for belonging. Feelings of self-worth improve when we make meaningful contributions to the welfare of others (Wolpow et al., 2009). In a recent study, singers confirmed that as voice disorders are not usually discussed, being with other disordered people gave them perspective, and they would

like to share their experiences with other injured singers (Brown et al., 2023). As a voice teacher and singer who has been diagnosed with a voice injury and undergone subsequent phonosurgery, I deeply empathise with these testimonials. My strategy would offer the chance for previously diagnosed students (still injured or no longer) to openly share their concerns with other singers who have been or still are in the same situation in group discussion sessions, which will include stretching, breathing exercises and SOVTEs warm-ups (see Appendix C for descriptions) since the benefits of this exercises as rehabilitative tools have been widely proven (Bhatt et al., 2023). The students would be offered the option of a bi-weekly meeting in addition to their regular singing lessons if they are ready to resume them. The student's privacy needs will always be respected, and the group's anonymity will be secured. However, the strategy approach aims to break the stigma, so openly discussing injuries will be encouraged.

Other studies support group intervention approaches: Trajano et al. (2022) proved that group voice therapy was effective in reducing not only anxiety but also vocal symptoms in patients with dysphonia. Childs, Rao, and Mau (2022) remark that the circle of shame and guilt experienced by injured singers becomes pervasive due to misinformation in the singing community. Based on this, there is a need for evidence-based information about phonotrauma (Childs, Rao, and Mau, 2022) and guided opportunities for sharing experiences that would create mutual trust and affirm self-worth (Wolpow et al., 2009).

As the ideal voice experts team discussed in the literature review can be as ambitious to find as hardly affordable for the average professional singer (Yeakel, Martha, and Sataloff, 2024), the group sessions would feature the participation of guest experts who will answer specific questions from the attendants.

Considering the vulnerability of an injured singer, specific emotional training for the singing teacher might be advisable. From my personal experience as an injured student, some faces or reactions can become devastating for the singer and might trigger long-term consequences. Leda Searce (2016) offers a valuable strategy for an empathetic approach that would be included in the supervised group intervention (Appendix D).

Critical Reflection, following Kolb's Cycle (1984) and Gibbs' (1988) Reflective Practice Framework

As the process of my prior learning and my vital experience have been critical to this work, I chose Kolb's Experiential Learning Cycle (Kolb and Kolb, 2018) as one of my reflection journal models, along with the revisited Gibb's framework (Galli and New, 2022) as seen on Figure 3.

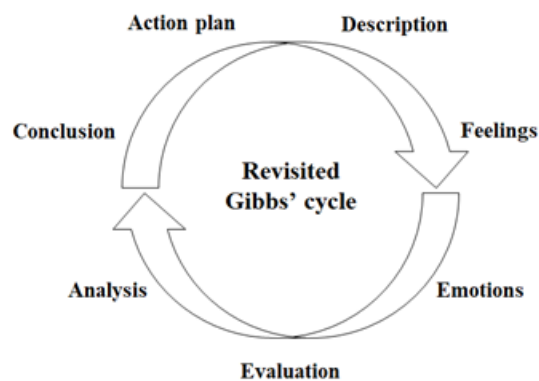


Figure 3: Revisited Gibb's cycle (Galli and New, 2022, p. 98)

1. Description of the Initial Arguments

When I chose this essay topic, I didn't anticipate the challenges of organizing research and finding relevant literature. I believe there's a gap in research on addressing the emotional needs of singers with voice problems. This belief stems from my personal experience as an injured student. Years ago, my interactions with singing teachers were uncomfortable, and I could not find specific ethical guidelines for teaching singers with voice issues.

I narrowed the question to Popular Culture Music teaching since it comprises the styles I work in as a voice teacher and singer. Research suggests PCM singers face a higher risk of vocal difficulties (Morawska, Niebudek-Bogusz, and Pietruzewska, 2022).

2. Feelings and Emotions that Arose Throughout the Learning Process

My first reading on the topic was Leda Searce's chapter on working with the psychological impact of voice problems (Searce, 2016). She speaks empathetically about the loss of self-esteem, identity issues, and the fear of losing not only oneself but also one's job and income (Searce, 2016). Feelings of guilt, shame, and powerlessness arose as I remembered specific situations related to my initial voice problems and subsequent injury. I identified and wrote the emotions, following the monitoring model proposed by Galli and New (2022). I used those emotions as a powerful stimulus to continue with my research and not change the chosen topic, no matter how difficult it may be to develop. In processing the reviewed literature, conceptions of the past met the perceptions of the present, as the dialectic poles of Kolb's learning cycle describe (Kolb and Kolb, 2018).

The question I chose was challenging because I initially struggled to find reliable sources and literature. However, I learned to improve my search methods and eventually met my expectations using a pearl-growing strategy (Sandieson, 2006).

3. Evaluation of the Learning Process and Resulting Outcomes

I used Gibbs' model (1988), revisited by Galli and New (2022), to evaluate the learning process and its outcomes. I detailed the following:

- **Positive considerations:** Existing research confirms the high prevalence of vocal fold irregularities in professional singers, often at the peak of their careers (Searce, 2016). Some authors emphasise the necessity of breaking down the stigma related to voice injuries (Murphy Estes et al., 2024; Brown et al., 2023; Estes et al., 2023; Bradshaw and Cooper, 2018) and advocate for a more empathic approach that starts with the singing teacher (Estes et al., 2023).
- **Negative considerations:** There is a lack of information regarding voice injuries, although there are many positive outcomes after appropriate treatment in the performing communities studied (Estes et al., 2023). I want to underscore that I have been unable to find any study or work on the emotional needs of singers with injuries in Spanish or Catalan. I firmly believe this field needs to be developed and considered more in most Spanish-speaking countries since Spain is where I am currently developing my practice.

- **Advantages and Opportunities:** The lack of existing protocols allows the development of a much-needed research and practice design area, which I would delve into, as previously shown in my strategy. Murphy Estes et al. (2024) suggest that fear of judgement and lack of support influence performers' reluctance to open up about their injuries. However, Murphy Estes et al. (2024) also suggest that the support of a voice teacher increases those singers' comfort level. Overturning a pervasive stigma needs community support (Brown et al., 2023) and open discussion to reduce shame (Murphy Estes et al., 2024). Group interventions may relieve the loneliness and isolation that singers with injuries might feel (Murphy Estes et al., 2024).
- **Disadvantages:** The strategy presented does not follow any existing curriculum, as none are available. Therefore, it needs to be evaluated by a team of experts, following the University standards as required in Module Three. Even though many studies consider group interventions beneficial (Trajano et al., 2022; Brown et al., 2023; Murphy Estes et al., 2024), clinical and ethical considerations, such as a previous diagnosis by a laryngologist and the mental health status of the singers must be assessed.

4. Analysis of the Learning Process and Resulting Outcomes

After recovering from a vocal fold-free edge surgery, I have resumed my daily practice as a voice teacher earlier than expected. The literature evaluation for this essay was done during the preoperative and postoperative periods. While processing the information gathered, I have developed a more empathic approach to teaching, regardless of whether my students have a voice problem. In light of this I have been thinking about specific applications of the strategy in my studio. Most singers I am working with are women over 40 and 50 years old with perimenopause and menopause voice symptoms. Research has shown that menopausal voice symptoms are motivated by organic changes in the larynx (D'haseleer et al., 2009) and that age and gender affect vocal fold physiology, generating subsequent pathologies (Rotsides et al., 2021). These results cause me to consider focusing my strategy specifically on professional and avocational singers with perimenopausal and menopausal voice symptoms, who, injured or not, may have voice disorders that could carry a very high emotional impact.

In light of this, my Personal Development Plan (PDP) (see Appendix E) will outline how the presented strategy requires me to engage in breathing, body awareness, and anxiety management training.

5. Did I Choose the Right Question? Conclusions

Because the proposed question is complex, I have often questioned whether this essay's approach is appropriate. However, after analysing the literature reviewed, I feel reassured about stigma, shame, blame, and fear regarding our voices and potential or actual damage. Stigma will not be broken down until more research on high prevalence is published and teachers work in prevention and rehabilitation from a compassionate, empathic, and well-informed approach. A closer study of the singer's physical and emotional needs is necessary to develop effective, ethical plans. I also believe these plans must be applied according to the type of dysfunction, singer, genre, cultural background, and many other variables. These programmes must be highly personalised.

6. Action Plan

The strategy aligns with Radionoff's (2004) singing voice specialist (SVS) role description. It involves providing students with information on vocal health, access to professionals for help, tailored training, and empathetic counselling.

I am developing my practice as a singing teacher in Spain and hopefully in more countries sooner rather than later. The SVS figure in Spain is still relatively unknown. Whether injured or not, most singers and voice professionals have their *singing teachers*, classical or PCM experts. From my experience, Estill's teaching model stands out as a leading option. If needed, singers see a *Logopeda* (SLP) specialist. Therefore, I am considering applying for a Speech-Language Pathology (SLP) degree to become qualified and well-prepared for practice. This will require significant time, energy, and resources, so I must carefully consider my decision.

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APPENDICES

APPENDIX A

Shapero et al. (2018) describe mindfulness as purposefully paying nonjudgmental attention to a particular moment, following Kabat-Zinn's (2003) concept.

Brown et al. (2023) highlight the benefits of structured Mindfulness-Based Interventions for people with voice disorders, even though there is a lack of research on this subject (Brown et al., 2023).

Mindfulness-Based Interventions (MBI) are, according to Brown et al. (2023):

- Structured eight-week, two-hour group mindfulness classes.
- Led by a trained mindfulness instructor.
- Occasionally offering a one-day retreat.
- Having a daily homework component with guided and unguided meditation practices.
- Group discussions in which twelve participants learn from each other via modelling and direct feedback (Shapero et al., 2018).

Mindfulness-Based Interventions (MBI) benefits are, according to Brown et al. (2023):

- Stress reduction.
- Helpful management of chronic pain
- Helpful management of loneliness, grief related to illness, and medically unexplained symptoms.
- Improving the sense of community in group practices.
- Encouraging reappraisal in adverse situations.

Brown et al. (2023) conclude that according to their study results, an eight-week mindfulness course reduces stress, lowers voice handicap and improves quality of life in people with voice disorders, even when chronic or severe.

APPENDIX B

Acceptance and Commitment Training (ACT) is an adapted form of Acceptance and Commitment Therapy when non-clinical professionals apply it. (Juncos and De Paiva e Pona, 2022). The ACT promotes flexibility in the presence of unwanted symptoms rather than aiming to reduce them (Juncos and De Paiva e Pona, 2022).

The Hexaflex processes described by Juncos and De Pona e Paiva (2022) would be applied to the guidance strategy presented in this essay in the following way:

- 1) *Attention to the present moment* by meditating to increase body awareness and observe sensations of tension and other symptoms, incorporating time breaks during practice and outside, and focusing on performance outcomes rather than the injury.
- 2) *Acceptance* by integrating repeated willingness to perform while recovering from an injury or disorder. The teacher should maintain high expectations following the third of The Six Principles by Wolpow et al. (2009).
- 3) *Defusion* by separating from injury-related thoughts.
- 4) *Self-as-context* by reminding the student to take the injury less personally. The teacher should check on their own assumptions about voice injuries (Wolpow et al., 2009).
- 5) *Values* by recalling what matters most as a performer and validating oneself compassionately.
- 6) *Committed Action* by “activity pacing” (Juncos and De Pona e Paiva, 2022, p. 292), increasing daily activity to maintain consistency and practising more when experiencing negative emotions. The teacher should provide “unconditional positive regard” (Wolpow et al., 2009, p.72). The studio should be considered a safe place where all feelings are welcome.

APPENDIX C

Semi-occluded vocal Tract Exercises (SOVTEs) are used in voice clinics as a therapeutic tool to ease phonatory stresses, facilitate resonant voice quality, and rehabilitate patients with dysphonia (Bhatt et al., 2023). SOVTEs generate voice production in a way that relies more on source-filter interaction and relieves stress on the adductory movement (Bhatt et al., 2023).

The articulators can form vocal tract semi-occlusions through the lips or tongue, the nostrils (nasal consonants), or a straw inserted in the lips (Bhatt et al., 2023).

Most recommended SOVTEs include:

- Lip and tongue trills (Bhatt et al., 2023).
- Resonant Voice Training with nasal sounds, i.e. humming exercises with [m], [n], [ŋ] (Mershmann et al., 2017).
- Phonation into straws or tubes (Bhatt et al., 2023).

APPENDIX D

Critical Skills of the Singing Voice Rehabilitation Specialist for an Empathetic Approach

(Searce 2016)

The emotional consequences of a voice disorder must be fully understood. Searce (2016, p. 133) states, “The voice is central to the singer’s identity and self-esteem. Singers often view their voices as an extension of themselves (...)”, not only for professional singers but also for avocational singers, whose voice is a valuable source of social interactions that provide quality of life. Again, in Searce’s words, “Singing is an enormously vulnerable act and requires equally enormous confidence.” (Searce, 2016, p.133).

A singing voice rehabilitation specialist should demonstrate the following skills (Searce, 2016) :

- Adaptation and ability to read the singer to identify the most helpful actions.
- Honest and encouraging approaches that are reassuring but do not give false hope.
- Empathetic language in which either verbal or facial expressions are mindful.
- Compromise of creating a safe environment for healing.
- Compromise of abolishing blaming, self-blaming, and shaming language, avoiding terms such as "vocal abuse".
- Understanding of the singer’s goal to align them with the therapeutic goals.
- Ability to connect the singer with other specialists (connections).

- Ability to provide the singer with practical options for everyday problems related to the process (financial concerns, time issues). Flexibility is key.
- Endeavour to educate those involved with the singer's rehabilitation to avoid blaming language.
- Availability in case of emergency.

APPENDIX E: PERSONAL DEVELOPMENT PLAN

This Personal Development Plan (PDP) outlines my objectives as a singing voice specialist for the next two years. It directly relates to completing the MA in Voice Pedagogy and an ongoing business plan. However, one of the goals outlined in this PDP may take up to five years to achieve. The main goal of this PDP and my studio project is to offer complete, accomplished, ethical formation to popular music singing students regardless of age, gender, level of knowledge, and needs, including support for singers with voice problems.

	Overall Goal	What will I do to achieve this?	Actions I will take to achieve the goal	Resources and support needed	What Success Looks Like	Potential challenges	Target date for completion
1	Improve my piano skills.	I am currently attending weekly classes. I will ask my teacher to start working on more material related to my teaching and singing.	I must practice more: at least one and a half hours every day, every week.	Help from my piano teacher, TIME, DISCIPLINE.	As a singer, I quickly play my material and sing along. As a teacher, I accompany my students' songs on the piano without relying on playbacks.	I struggle to find the time for a mindful daily practice of more than 45 minutes.	For playing my music: July 2025 To play for my students: I might ask my teacher for a realistic goal, and I will provisionally say December 2025 (Playing is a continuum)
2	Expand my current knowledge of core vocal pedagogy, especially regarding transgender, teenager, and children's voices.	I have a long list of VSC video lectures on these topics that I need to watch. I am also studying a book for teaching children aged 4 to 7 to sing.	I must establish a two-lectures-a-week routine (instead of listening to podcasts or watching series). I have to find a book with specific exercises and ideas for teenagers.	TIME. MINDSET. Books/Vids/Courses on teaching singing to teens ages 11-18.	I teach children, teenagers, and adults in private and group settings. Additionally, I run workshops on transgender voices, which are in massive demand in BCN.	I have never worked with teenagers or transgender voices. I teach children, but privately 1:1, and I do not have as much experience as with adults.	March 2025

3	Work on my acting, breathing, and body awareness skills. I want to have these skills certified.	I will attend acting workshops and body awareness and breathing techniques workshops.	I will watch VSC videos on breathing techniques and body awareness to make informed decisions. I must list the specific workshops with certifications I can find in BCN that interest me.	TIME MONEY	My breathing management skills and body awareness have improved, and I can use my knowledge in my classes.	Find the appropriate classes at an affordable price.	June 2025 Learning is a continuum.
4	Improving my Excel and Word skills	I will follow online short courses and may attend live sessions at Barcelona Activa (the council's development agency for entrepreneurs).	Start the courses ASAP since my skills are inferior, and I need Excel to manage my studio.	Barcelona Activa offers many options, and there are many free online courses. I need MOTIVATION.	I can manage Advanced Word and Excel without losing my mind and nerves.	Time management issues and lack of motivation since this is not about voice or music but practical skills.	January 2025
5	Comply with my Business Plan for my Studio (already developed): L'Espai de la Veu	I will continue attending live sessions at Barcelona Activa (the council's development agency for entrepreneurs). I will look for a place to settle down. I will follow the Marketing Experts' Advice.	I need to resume my active search for a place to rent. My studio is currently set up in a room in my house, and I go to rented rooms for group classes. I will continue with workshops in public and private spaces. I will start the recorded courses.	I need help from my connections since finding a place in Barcelona is a hard row to hoe. I have to expand my connections and devote more time to mailing work.	My business plan is being followed and is working as expected.	Time management issues.	September 2025
6	Improving my French and Italian skills (Expat work)	I will start with free online short courses and practice with friends.	Find intensive certification programs during the summer-	TIME MONEY MINDSET	I can easily teach singing in French and Italian.	Time management issues.	September 2025

7	Finishing my MA in Voice Pedagogy + 2 other VSC Certificates.	I will continue my MA studies and decide which certifications to pursue (since I would select them all).	I must commit to a time management plan or enrol in a time management course.	TIME MONEY MINDSET	I finish the MA and have a couple of extra certifications (Trauma-Informed Singing Teacher and Transgender Voices, for example).	Time management issues.	July 2026
8	Expand my knowledge of voice disorders and injuries, especially on menopausal women.	I need to read more on the subject and have access to real-life examples.	I may ask my laryngologist and SPL to attend some of their sessions with their patient's permission.	A laryngologist and SLP clinic that allows me to participate in some rehabilitation sessions.	I gain expertise in voice problems even though I do not diagnose them.	Ethical implications since I am not officially training as a certified SPL.	July 2025
9	Starting a degree in Logopedia (SLP)	I have to think about it carefully.	Start my degree at UOC University: quality remote learning with flexible scheduling.	TIME MONEY I might leave some leisure activities I am enjoying now, such as travelling for running races.	I am one of the few singers and singing rehabilitation specialists in town certified as an SPL.	More time, energy, and resources are needed, so I must carefully consider my decision.	I will need at least four years and might start in February 2025.