

*I must express my gratitude and awe for the vulnerability and eloquence of everyone who shared their stories as part of this project. Several have been active participants throughout my research over the past three years. Many are friends and colleagues who chose to share difficult experiences with me in the hope that their stories would contribute to our understanding. Without naming them here, I want to thank them for their insistence that their stories be told, not only their injuries but also their recovery and especially their resilience. They are the human voice advocating for singers' vocal health far beyond a correlation matrix or data point. I (we) need to do a better job of advocating for diagnosis and treatment-seeking in our singers. We must ensure that we, as the "expert in the room," do no harm, whether from the podium or in the studio. We must be ready to listen, support, and assist effectively and ethically so they (and we) can continue to enjoy our love of choral singing.*

Word Count: 15,503

**Choral Musicians' experience of vocal injury:  
a discussion of prevalence, diagnosis, and recovery**

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## **Project Proposal**

### **Project Title:**

"Choral Musicians' experience of vocal injury: a discussion of prevalence, diagnosis, and recovery"

### **Project Context:**

This paper gathers the personal perspectives of choral musicians' experiences of Vocal Injury, analyzes and discusses them, and makes recommendations about the resulting conclusions. The hope is to expand my understanding of these experiences and apply the results to my professional practice, and aid other professionals in understanding the subject. As a choral conductor, singer, private voice teacher, and researcher, the context in which I will conduct my research includes my private voice studio, choral rehearsals, singing engagements, and online contacts through Facebook and social media. Throughout the study, this research will include amateur and professional choral singers whom I will term Choral Musicians (CMs). By identifying the context as the multiple places where I, as an insider researcher, encounter CMs' experiences with vocal injury, I am diversifying the perspectives with which I examine the research - a practice advocated for by Nelson (2022) and Xu, (2022), academic authors who contribute to the practice and philosophy of research design.

The primary setting for this research, however, is my private voice studio, which comprises 20 – 24 students, of whom half are experiencing significant singing voice challenges that require habilitation (skills and technique training or acquisition) (Mitton, 2021) and vocal recovery, most of whom are CMs currently engaged in choral singing or conducting choral groups. In this capacity, I consult and collaborate with several clinical specialists, including Speech Language Pathologists, Medical Doctors, and Psychologists, to ensure ethical, effective, and appropriate care of those students, many of whom aim to return to or improve their choral singing experience (Radionoff, 2004). This emerging role in the voice professional community is particular to the US, with increasing attention to the training, ethics, and professional practice over the last ten years (Gerhard, 2016). While I have been a Teaching Artist and pedagogue for more than thirty years, I have been working in my studio teaching as a specialist focusing on choral singers since 2016 and continue to advance my practice as evidence- and science-based through education, research, and collaboration (McCoy & Ragan, 2018).

### **Project Justification:**

The justification for this research project evolved from observations during my previous research on how CMs experience voice pedagogy, including the habilitation of singing technique, expression of tone, and vocal health issues such as illness, injury, and hygiene. While much of the data I encountered in literature and my research addressed many of the phenomena and experiences I encountered, one noticeable gap in the research emerged: that choral singers who have experienced vocal injury (phonotrauma) and are now looking for a way to continue or return to singing. In my paper, “Vibrato and the Choral Singer” (Kovacs, 2023b), I identified an under-researched class of CMs representing 18% of the survey respondents who had experienced a vocal injury in the context of choral singing. This percentage significantly increases to 40% when considering only professional choral singers. With much of my data from this study unpublished due to subject relevance and owing to the small sample size ( $n=50$ ) for the survey and ( $n=7$ ) interviews, I want to explore the subject further, investigating (and confirming) the frequency of vocal injury among CMs and inquiring about the pathway for discovery, diagnosis, and recovery for those singers.

This project will draw research subjects recruited from the organizations and places where my professional practice intersects: the voice studio, choral rehearsal, and social media. Interviews and surveys relevant to this project will occur in my studio or rehearsal venue.

### **Intended Impact:**

The intended impact of this research project is to add to the understanding of CMs' experience with vocal injury so that I and other voice professionals, especially choral conductors and teachers of choral singers, can help them identify vocal injury, seek appropriate treatment, and support their recovery (Fleming et al., 2024; Ravall & Simberg, 2020). By highlighting this topic, I also hope to encourage other researchers to engage with this topic, deepening and broadening our understanding of vocal injury in the context of choral singing. The longer and larger-term impacts could include the development of protocols and best practices for choral directors and singing voice teachers in the studio and choral rehearsal that further advance science- and evidence-based approaches in supporting injured and recovering CMs as practitioners of voice pedagogy (Bozeman & Ragan, 2021). With increased interest in the application of voice pedagogy and voice pedagogy education in higher education, as we

prepare choral conductors for professional practice, there is potential for a positive impact on the practice of voice pedagogy in the choral milieu (Latham et al., 2017).

Further, this research will improve my professional practice as I engage with singers in my private voice studio, many of whom seek out my expertise in caring for the singing voice following injury (usually in collaboration with speech-language pathologists and laryngologists or following discharge from clinical care for the vocal injury). The knowledge gained through this research will also help me as a choral director, assisting me in identifying singers at risk for or experiencing vocal injury in my choral ensembles and designing pedagogical approaches to choral singing that promote vocal health and minimize risk for injury.

### **Outlined Intention:**

I will use interviews and surveys to interrogate the social, musical, and practical aspects of vocal injury in the choral milieu. As a researcher, I prefer abductive (inside-out and outside-in) reasoning, which helps me infer explanations for observed data. In this context, I take a continuous approach to reviewing the literature, especially as new themes and information emerge during data collection and analysis. I also include exploratory (not confirmatory) statistical analysis of the questionnaire data to assist the abductive process, which may generate more questions than answers. The conclusions included at the end of the findings will explore the themes, implications, and recommendations for professional practice, and present questions for further consideration beyond this project.

Figure 1: Project Timeline

|                                                | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <b>Phase 1:</b>                                |     |     |     |     |     |     |     |     |     |
| Project Proposal                               |     |     |     |     |     |     |     |     |     |
| Introduction                                   |     |     |     |     |     |     |     |     |     |
| Literature Search and Selection                |     |     |     |     |     |     |     |     |     |
| Methods                                        |     |     |     |     |     |     |     |     |     |
| Choral Director Focus Group                    |     |     |     |     |     |     |     |     |     |
| Transcribe & Code Interviews                   |     |     |     |     |     |     |     |     |     |
| Develop Phase 2 Survey Questions               |     |     |     |     |     |     |     |     |     |
| <b>Phase 2:</b>                                |     |     |     |     |     |     |     |     |     |
| Choral Director Survey                         |     |     |     |     |     |     |     |     |     |
| Choral Singer Survey                           |     |     |     |     |     |     |     |     |     |
| Begin findings (stats, analytics, informatics) |     |     |     |     |     |     |     |     |     |
| Compose final interview questions              |     |     |     |     |     |     |     |     |     |
| Identify final interview subjects              |     |     |     |     |     |     |     |     |     |
| <b>Phase 3:</b>                                |     |     |     |     |     |     |     |     |     |
| Schedule & hold final interviews               |     |     |     |     |     |     |     |     |     |
| Transcribe & Code Interviews                   |     |     |     |     |     |     |     |     |     |
| Finish Findings                                |     |     |     |     |     |     |     |     |     |
| Write conclusions                              |     |     |     |     |     |     |     |     |     |
| TOC, Appendices, Glossary, & Rerences          |     |     |     |     |     |     |     |     |     |
| Proof & Sumbit Draft                           |     |     |     |     |     |     |     |     |     |
| Edits and Final Draft                          |     |     |     |     |     |     |     |     |     |
| <b>Presentation:</b>                           |     |     |     |     |     |     |     |     |     |
| Prepare Outline                                |     |     |     |     |     |     |     |     |     |
| Invite guests                                  |     |     |     |     |     |     |     |     |     |
| Create Slides                                  |     |     |     |     |     |     |     |     |     |
| Rehearse                                       |     |     |     |     |     |     |     |     |     |
| Presentation:                                  |     |     |     |     |     |     |     |     |     |

## Methods Used:

I will hold semi-structured focus groups that gather multiple perspectives on experience while taking advantage of the generativity of hearing others' responses to questions and discussion (Costley et al., 2014; Crotty, 1998; D. Gray, 2022). Following the focus group, I will conduct a questionnaire that uses a mixed-methods approach that includes five to ten Likert-type questions with a paired, content-related, narrative question to enrich understanding of the prior response. Coded analysis of the narrative responses using externally derived codes, codes discerned during the literature review, and emotional codes resulting from the focus group/interviews may be used (Creswell, 2014; Feilzer, 2010). Analysis of the quantitative data

will be performed using Jamovi or a similar tool to discover correlations in addition to the frequency of responses.

Semi-structured interviews in the third phase will include analysis using the same coding described above. While these interviews are optional, depending on the time available, they would help narrate the data with quotations, case examples, and a deeper understanding of the recovery experience (Costley et al., 2014; Crotty, 1998; Denzin et al., 2024).

A daily work log, a literature review log, and a reflective journal will be completed with each node and sub-node of the research project as described in the timeline and Gantt Chart. While time-consuming, this practice can ensure effective time management, consistent application to hermeneutic principles, and a return to an examination of bias, professional profile, and consistent application of inquiry as the motivation for the project (Boell & Cecez-Kecmanovic, 2010; Bolton & Delderfield, 2014; Cottrell, 2023; Le Cunff, 2022).

*Figure 2: Reflective Journal Format*

| <b>Action</b>         | <b>Date</b> | <b>Experience/Event<br/>Occurrence</b> | <b>Reflection</b><br><i>Considers perspectives of<br/>students, colleagues, self, theory</i> | <b>Action</b><br>What course do you take<br>and when? |
|-----------------------|-------------|----------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Rflx Before<br>Action |             |                                        |                                                                                              |                                                       |
| Rflx In<br>Action     |             |                                        |                                                                                              |                                                       |
| Rflx On<br>Action     |             |                                        |                                                                                              |                                                       |
| Rflx Before<br>Action |             |                                        |                                                                                              |                                                       |
| Rflx In<br>Action     |             |                                        |                                                                                              |                                                       |
| Rflx On<br>Action     |             |                                        |                                                                                              |                                                       |

## **Ethics and Insider Research:**

The University of Wales Research Ethics & Integrity Code of Practice establishes the overarching ethical guidance for this project (University of Wales, 2015). Participants will be fully apprised of the voluntary nature of the study, their right to withdraw at any time, and to have their contributions withdrawn from the data. Participants' data will be anonymized, identifying information will be removed, and it will be digitally secured and encrypted. Physical records will be stored in a locked filing cabinet. This researcher will engage in a regular, formal reflective process based on the Experience, Reflection, & Action and Jaspers models (see Table 2, page 7) to review and reestablish the researcher's positionality to ensure mitigation of bias (Denscombe, 2021; Kovacs, 2023a; Scott, 2022).

Insider research has both benefits and risks. The benefits are an informed perspective on practice related to the contemporary context, well-informed process knowledge, and access to research participants (Breen, 2007; Costley et al., 2010). Potential risks include researcher bias during data gathering and analysis, the potential for abuse of relationships, and the possibility of emotional, physical, or psychological harm (University of Wales, 2015). These can be eliminated, reduced, or mitigated through ethical codes of conduct such as those provided by the University of Wales, adherence to hermeneutic and reflective practices, and ensuring that informed consent is an ongoing and transparent component of interactions with research participants (Homan, 1991; Pellegrino et al., 1991). Participants who express a need or are identified as needing follow-up medical, psychological, or voice assistance will be referred to a suitable professional.

## **Personal Learning Outcomes:**

- To develop additional skills with descriptive statistics as they apply to mixed methods and insider research.
- To add to my method skills by using group interviews and focus groups to collect data.
- To improve my research planning and execution so that the amount of data I collect and analyze is appropriate for the scale of the project.

## Introduction to the Report

This report explores the personal perspectives of choral musicians' (CM) experiences of Vocal Injury (VI), analyzes and discusses them, and makes recommendations about the resulting conclusions. The reason for undertaking this research lies within the context of my professional practice as a Singing Voice Teacher (SVT) and non-clinical Singing Voice Specialist (SVS) who works primarily with local choral singers and conductors. Many of my students are experiencing significant voice challenges that require habilitation (skills acquisition or training) and help in obtaining vocal resilience (the ability to recover after disuse or injury). In my practice, I consult with a clinical team that includes Speech Language Pathologists, other Singing Voice Specialists, Otolaryngologists, Laryngologists, Psychologists, and other professionals to ensure ethical, effective, and appropriate care for my students (and the choral singers I direct). This team-based approach, which places the vocalist at the center, is well supported as the ideal model throughout the vocology and singing voice teacher literature and is considered best practice for our profession (Hunter et al., 2013; McCoy & Ragan, 2018; Ravall & Simberg, 2020; Verdolini, 1998). The evidence-in-practice for this approach is supported by the survey results below.

This research project evolved from observing my students, colleagues, and friends as they encountered the social, musical, and rehabilitative challenges of vocal injury. I wondered what the intersection of voice pedagogy and CM experience was. This inspired the research question: *What are choral musicians' experiences of vocal injury?* Earlier research into the habits and techniques of CM and how they obtained their knowledge revealed two themes. First was the need for understanding the lineage of practice (Winter, 2023) of their choral directors. Second was understanding what, if any, studio experience they had (Bennet, 1977; Smith & Sataloff, 2013) played a role. Additionally, prior research suggests that there was some difference in experiences among professional and amateur singers (Kovacs, 2023b; Weekly et al., 2018) concerning diagnosis, treatment, and singing voice support, which is confirmed in large part in the survey results below. Further research into the literature yielded little information about CM experiences specifically, leading me to conclude that research findings do not exist, and there was a gap in the knowledge (Creswell, 2014; Gray, 2022).

As a choral director, professional choral singer and soloist, private voice teacher, and researcher, the context for this project spans many locations and organizations. Given my employment (choral groups and voice studio) and personal commitments (choral singing for

pleasure and worship), I encounter the subject matter and those who experience it everywhere I am as a professional. I will discuss the ramifications of using this technique below (Falter et al., 2022). One benefit of the broad scope of the context is that, as an insider researcher, I have encountered a broad range of experiences with voice disorders and vocal injuries that have assisted in diversifying the perspectives and even the definitions with which I examine the topic of vocal injury among choral musicians (Nelson, 2022; Xu, 2022). The interactions with the research participants described below interrogate the musical, habilitative, and health (including mental health) aspects of vocal injury (and ultimately voice disorders) in the choral milieu.

The hoped for result of this research is to add to our understanding of CM experience with vocal injury and voice disorder so voice professionals of all kinds, including teachers of voice, choral conductors, and clinicians, can be more adept at intervention and support of singers experiencing phonotrauma or in recovery (Fleming et al., 2024; Ravall & Simberg, 2020). Furthermore, I hope to encourage other researchers to engage with this topic and deepen the commitment of choral directors, singing voice teachers, and specialists to adopt science and evidence-based approaches to vocal injury and disorder as part of their practice (Bozeman & Ragan, 2021). This would include the recognition of symptoms, referral and consultation to clinical professionals for diagnosis and treatment, and support of singer recovery, including accommodation in rehearsal and performance. Finally, I hope to shed light on an important aspect of the research participants' experience: mental and social health. As the report below will demonstrate, this is an often-overlooked part of the experience, one that needs to be addressed in the larger discussion of vocal health teams (Lücking & Claßen, 2023).

This project aims to better understand choral musicians' experiences of injury by:

- Carrying out interviews and focus groups to gather choral musicians' perspectives, beliefs, and understanding of vocal injury
- Analyzing the data to draw out the main themes
- Provide recommendations for pathways of support, care, and further understanding for choral musicians who experience vocal injury

My learning outcomes for this research project include:

- To develop additional skills with descriptive statistics as they apply to mixed methods and insider research.
- To develop additional skills in creating visual informatics.
- To learn effective and efficient ways to analyze conversation and interview responses.

- To add to my method skills by using group interviews and focus groups to collect data.
- To improve my research planning and execution so that the amount of data I collect and analyze is appropriate for the scale of the project.

It is important to note in this introduction that where the research began with the assumption that vocal injury was a clearly understood concept that participants would be able to self-select for, it became apparent early in the research and then more evident in the survey responses that people associated voice disorders of all kinds of origin with injury. I will discuss this phenomenon more fully below.

### Literature Review

This Systematic Literature Review includes the use of a research question from which to base the literature search, uses explicit inclusion/exclusion criteria (Appendix E, p.85), incorporates critical appraisal of the literature (Appendix F, p.86), and provides a synthesis of findings.

Basing my search terms broadly on the research question *What are choral musicians' experiences of vocal injury?*, I began with an electronic search of Elsevier, Elsevier Health, and the University of Wales online library. Initial search terms included but were not limited to:

- Choral AND Voice Injury OR Vocal Injury
- Choir AND Voice Injury OR Vocal Injury
- Singer AND Voice Injury OR Vocal Health

Upon completing these searches, I then searched Google Scholar using the same search terms until I encountered a high level of redundancy in the results and concluded my electronic search. Due to the lack of online indexing capabilities, I then conducted a manual search of the Choral Journal and the International Journal of Research in Choral Singing, both publications of the American Choral Directors Association, the professional association for choral directors in the US. I then supplemented my search with previously included or collected materials from prior research, including peer-reviewed articles, textbooks, and book chapters.

For the peer-reviewed articles, an inclusion matrix was used for the selection of materials included in this review (see Appendix E, p.85). This matrix included a modified version of the Adams Framework as advocated for by Winter (2023), which describes a “fit for purpose” approach to selection. The factors determining inclusion included date of publication and

relevance to the research question, which were categorized into subcodes for Topic (T), Method (M), and Adjacent Practice (A). To qualify for selection, publication must have been within twenty-five years, and two of three qualifying subcodes must be marked as “yes.” A fourth subcode, Research Question (Reas?), identified articles that directly answer the research question and were automatically included. Ultimately, only 44 articles met the inclusion requirements, and only five directly addressed the research question with respect to vocal *injury* and *choral* singing as a meta-code for the research topic.

The research into voice disorders in the choral setting is limited, with only a handful of recent (since 2004) peer-reviewed publications describing vocal injury specifically among choral singers (Grady & Brunkan, 2022). It is worthwhile to note a significant lack of published research from 2020 to 2023 during the height of the COVID-19 pandemic, except for some COVID-specific studies that utilized methods such as Zoom (de Queiróz Coutinho et al., 2024; Tamplin & Thompson, 2023). Some of these studies are included below, along with additional materials on the effect of digitally based research, which are outlined in the Methods section that follows (Falter et al., 2022). One significant observation to add here is that I learned a *lineage of practice* approach (Winter, 2023) to this review would be nearly impossible, since most of the developments that affect current practice have occurred in the last twenty years (Payten et al., 2024).

While the literature with respect to choral singing may be sparse, there is extensive writing supporting the topic of vocal health, including vocal hygiene, illness, and injury (Weekly et al., 2018). The topic of aging singing continues to develop, as does the accompanying discussion of often age-related illnesses that can affect the singing voice, such as Parkinson’s Disease (Mitton, 2021). Further, the singing-for-health movement endorses and advocates for the effectiveness of singing as a healthy activity itself, promoting mental, physical, and social wellness (Tamplin & Thompson, 2023). These adjacencies are included in the analysis below as informative to the research topic and have helped shape the interview questions and survey questionnaire.

While the discussion about vocal injury among vocational and amateur singers in general continues to grow and evolve, there is little emerging practice concerning how choral leaders and voice teachers work with choral singers in their studios about injury and voice disorder (Nix, 2014; Webb, 2007). One exception to this absence is the standards developed by the Pan-American Vocology Association, which includes a specialization in Choral Conducting in its standard group of specialty practices (Pan-American Vocology Association, 2022). Part of the

research reviewed here, written before 2004, mainly focuses on college or university choral singers as participants and does not include amateur or community choirs. However, the trend improves significantly over time, with several voice scientists emphasizing community and amateur choral singing in their research. *Mapping of Vocal Risk in Amateur Choirs* (Rosa & Behlau, 2017) is representative of the turning point in my review of the literature where a wider lens is given to the research directly related to or adjacent to the research topic. Notable examples include Robotti et al. (2023), who examined the effects of reflux symptoms, dysphonia, and vocal tract discomfort in amateur choral singers, and Ravall & Simberg (2020), who studied voice disorders and voice knowledge in choir singers.

In general, the literature fell into six categories:

- Choirs, choral singing, and voice disorders
- Vocal health, technique (habits), and hygiene (care of the voice) of singers
- Training and engagement of voice professionals and clinicians
- Voice disorder meta-discourse, including terminology and classification
- Occupational vocal health and epidemiology (including public health policy)

#### Choirs, choral singing, and voice disorders:

Five of the 44 peer-reviewed articles included in this literature review directly addressed the issue of vocal injury and choral singing. One important distinction made in two (Robotti et al., 2023; Rosa & Behlau, 2017) of these studies was the differentiation between amateur and professional singers, a distinction I also included in the demographic information of the survey for this project. The Robotti et al. (2023) study concluded, however, that there was no significant difference in the prevalence and impact of voice disorders between amateur and professional singers, and that amateur singers may not recognize the significance of a vocal handicap. Each study also differentiated by gender (male and female), with Rosa et al. (2017) reporting that, “women were more likely than men to present with vocal disorders” (p.118, e8). Noting that these studies (and others) included only binary gender identifiers in their demographic information, I included gender-spectrum-affirming language in my survey questionnaire.

Another key feature of these studies is the role risk factors play in the voice disorder profile of the singer (Onofre et al., 2017). Some risk factors can be mitigated by the singer (such as caffeine intake or smoking). In contrast, others, like age, sudden illness, environmental noise, allergens, and pollutants, cannot be easily controlled. Robotti et al., (2023), further assert that

singers tend to have a healthier lifestyle than non-singers. The importance of risk factors in the study of voice disorders is also evident in the epidemiological and public health literature surveyed for this project. The last common thread among these studies are the habits (vocal technique) and hygiene (vocal care) of singers. Onofre et al. (2017) emphasized the importance of warming up and cooling down the voice, as well as rest, in reducing the risk of vocal injury (such as vocal fatigue or hoarseness) in singers. Morgan-Ellis (2024), in their study of Sacred Harp singing (a specific type of a cappella choral singing with a loud, bright, clear tone), shows that understanding the context of the singer is essential to understanding their vocal health risk. Sacred Harp singers include mitigation strategies in their musical gatherings. They are likely to have developed vocal technique and resiliency through practice that supports their vocal health, much as an athlete develops specific skills for their sport.

#### Vocal health, technique, and hygiene of singers:

A significant part of the discussion in the literature examines the topic of vocal health (including risk factors), the singing habits or techniques of singers (including formal training), and their vocal hygiene habits (the ways in which they care for their voice and vocal health). A subset of this literature examines what singers know or believe about their voice and the benefits of having formal voice training and education. Additional subgroups within these studies include those examining genres. Examples surveyed include Carnatic singing (Rao et al., 2023; Rupa et al., 2023), drama (Fritz et al., 2024), and musical theatre (Pacheco & Behlau, 2019; Walker, 2022). Age groupings were associated with education level: school-age singers (Akin Şenkal & Özer, 2015; Fritz et al., 2024), college students (Perrine et al., 2024), and older adults (de Queiróz Coutinho et al., 2024; Stager et al., 2023; Tunç Songur et al., 2025). The professional versus amateur status of singers was also considered as a class grouping (Brown et al., 2000; Crossley et al., 2023; Weekly et al., 2018). In every instance included below, the studies used perceptive measures (such as the EASE scale) as part of the methodology Marchand et al., 2019). Only two included acoustic measures as part of their data collection, both of which examined vocal function in trained vs. untrained singers (Enflo et al., 2013; Sielska-Badurek et al., 2018). This may be due to the technical complexity and skill required for such data gathering and analysis, or the availability of the necessary equipment. The conclusion of these papers reports that trained singers have more efficient voicing than those without, reducing the potential for use-related injury or voice disorder.

Concerning vocal health, risk factors, and singer knowledge, the research reported in this section represents four classes of singers: elementary age students, high school students, college students (including graduate students), and adult singers of both amateur and professional status. These groupings were consistent throughout the literature, and age is also identified as a risk factor, especially for younger (school-age) children as they experience pubescence, and older (over 62) singers (Tamplin & Thompson, 2023; Tepe et al., 2001). In the survey developed for this study, similar, though more granular, groupings were included in the demographic data. Risk factors generally fall into two categories: those that the voice user can modify or avoid (such as cannabis intake), and those that they cannot (such as age).

Environmental noise, especially among teachers, was the most frequently discussed risk factor, resulting in voice loss, hoarseness, and muscle tension, which were among the highest reported vocal symptoms (Weekly et al., 2018). Noisy classrooms were also cited as a contributing factor to the poor speech and singing habits of some students (Yuksel et al., 2023). The same study pointed out that there were fewer data points to compare with adult choral singers, as the subject is understudied, which this project aims to help remedy. In the Tepe et al. (2001) study, as many as 50% of the students surveyed experienced vocal symptoms, which are attributed to the “cumulative effects of unhealthy vocal habits and concurrent physiological changes” [due to emerging pubescence], further confirming the two primary themes of technique/habits and risk factors in vocal injury study.

In this group, discussions about singer knowledge of the voice and singing habits are explored. For example, in Rupa et al. (2023), singers were asked to identify a list of factors that may be detrimental to the voice and were able to identify about 45% of the risk factors on the list. They and other authors, such as Latham et al. (2017) and Reckers et al. (2021) suggest the importance of singer knowledge about the voice in helping singers avoid injury.

#### Training and engagement of voice professionals and clinicians:

Fleming et al. (2024) state that 48% of voice teachers have worked with a singer recovering from dysphonia, surgery, or pathology. Fleming also notes that the preparation of singing voice teachers for these encounters remains an important yet understudied topic: only a handful of studies have examined the current state of the profession in this regard. A few resources have been published that assist singing voice teachers and other singing professionals in the work of accompanying singers in their journey through rehabilitation to habilitation (or *recovery to resiliency*) including the *Manual of Singing Voice Rehabilitation* (Scearce, 2016). Other guides

and texts have centered around vocology, a broader, multidisciplinary approach to working with voice. Verdolini's *Guide to Vocology* (1998) is an early entry to the field with others, such as *The Owner's Manual to the Voice* (Gates et al., 2013) offering chapters and sections that intersect with voice disorders. Some choral pedagogy texts, such as *Choral Pedagogy* (Smith & Sataloff, 2013) address vocal injury and voice disorder as a chapter or section of a chapter. However, most of these texts are likely to be encountered in a graduate or doctoral program of professional choral conducting preparation, where our advancing understanding and knowledge are likely to be applied by only a few professional choral directors (Fleming et al., 2024).

Preparation and education of singing teachers for encounters with voice disorders in their singers can be broadly categorized into three areas: formal, institutional education, such as college and university programs; private seminars and mentorship; and conferences of voice professionals (Gerhard, 2016). There is currently no certification or degree program that confers credentials to teachers of singing, a qualification for engaging or specializing in this work (Gerhard, 2016; Radionoff, 2004); however, organizations like the Pan-American Vocology Association (PAVA) and others are engaged in standardizing and promoting educational and specialist examining programs to help ensure singers are working with teachers who have received the ethical, scientific, and pedagogical training to do so. Specific tonal and performance demands for different genres of singing, such as Contemporary Commercial Music, Choral Music, and others, are being applied to the practice models either currently in use or in development by leading professionals (Loar, 2020; *Pan American Vocology Association*, 2022).

The designation of SVS, a term coined by Dr. Robert Sataloff in 1981, suggests that the teacher is highly qualified to work with singers experiencing voice disorder or seeking assistance with habilitation following voice injury or disorder recovery (Radionoff, 2004; Smith et al., 2003). Often, these teachers (such as I) have undergone extensive training with other voice and clinical professionals, as well as participated in pedagogical programs and conferences, to acquire the skills necessary to ethically and effectively engage with singers experiencing voice disorders. It is essential to note that in the SVS role, unless the teacher is also a Speech-Language Pathologist or a credentialed clinician, they are *non-clinical* and cannot diagnose or treat voice disorders (Loar, 2020). The role of a *Non-Clinical SVS* is to support through habilitation and education the work of the clinical team, which will likely include a Speech Language Pathologist, and could additionally consist of an Otolaryngologist, Laryngologist, allergist, dietician, physical therapist, and a number of other professionals that surround the singer creating a diverse,

multidisciplinary, and knowledgeable support (Voice Foundation, 2025). This is the model advocated for throughout the literature, both peer-reviewed and published in books such as the *Manual of Singing Voice Rehabilitation* (Searce, 2016).

Voice disorder meta-discourse, including study, terminology, and classification:

The philosophical discussion about voice disorder terminology and classification is closely linked in the literature to research on artificial intelligence (AI) and other technological methods in development and use for diagnosing voice disorders (Chaiani et al., 2022). For example, Junior, et al. (2021), point to the role of problem transformation (a process that does not solve the problem, but changes it to another) in creating an algorithm that can name and classify dysphonias, making taxonomic considerations a vital part of the learning model. While the *Classification Manual for Voice Disorders* (Verdolini et al., 2006) provides a basis for diagnosis, particularly in the US, there are disagreements internationally about the taxonomy on which it is based. Voice disorders are generally classified by their etiology (origin). Subclassifications vary by locality, as seen with Muscle Tension Dysphonia, for example, causing inconsistencies in data mapping and analysis for large-scale epidemiological studies, such as those conducted by the World Health Organization (Payten et al., 2024). Researchers working across academic and healthcare systems to create AI technologies, including algorithms that analyze the acoustic features of disordered voices, are experiencing these differences in ways that hinder the expansion of these analysis tools (Barbon et al., 2023; Payten et al., 2024). One example is where Muscle Tension Dysphonia is of a primary type (due to voice misuse) or secondary, (due to neurological, psychogenic, or structural problems) (González-Gamboa et al., 2022). Research into the auditory perception of clinical professionals and its role (Birkent & Konrot, 2024) reveals that they, along with experienced voice teachers, are highly accurate in recognizing voice disorders in singers by hearing the acoustic qualities of their speech and singing. The term “vocal injury” is even susceptible to this controversy (González-Gamboa et al., 2022). Some studies covered in the scoping and systematic reviews advocate for a broader definition of vocal injury that allows for the interaction of disease processes to be included in the definition of vocal injury. This includes conditions like vocal fold paresis resulting from a viral infection (Iliadou et al., 2024). Commonly acceptable instances of vocal injury include iatrogenic causes such as Recurrent Laryngeal Nerve damage due to Thyroidectomy, and Vocal Process Avulsion due to intubation (Harris et al., 2011). “My voice is damaged,” when expressed by a singer (as was by a participant in this research), is, in my opinion, the most essential perspective on vocal injury and does not need a philosophical method applied to it.

### Occupational vocal health and epidemiology (including public health policy):

According to (Hermes & de Oliveira Bastos, 2016, p.756.e1):

“20% - 30% of the world’s workforce is engaged in activities where there is a significant demand for the use of voice. Singers, actors, voice actors, teachers, and telephone operators are included in the list of voice professionals.”

This statistic underscores the significance of vocal health in a broader, inclusive, and progressive view of the global economy (Hermes & de Oliveira Bastos, 2016). Further, it suggests that the financial impact of voice disorder on healthcare systems, education systems, the performing arts, and communication, such as broadcasting, deserves careful attention. The complexities of studying this phenomenon on such a scale include the taxonomic and diagnostic differences mentioned above, as well as the fact that voice use characteristics can vary widely by profession (Ghazi et al., 2023). Carnatic singers in India use their voice entirely differently from a gym teacher in Lithuania or a Jewish Reform Cantor in the US. This means researchers must work with specific populations that have distinct vocal demands based on their profession (Hapner & Gilman, 2012). Again, environmental factors are part of the research discussion, particularly those that can be controlled or mitigated to reduce the risk of vocal injury (Szabo Portela et al., 2018). The lack of research on adult choral singers, as cited above (Yuksel et al., 2023), may perhaps reflect these complex circumstances. Adding to the effort are the complex acoustic measures of ensemble singing, including the difficulty in achieving homogeneity among participant groups (Sundberg, 1987; Ternström, 2023). This research project does not attempt any such complexity but invites the experiences of any choral musician who identifies as having experienced a vocal injury. Attempts to relate or homogenize singer characteristics are made through correlating demographic information, excluding acoustic measures (Creswell, 2009; Feilzer, 2010; Gorard & Taylor, 2004).

### Conclusion:

Yuksel et al. (2023) asserted that there was a lack of research investigating the phonotraumatic experiences of adult choir singers. This is the knowledge gap I aim to address here. In some ways, this literature review comprises the “center” of the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010; Le Cunff, 2022) for me. It anchors the planning, execution, and collection of data, providing rigor and resources for the analysis. Using the themes and questions that emerged from the literature review (Denscombe, 2021), I developed the initial questions for the

focus group and some initial codes. I then used themes from the critical literature review process (Appendix F, p.86) in conjunction with the Focus Group analysis to develop the questionnaire, giving attention to the demographic, diagnostic, and pedagogical frameworks already present in the literature (Walliman, 2001). Additionally, I took this opportunity to address the aims and objectives of this research that were missing in the literature, whether or not they were “cued” by the analysis of the OFG. As stated above, I gave particular attention to how choral singers and directors interact with clinical and voice professionals around vocal injury, as well as what their experiences were with the possible mental health aspects of vocal injury. Interviews conducted in the third research phase were well-supported by the hermeneutic process, with the ongoing literature review deepening and refining the coding and analysis process (Scott, 2022).

## **Methodology & Methods**

I hold a preference for framing knowledge in a way that brackets our perceptions about the world, together with ideas or facts, in what Gray (2022) describes as a “what works” approach. This perspective, in practice, is represented by a pragmatic paradigm, which is reflected in the methods described below. It has been my belief and experience that this practical approach to research methods leads to transformative and generative results for practitioner researchers such as myself, who may enjoy immediate benefit from their work (Costley et al., 2010; Kovacs, 2023b).

It is important to frame methodology in terms of what will bring coherence, rigor, and legibility of themes across the research project (Saunders et al., 2009; Scott, 2022). Building on the advice of Mackenzie & Knipe (2006), the research tools, analysis techniques, and reflective practices that were chosen for this project support triangulation of the data and analysis and reduce the effects of bias. For this project, a mixed-methods approach has been adopted. Creswell (2014) promoted this approach as giving the researcher a more complete understanding of the research problem than one would otherwise arrive at using qualitative or quantitative methods alone.

The research design for this project consisted of three phases, each informing the development and implementation of the next. As one phase is completed, the themes, questions, and changes in understanding are incorporated into the questions, codes, and discussions for the next. Using this approach, which borrows heavily from Grounded Theory, information relative to the research question builds from beginning to end, creating coherence from phase to phase that allows for a dynamic exploration of the research question, which I believe I achieved, and discuss below (Al-Ababneh, 2020; Denzin et al., 2024; Guba & Lincoln, 1994; Kaplan, 2004).

### **Methods used on an ongoing basis (Phase I – III):**

*Literature Review:* As noted above, the Literature Review for this project consisted of an initial electronic and manual search of online databases and relevant journals, which were then sifted for overall relevance to the research question and date of publication. A modified Adams Framework (Winter, 2023) based on a “fit for purpose” approach was built into an inclusion matrix (Appendix E, p.85) and the literature for inclusion was further refined so that the peer reviewed literature was current and either directly answered the research question or informed it

through adjacent disciplinary study, and literature that helped inform the methodology, methods, and frameworks of this research project. Initially, the literature search was limited to a few weeks; however, I extended the project's duration to ensure I could gather all available recent publications, given the low number of returns directly related to the research question. The selected literature was then referred to the Critical Literature Reflection Journal for analysis.

*Critical Reflection Journal:* As a practice that has worked successfully for me in past projects, I again adopted this journal format as a method for analyzing and further categorizing the literature selected for this project. The journal (Appendix F, p.86) is organized around three main ideas: publication details (title, author, year), contextual information (relevance to the research question, context of the publication, initial reaction/summary of the content), and a reflective analysis that includes my reflections on the article, identifies the intersections with my research, and examines the biases inherent in the study or my thinking about the article.

*Reflective Diary:* Another practice that has served me well is maintaining a daily reflective diary. Based on Jasper's experience-reflection-action model (Bolton & Delderfield, 2014; Cottrell, 2023), the version I currently use has evolved throughout my research career as a tool that records my activity, my thoughts relative to that activity, links to the relevant content (such as a document version), and points to the follow-up or continuing action that needs to follow that entry. The diary is available at Appendix G, p.97, with an excerpt shown below in Figure 3.

*Figure 3: Reflective Diary Example*

| Date      | Action     | Description                                                                                                                                                 | Follow up                                                                                             | Reflection                                                                                                                                                                                                                                                                                                 | Relevant content                           |
|-----------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1/6/2025  | Lit Search | Began the literature search process using "Choral Voice Injury" "Choir Voice Injury" "Choir Vocal Health" "Choral Voice Health" for Science Direct/Elsevier | Need to continue for other journals                                                                   | A new step for me this time is that I am starting a contemporaneous journal/diary called "notes while scanning PR Lit" which helps me with thoughts during scanning of abstracts, especially with regard to possible themes for analysis. Also emerging: classes and subclasses of Research Subjects (RS). | <a href="#">PR Lit Scan Notes.docx</a>     |
| 1/11/2025 | Proposal   | Created the draft of the proposal using the outline provided.                                                                                               | Now needs to be proofed, edited, and citations added, tables created. Double-check for future tense   | It was very helpful to have a "research design" document - which I created when I first proposed this topic to Sophie. In this way, I was able to not only generate the time table more easily, but identify the methods and learning goals very quickly.                                                  | <a href="#">Mod 6 Research Design.docx</a> |
| 1/11/2025 | Gantt      | Created the project Gantt chart based on the project proposal and the Mod 6 Scheme of Work                                                                  | This may need modifications later, however, it is sufficient to create the timetable for the proposal | I am very concerned that the ethics forms were not turned into the university in a more timely way. Delays in getting the ethics forms may delay participant recruitment, interviews, and surveys, along with the data analysis that follows. Compressing the workflow, or eliminating                     | <a href="#">Module 6 Workbook.xlsx</a>     |

## Phase I: Online Focus Group and Survey Development

Online Focus Group: On March 8, 2025, an Online Focus Group (OFG) was conducted, comprising six individuals who self-identified as choral singers who have or are currently experiencing Vocal Injury. They were recruited through social media channels and asked to complete a Consent Form (Appendix C1, p.71) before being sent a secure meeting link for a

video teleconference using the Zoom platform. At the focus group, participants were once again asked to confirm their consent to be recorded and for the meeting to be transcribed. They were also advised that their identifying information would be redacted prior to publication and that any quotes would be anonymized. Participants were also advised that they could withdraw their participation at any time. The use of Zoom's tools and functionality was reviewed, including the "chat" feature, which was used to highlight or cue questions during the discussion. Participants were advised that the purpose of the focus group was to engage in a conversation among themselves, not with me, and that my questions were intended to prompt conversation within the group. Below, I discuss how that format was modified to accommodate the limitations of the OFG's digital environment. Synchronous field notes were kept during the OFG using Microsoft OneNote and are included in Appendix H, p.98. The focus group concluded after 56 minutes, at which point I extended my thanks.

Following the OFG, a transcript of the recording was obtained from Zoom Technologies, Inc. and then redacted of identifying information and formatted for ease of analysis. Participant names were replaced with ID numbers that correspond to an identifying matrix for all research participants, allowing their data to be easily identified and removed in the event of withdrawal from the study. Once the transcription formatting was completed, a thematic analysis using the codes predetermined from the literature review and field notes was completed to identify themes, questions, and gaps in knowledge arising from the OFG and appended to the transcript (Appendix H, p.98).

#### Phase II: Survey of Choral Musicians about Vocal Injury

Using the themes, questions, and gaps in knowledge resulting from the OFG and the Literature Review, a survey questionnaire (Appendix I, p.132) comprising demographic data, and Likert Scale paired with narrative questions about the participants' experiences with vocal injury as a choral singer was developed and distributed using social media channels on March 22<sup>nd</sup>. While responses were initially brisk, after two weeks, fewer than fifteen responses were collected. It was decided to leave the survey open to responses beyond the originally established deadline of April 1<sup>st</sup> while simultaneously identifying and scheduling the final interviews. The survey was closed on May 6<sup>th</sup>, 2025, with 27 responses.

Following the closing of the questionnaire, the responses were anonymized and coded for analysis using Jamovi statistical software (The Jamovi Project, 2025). An exploratory quantitative analysis was carried out. A correlation matrix was compiled. Correlation coefficients

were calculated to explore potential associations between answers to questionnaire questions. Those were then analyzed for significance and relevance to the research question, and narratives were created for each significant correlation. This process was repeated until the analysis yielded repetitive conclusions, which I deemed to be theoretical saturation from the dataset.

### Phase III: Follow-up Interviews (Online)

Purposive sampling was used to identify three participants and one alternate for the individual interviews, each of whom had differing etiologies for their Vocal Injury. These individuals initially indicated their willingness to participate by checking a checkbox and answering an informational question on the Phase II survey. I excluded any potential interview participants who had participated in the Online Focus Group to help widen the field of experience included in the data. Consent was obtained (Appendix C2, p.7676) from each participant before a secure meeting link was sent. Interviews were conducted via Zoom on May 10th and 12<sup>th</sup>. At the focus group, participants were once again asked to confirm their consent to be recorded and for the meeting to be transcribed. They were also advised that their identifying information would be redacted prior to publication and that any quotes would be anonymized. Participants were also advised that they could withdraw their participation at any time. The use of Zoom's tools and functionality was reviewed, including the "chat" feature, which was used to highlight or cue questions during the discussion.

Contemporaneous field notes were kept during the interview using Microsoft OneNote and are included in Appendix L, p.155. The interviews lasted on average twenty minutes, at the end of which I extended my thanks and assured them that they could reach out with any questions.

Following the Interviews, a transcript of the recording was obtained from Zoom Technologies, Inc. and then redacted of identifying information and formatted for ease of analysis. Participant names were replaced with ID numbers that correspond to an identifying matrix for all research participants, allowing their data to be easily identified and removed in the event of withdrawal from the study. Once the transcription formatting was completed, an analysis using the transcription, field notes, and a four-question analysis rubric based on a modified view of McCormack's Lenses of *Language, Narrative Processes, Context, and Moments*, (Scott, 2022) was completed for each participant and appended to the transcript (Appendix L, p.155):

- Demographic Data
- Beliefs, Values, and Attitudes

- Statements or ideas about Vocal Tone, Habilitation, and Health
- Discussion of how this analysis relates to the research

Two methods were explicitly excluded from this study: formal perceptual scales, such as the Evaluation of Ability to Sing (EASE) or Vocal Handicap Index (VHI), and technology-based spectral and acoustic analysis of the voice. One reason to exclude both is that the methods require additional skills and resources from the researcher that time and context, such as access to evaluative clinical professionals and technology, would not permit. However, as noted in the Literature Review above, both classes of tools are prevalent in the research into voice injury and disorder. Contreras-Ruston et al. (2024) pointed out via their research that specific populations, such as those with Parkinson's Disease (PD), may self-report vocal symptoms at a lower rate than others with General Voice Disorders. They further suggest this may be due to factors such as poor interoception, altered muscle activity, or psychological factors. They report difficulty in using a "one-size-fits-all" instrument for measuring people's qualitative vocal experiences and advocate for the development of new ones. This has particular interest to me in that my personal practice includes several singers with PD and other neurogenic disorders that result in undesirable voice changes and voice disorders, which could be considered vocal injury. I think it is worth pointing out a follow-up study by the same group of researchers (Contreras-Ruston et al., 2025) that further confirmed the observations and suggestions in the 2024 study, with a narrower focus on the intersection of the aging process and PD in voice perception and awareness. Managing the potential variables and complexity these scales might inject into the project seemed inadvisable for the scope and timeline, and so they were omitted.

In prior research, I utilized digital tools without examining the potential impact on the research process or outcome, or mitigating the potential problems (such as internet interruptions) associated with conducting online research with participants (Falter et al., 2022). There were two primary internet-oriented intersections of this research project: social media (Facebook) and Zoom. After reviewing the literature on qualitative research and technologies such as Zoom, I adopted an "all-in" approach, which meant implementing online-specific strategies outlined in the literature, including the nomenclature of Online Focus Groups and Online Interviews (Gray et al., 2020). Furthermore, to support the social media strategy for this project, I created a website on Google Sites that included my research design and method, as well as documents related to the project and all my past research. In this way, I was able to direct social media users directly to my website, allowing them to explore the research question independently and

determine whether they were interested in participating, which they could indicate through an interest form on the website.

Video conferencing has evolved tremendously in the last decade, and the literature suggests that, due to the COVID-19 pandemic, it has become an essential tool in qualitative research methods (Falter et al., 2022). Prior to the pandemic, both synchronous and asynchronous tools were in use in research, primarily through learning management systems in universities (Turney & Pocknee, 2005). The disadvantage of asynchronous online discussions (such as email or chat-based) is that they can be disjointed, as people tend to drift away from long-term exchanges, and the interaction lacks the benefits of facial expressions. Later papers, written primarily by university doctoral students, provided useful lists of pitfalls to avoid and things to consider, including managing conversational flow, something I found particularly challenging during the Online Focus Group. Following the initial prompt, it became clear that I would have to call on individuals in the group in sequence (based on their appearance on screen) to facilitate their responses. Rezabek (2000) notes that this modification in practice, from traditional in-person Focus Groups where the researcher acts as a facilitator, results in the researcher becoming more of a “moderator,” where determining who speaks and when becomes the researcher’s responsibility. Thus, “Online Focus Group” is an appropriate rethinking of the name, as it is with “Online Interview,” because the interaction of technology on the data gathering process can only be mitigated, not avoided (Rezabek, 2000).

The ethical framework for this research is guided first by the University of Wales Trinity Saint David (UWTSD) *Research Ethics & Integrity Code of Practice* (University of Wales, 2015). Ethical approval for this research was obtained from UWTSD on January 18<sup>th</sup> and is documented in Appendix B, p.58. Additional consideration was drawn from the framework provided in Research Ethics Support and Review in Research Organizations (Carpenter et al., 2020) and Homan’s (1991) *The Ethics of Social Research*. Specific ethical guidance with respect to insider- and workplace-based research is drawn from Scott’s (2022) *Insights, Considerations, and Suggestions for the Practitioner-Researcher in Voice Studies* and *Key Concepts for the Insider Researcher*. One specific concern is that participants in several cases are personally or professionally known to me. Reducing the potential for bias or harm through disproportionate power relationships (such as those between students and teachers) involves ensuring the disclosure of personal or professional relationships in demographic data to the extent that it does not identify the individual. Further, engaging in reflective practices (such as the daily reflective log included in Appendix G, p.97) helped ensure that any intersections where

bias might potentially interfere with the analysis of the data are examined (Bolton & Delderfield, 2014; Costley et al., 2014).

Elimination of harm to any participant is essential to any ethical research plan (Creswell, 2014; Pellegrino et al., 1991). This includes harm through data theft, abuse of power in relationships, or damage to the reputation or career of the participants, the researcher, faculty, and the school (University of Wales, 2015). Using encrypted data communications tools, sequestering sensitive data, employing biometric locks for computers, and securing backups in locked cabinets are all part of the strategy employed in this research project. Forward-facing data has been anonymized and stripped of identifying information. All participants' information has been coded in a manner that allows for its removal from the study at any time with relative ease. Finally, I used a trauma-informed approach with participants during all interactions to help reduce the risk of retraumatization. In one of the examples below, the interviewee was a mental health professional with a Traumatic Brain Injury (VIQ16). Being able to interact with them in a manner that reflected care for their psychological wounds not only helped lower the risk to the participant in the conversation but also built trust and rapport, which encouraged a greater depth to the responses in the interview with respect to Vocal Injury (Gray et al., 2020).

## **Findings**

The Findings for this report are divided into three sections, representing the three data-gathering phases of the research project: the online focus group (OFG), the survey data, and the final interviews. The OFG data is organized through the questions posed to the group and the themes or concepts that arose under each question. A full transcript of the OFG and formatted field notes can be found in Appendix H, p.98. The survey data appear in two forms: informatics, representing the demographic and significant comparisons of the data classes, followed by a narrative analysis of associations between responses to different survey questions. The Final Interviews are then presented by the participant in a format following a modified version of McCormack's Lenses, such that the analysis of each interview confirms or further illuminates previously identified themes, or identifies limitations, gaps, or new considerations related to this research (Scott, 2022).

## Online Focus Group:

*Q1: What do you think are the specific issues choral musicians face when they experience an injury?*

In describing issues specific to the choral milieu, this group identified unsafe vocal technique of the artistic leader and unsafe vocal requirements by composers as a potential harm to singers. As one participant (VI25F) said:

“What I always personally have issues with are the leadership. Conductors and arrangers that are very, very amateur, and they are being very unsafe in how they work the choir of inexperienced, untrained, non-auditioned choral singers.”

An example of how this might apply to a conductor would be demanding more volume or intensity that singers can produce safely, perhaps singing with an orchestra. One such example in the case of an arranger or composer would be minimalistic music where sopranos are required to repeat very high pitches in a percussive manner for long periods of time, a treatment not uncommon in 20<sup>th</sup> and 21<sup>st</sup>-century choral music.

The most common theme that arose (based on frequency of the topic) during this discussion was that of “stigma” and “shame.” The singers in the OFG shared various experiences with stigma, two of whom sang soprano before their injury, both transitioning to a lower voice part (alto). This was elucidated by the feeling that in choirs, sopranos are perceived as “the most important” (they typically sing the melody) and that by having to move to a lower part, they were in some way demoted or diminished in stature as a choral singer. Second in frequency of discussion was the theme of “grief” or “loss”, in particular the loss of social connections and community while the singer was recovering and not singing in the choir, loss of identity as a singer (especially as a particular voice type), and loss of income or profession. Spoken by one of the focus group participants (VI25A):

“I actually had to quit my profession because I was a [general music] teacher, and I couldn't. My voice didn't work. I couldn't even speak, so I had to leave my profession and go do office work, which was ghastly, and I lost my community. I lost my identity, and it was absolutely devastating.”

*Q2: What kinds of support (personal and professional) did you receive in recovering from your vocal injury?*

This group identified several overarching themes concerning support: workplace, studio and choir leadership, medical professionals, informal (non-singing) community, and technology. In the case of the professional singers, each found that having workplace support, especially from their artistic leaders, was an essential aspect of their recovery. By sharing their circumstances, having a recovery plan that included medical specialists, including ENTs and SLPs, and sharing that plan with their singing workplace helped ensure continuity and reduce the risk of loss of income, community, and identity. For these participants, voice teachers play an important part in the support of the singer throughout the experience of vocal injury, which may include encouraging the singer to seek treatment, accompaniment of the singer during and after treatment, and providing habilitative support after the singer has been released from physician care. Participants also reported that informal support, such as family members and non-singing friends, was a crucial part of their well-being during their experience of vocal injury. One individual, who identifies strongly with his status as an immigrant, remarked that he lacked the kind of support he would like to have supporting his singing endeavors, and sometimes feels isolated. From this participant (VI25E):

“Yes, so I just wanted to mention that I feel myself like not a community member, but a drifter, an immigrant, and I follow the music more than community of the choirs. I've never been sharing much inside the groups of my struggles, and always consider them minor, discounting them...”

One additional support that was discussed was the use of technology, including the use of tablets and telephones to communicate during periods of total vocal rest.

*Q3: What would you like the version of yourself \*before\* your vocal injury to know that you learned since your injury and recovery?*

Many of the responses in this part of the OFG were continuations or extensions of the themes that arose in the first two questions. One participant wanted to make clear that singers should be responsible for their own vocal health, referencing an earlier comment about conductors who are “unsafe in how they work with inexperienced, untrained, non-auditioned choral singers.” Others remarked about the importance of monitoring and learning about the tonal development, including aging, encouraging flexibility with expectations of the voice, including vibrato. One singer quipped, “Love your vibrato” in answer to this question, and went on to describe an unfortunate audition experience where the conductor declined to hire the singer because there

was vibrato present in the tone. This elicited a discussion within the group about the flexibility of our bodies as singers, including the type of repertoire we sing, and how changes after vocal injury can limit our solo or choral careers:

“...but I think some of the identity and feeling of worth if you do a lot of solo work is a hard loss...so that kind of just adds to the emotional piece.” (VI25C)

There was further discussion about the importance of being “connected to our bodies” as singers, and having an awareness when something was wrong, felt like it needed attention, or wasn’t a good fit vocally:

“I was very disconnected from my body in general, physically, and I was completely oblivious of the huge corpus of knowledge about vocal technique.” (VI25E)

“I think in my case, I knew that there was something going on, and my voice teacher had suggested that I go get it checked out. But she didn’t really give me a hard push to go get it checked out. And so I waited a couple of weeks, and in that time probably overused my voice and made things worse. So if something feels weird, then trust your gut and get it checked out sooner.” (VI25D)

One participant advised having a community outside of friends in their choruses, so that if VI or other circumstances separate you from that community of support, you don’t “feel isolated and alone.” Throughout the analysis of this section, I am mindful that the participants’ discussion directly relates to the objectives of this research project, deepening my understanding of choral musicians’ experiences with vocal injury. The social, psychological, and personal effects of vocal injury are palpable in the responses of these participants. I hope to use what I’ve learned here in ongoing discussions beyond this paper.

*Q4: Is there anything else you’d like to add?*

While the response to this question began with the participants expressing gratitude for the study, in particular that it helps de-stigmatize VI (as above), the discussion did take an interesting turn when they discussed their experiences with auditioning for choirs. One singer complained that they did not receive any feedback from their audition for a local symphony chorus, and another discussed their experience when she went back to re-audition for a previous choral director who told her, “You used to have the perfect voice.” Knowing that this

was a reference to her now 45-year-old, much more mature tone, she replied, “I am the perfect singer, just not for your choir.” I was able to infer from the discussion that followed that her “perfect voice” described the conductor’s preference for a higher, lighter tone quality typically present in younger voices.

I noted a few things not directly expressed by the participants: At least two of the participants experienced their VI during performance (both were vocal fold hemorrhage, a severe and potentially career-ending injury). No one in this group spoke about receiving therapy from a mental health provider during their recovery period. This was interesting, especially in light of the discussion about identity and voice. With the multi-disciplinary approach to voice care that is now the standard practice, I have noted the absence of mental health professionals on participants’ vocal care teams.

### **Survey Results:**

There were 27 individual responses to the questionnaire (see Appendix J, p.138) for the full version. Demographic information was gathered before participants answered Likert-type questions, some of which were paired with narrative questions to support the analysis of the quantitative Data. Responses were collected via Google Forms and then exported to Excel for coding. (see Appendix D, p.83 for the codes and subcodes used in the analysis). During analysis, some codes were “collapsed” for easier comparison. For example, “Roles” were previously divided into Choral Director, Voice Teacher, and other professional or semi-professional roles, and were collapsed into the catch-all role of Professional Singer. At the same time, “amateur” was used to describe any community or church choir singer. With 17 (59%) of the respondents identifying as Amateur, 12 (41%) are categorized as professional (two people overlap both). Simplifying these categories helped clarify the relationship between groups (see Figures 4 and 5, below).

Figure 4: Chart showing "roles" uncollapsed/uncombined

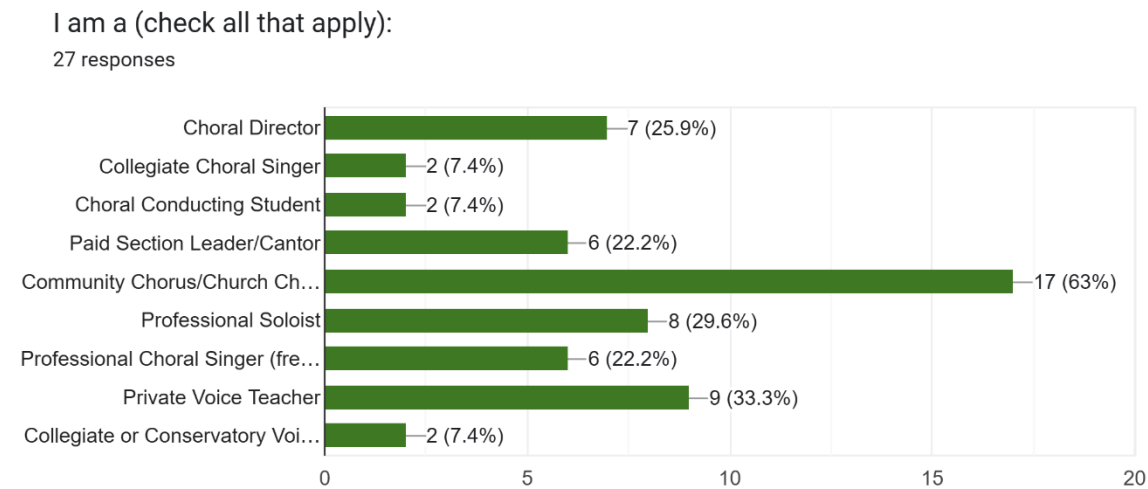
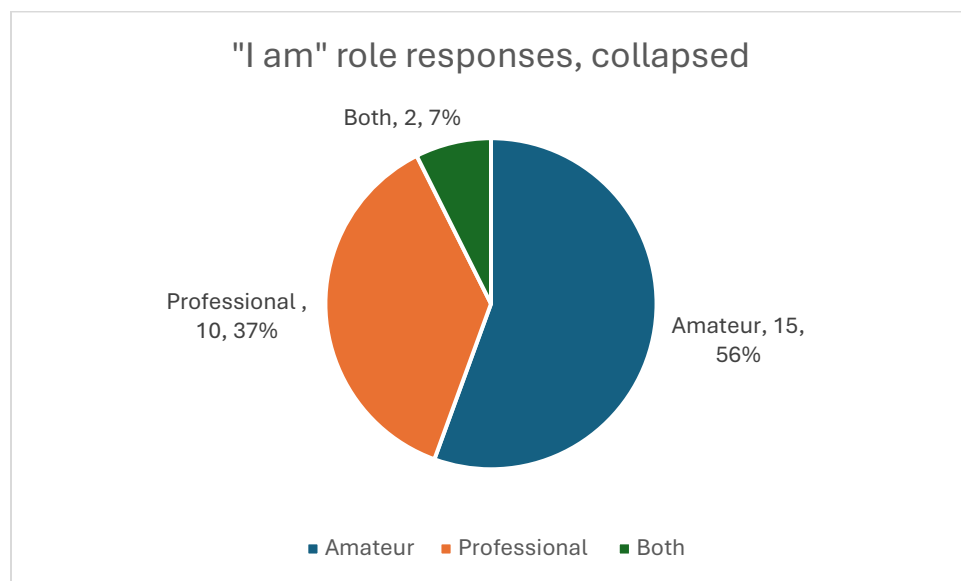


Figure 5: Chart showing "roles" collapsed/combined



Out of 27 respondents, only two (2) had never taken a formal voice lesson. The rest had some combination of private voice lessons (74%), university, college, or conservatory voice lessons (67%), or voice coaching (37%). Notably, 41% of the respondents had experience working with a Singing Voice Specialist (SVS) after their rehabilitation from a Voice Injury.

## Participants' experiences with singing voice teachers and their interactions with clinicians for diagnosis and treatment:

There was a strong positive correlation between working with an SVS (Figure 6) and having seen a clinician for diagnosis (Figure 7) ( $r(24) = .793, p < .001$ ). This may highlight the roles that the SVS and the clinician play in interdisciplinary support models (Radionoff, 2004). Whether the clinician was sought first and then the SVS or the other way around remains unclear, indicating a need for further study.

**Figure 6: Experience with singing instruction**

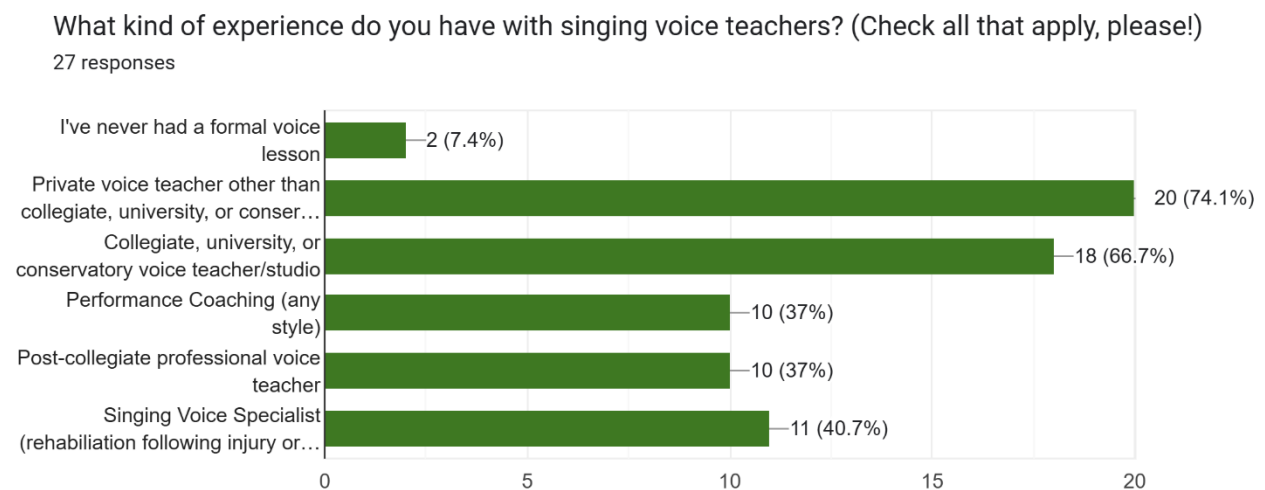
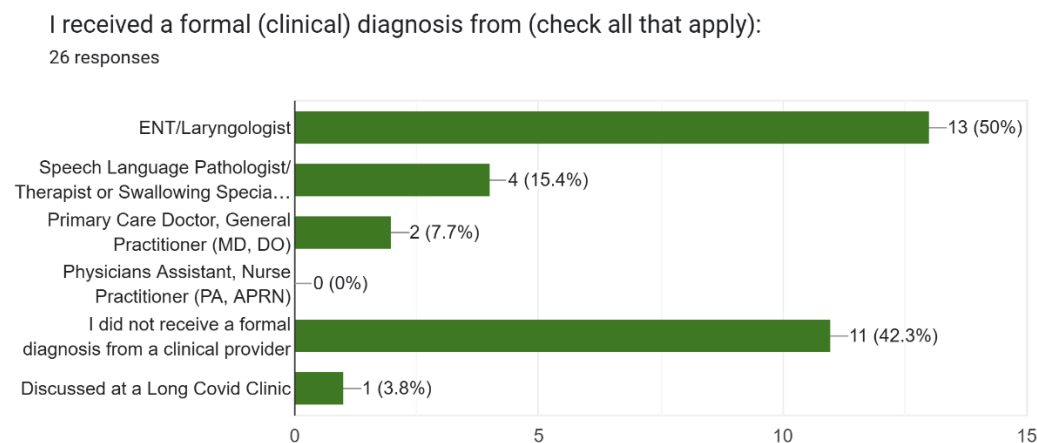


**Figure 7: Diagnostic clinical interactions**

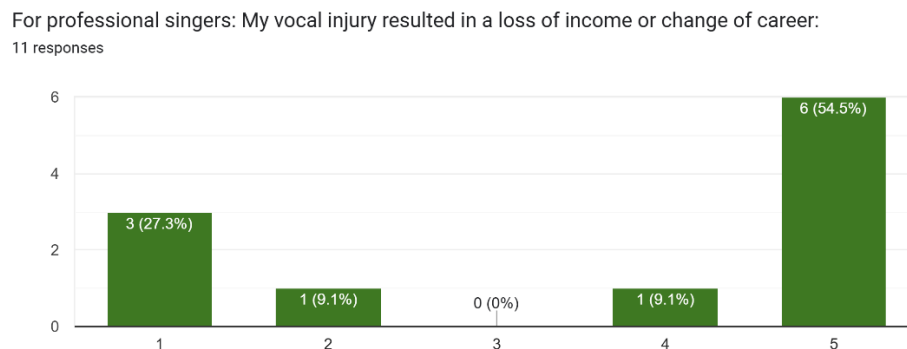


### Differences between amateur and professional choral singers:

Regarding amateur choral singers (one of the categories that was “collapsed” into a simpler grouping), the data suggests they are unlikely to engage with clinical specialists ( $s(24) = -.511$ ,  $p = .008$ ) or Singing Voice Specialists ( $s(24) = -.522$ ,  $p = .006$ ). They also may be less likely (noting the high p-value) than their professional counterparts to seek clinical support ( $s(24) = -.357$ ,  $p = .073$ ). This observation is also supported in the literature (Rosa & Behlau, 2017). Participants who did not receive a clinical diagnosis were also less likely to have received support from a Singing Voice Specialist ( $r(24) = -.570$ ,  $p = .002$ ).

There is a strong positive correlation between income loss and voice professionals experiencing voice disorders, including vocal injuries ( $s(24) = .606$ ,  $p = .001$ ). As shown in Figure 8 below, six (54%) of the ten respondents reported a significant impact on their income or having a voice injury that led to a career change, including stopping solo work (as shown above in the OFG). In their narratives, two singers mention that injuries sustained in college changed their professional path, with one noting, “It completely destroyed my solo performing career opportunities and my professional trajectory completely shifted.” When discussing impacts beyond finances, several singers described mental health changes they experienced, including depression.

*Figure 8: Income impacts for professional singers*



*1=Strongly Disagree 5=Strongly Agree*

### Treatment seeking and experience:

While gender, age, and voice part information were collected for this survey, no statistically significant correlations were evident, indicating a higher tendency for treatment seeking or avoidance (with p-values ranging from .495 to .902 for these codes). Perhaps a larger  $n$  would

produce more reliable data. Larger-scale studies (Trinite, 2017; Weekly et al., 2018) have produced such measures but show inconsistencies from study to study (Constantini et al., 2022). Of those who pursued diagnosis and treatment, 17 of the 26 received their diagnosis from an otolaryngologist (ENT) or another specialist, such as a Speech-Language Pathologist (SLP) (see Figure 7 above). Eleven respondents had no formal diagnosis but identified themselves as having symptoms consistent with Vocal Injury (such as fatigue), which were sufficient to respond to this survey. One individual received their diagnosis through a Long Covid Clinic. Although knowledge about singing and the effect of COVID is expanding, limited data exists regarding the choral environment, warranting further research. Diagnoses noted in the narrative data included iatrogenic causes, such as paresis due to thyroidectomy and vocal fold damage resulting from intubation, vocal injuries secondary to illnesses like Polio and COVID, and use-related injuries including laryngitis, nodules, cysts, and vocal fold hemorrhage (one participant reported sneezing during a concert as the point of injury!). Loss of voice use, range, changes in voice registration, alterations in tonal quality, and reduced resiliency were all reported in the narrative responses about diagnosis. Fifteen respondents reported a permanent change to their voice following injury.

Twenty-five respondents (92%) reported impacts on their mental health, with 11 (44%) describing those impacts as significant. However, among participants who reported having both a clinical diagnosis and notable mental health changes (49% of respondents), only 29% engaged with a mental health professional ( $r(24) = .495, p = .013$ ). This suggests that, when promoting singer health through an interdisciplinary team model, we as voice professionals and clinicians need to improve how we support singers in seeking formal mental healthcare alongside their injury and recovery (Radionoff, 2004).

Participants who received a clinical diagnosis from an MD or ENT were likely to be referred to a specialist such as a Speech Language Pathologist (SLP) ( $r(24) = .360, p = .113$ ). Those who had clinical support for their diagnosis felt that their clinician and specialists understood the specific needs of the singer, and that the singer's voice teacher or singing voice specialist had a good understanding of their diagnosis ( $r(24) = .635, p = <.001$ ). This is encouraging for the "singer's health team" in practice and highlights the importance of the Singing Voice Teacher's role in referring singers for clinical evaluation and diagnostic exams, such as endoscopic stroboscopy (Scearce, 2016).

Additionally, the data suggest that singers highly regard their clinician's singing knowledge ( $r(24) = .789, p < .001$ ), as well as their singing voice specialist's clinical understanding of their diagnosis ( $r(24) = .847, p < .001$ ). Participants who did not receive a clinical diagnosis were less likely to have received support from a clinical professional, such as an SLP/SLT or a Singing Voice Specialist ( $s(24) = -.570, p = .002$ ). There was also a positive correlation between those who had a diagnosis and engaged in formal support, expressing satisfaction with the expertise of their clinician(s) ( $t(24) = 2.49, p = .011$ ).

Singers who received singing voice support from a singing voice professional generally report satisfaction with their supporter's clinical knowledge ( $s(24) = .4499, p = .009$ ); however, the data shows a slightly higher level of satisfaction with Singing Voice Specialists than Voice Teachers ( $s(24) = .596, p = .001$ ).

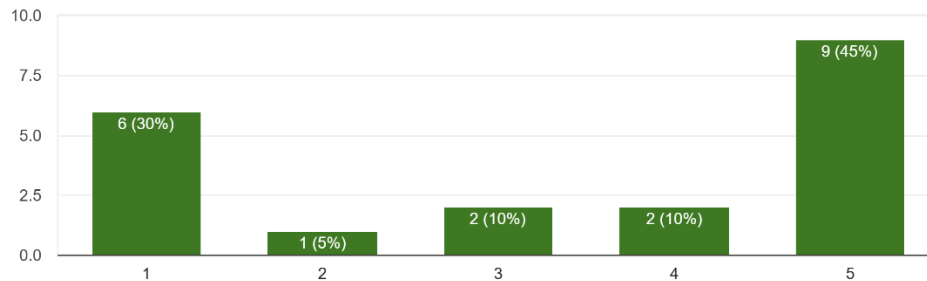
#### The choral milieu:

Participants' experiences with choral singing after or during Vocal Injury, as described above, greatly. Some report altering their rehearsal routines, such as "mouthing the words when my voice gave out" or avoiding talking before and after rehearsals. Others found they needed to change voice parts (with mixed success) or switch to ensembles with different vocal demands for their injured voices, including choirs that do not require straight tone (*nonvibrato*) singing. Singers receiving clinical support mostly found their directors very supportive (Figure 9, below), especially when they felt their director had good pedagogical knowledge of the voice ( $s(24) = .631, p = < .001$ ). A participant responded, "One of my choral directors (chamber choir) suggested specific exercises for strengthening/relaxing my vocal mechanisms, and for restoring breath support over time." This emphasizes the vital role Choral Directors can have in singer health and highlights the need for them to possess strong, accurate, and evidence-based pedagogical knowledge (Howard, 2015; McCarther, 2023; Smith et al., 2003). Not all singers recall their directors' responses positively, however; one remarked about their conductor: "They expressed a lot of pressure for me to be "back to normal" ASAP, as if singers can always bounce back after a few days of illness. I needed time away from singing to rehab my voice, and I was made to feel like I was "wasting time" or "being a diva" about this."

*Figure 9: Choral director support*

My choral director/leader was supportive during my diagnosis/recovery period:

20 responses



*1=Strongly Disagree 5=Strongly Agree*

## **Final Interviews:**

The three interviews concluded in the final research phase of this project are summarized here in two parts: the demographic and vocal health information of the participant, followed by my discussion. Complete transcripts and analysis of the final interviews can be found in Appendix L, p.155). These participants were chosen using purposive “variation” sampling (Saunders et al., 2009; Yin, 2009), and included for interview because each had a different “story” of their vocal injury, including etiology, status as a professional, semi-professional, and amateur singer, and differences in their recovery journey. I am happy to report that as of this writing, all three participants are active in choral music despite the life-changing circumstances described below.

### Interview 1: VIQ16:

*Participant Profile* 55-year-old female, mental health professional who is currently working as a school counselor, and a member of a local community chorus. Her vocal injury was sustained as a result of a serious accident that resulted in tracheotomy and intubation due to Traumatic Brain Injury. She is a mother of two trans children who has returned to work after two years, and while no longer engaging in formal therapies, walks two miles a day with her newly adopted dog, and sings in her community chorus in the soprano section despite experiencing vocal changes. In her interview, she reports permanent loss of range, raspiness she describes as “harsh voice,” and that her voice fatigues easily, and that she “is certainly not a soprano soloist anymore.” She also reports that she has difficulty recovering from viral infections, experiencing laryngitis that

lasts for days, and then can't speak "fully" for months, especially after a recent COVID infection(de Queiróz Coutinho et al., 2024).

*Analysis of the interview:* The participant understands that changes to her voice have limited her participation due to loss of range and quality; however, after switching sections (as shown in the survey), she returned to singing as a Soprano but omits notes she cannot sing (also noted in the survey). "That was difficult, because I never have sung a middle part before, so it was just difficult to find my place in the music, because I'm used to soprano, which I always get to sing the highest note it's easy to find." While this may relate to vocal identity, cognitive functions, specifically the ability to hear the highest part, are likely a contributing factor (Harnett et al., 2024). In her interview, she frequently spoke about memory problems and shared a concern about her ability to handle technical details at work with her computer, almost certainly the result of her TBI. It is helpful to speak with a non-professional singer, such as a psychologist, who helps widen my perspective on how singers observe, explain, and value their experiences (Noyes et al., 2021). Note: Two of the OFG participants who are professional singers are also medical professionals.

Regarding her experiences in the choral environment, it would be unreasonable to expect a choral director to fully understand how to support the habilitative, tonal, and singing health needs of this singer (Grady & Brunkan, 2022; Howard, 2015; Smith et al., 2003). However, it was clear from her interview that her choir director supported her recovery and continued participation, including singing in the soprano section with a limited range. I also note that the types of support needed for vocal health, as described by the participant, go far beyond what an ENT, speech-language pathologist, or voice specialist can provide. They extend to physical therapy, walking, and even caring for a dog.

Interview: VIQ18:

*Participant Profile:* 65-year-old male, directs a local community choir and is an accompanist for several choral ensembles and voice studios, including recently (and long-time) in-house accompanist for the voice studios of a local conservatory. He reports being untrained as a singer but has gained extensive process knowledge through his work as an accompanist (Bozeman & Ragan, 2021). He experienced Vocal Injury in his role as a choral conductor, noticing vocal fatigue and hoarseness, during a period where he describes his vocal habits as "self-destructive." While symptoms increased, he noticed concurrent acid reflux and began a course of medication to help reduce symptoms. During a particularly stressful job at a community college, his voice quality continued to diminish, leaving him unable to demonstrate

vocally for his ensembles, something he values being able to do as a pedagogical tool. This frustration led him to seek treatment, including an ENT and later SVS. The ENT cited overuse as the etiology of his hoarseness and recommended singing voice and speech therapy (Robotti et al., 2023). Unfortunately, the pandemic then interrupted the treatment course. The participant made clear in their interview that they experienced a connection between mind and voice health, saying: “As my voice deteriorated, so did my mental health. I became extremely fragile and vulnerable.”

*Analysis of the interview:* There is a deep sense of care and love for the choral profession in this participant that cannot be denied. While the pedagogist in me initially linked the participant’s lack of vocal training to his desire to work with untrained singers and saw that as inappropriate or risky (Jordan et al., 2018; McCoy & Ragan, 2018), his subsequent narrative shows that this singer and choral director has gained a significant amount of practical and process knowledge about voice pedagogy by working with voice students at a performing arts conservatory (Bozeman & Ragan, 2021; Smith & Sataloff, 2013). Although I wonder about gaps in his knowledge, he feels confident enough to lead a vocal ensemble that lowers barriers to access and provides a space for less experienced people to sing and perform choral music (Bonshor, 2018). Although he admits to being “over his head” during extreme situations, such as working with a largely English as a Second Language group of naive choral singers, he sought out treatment and support for his vocal injury and continued pursuing that until the pandemic.

While it is not possible to determine whether the onset of the participant's mental health symptoms was caused by his vocal issues or vice versa, the interaction between the two and the resulting downward spiral were clear for this participant (Howard, 2015; Mathmann et al., 2024; Smith et al., 2003). When describing his complex internal dialogue, he wondered if he had chosen the wrong profession or if he could ever escape this situation, and further describing these effects as both physical and mental confirms that a singer’s identity is deeply connected to their voice (Weekly et al., 2018). He was in a state of “incredible fragility and little resilience,” which supports why I emphasize resilience as a core principle in my studio practice.

Interview: VIQ19:

Participant Profile: 73-year-old female, retired, community choir singer (auditioned group), and also plays the viola. She spoke in her interview about how much she values choral singing and that it motivated her to seek treatment and improve her singing habits to prolong her participation in choral singing (Grunewald Associates LLC and Chorus America, 2019). Her “intonation was off,” and she “didn’t want to be “that” singer,” and was embarrassed by the

impacts of her vocal injury (Weekly et al., 2018). Noticing difficulty with pitch consistency, her voice teacher referred her to an exam by an ENT, and she was able to be seen at a performing voice clinic. While she does not recall receiving a formal diagnosis at that time, the ENT did report inflammation of the vocal folds and referred her to speech therapy. While under treatment from the SLP, the participant ceased singing activities. By her second stroboscopic exam, the inflammation had resolved. The participant remarked, “They never really figured out what the problem was.” When she met subsequently with a different ENT, they suggested the possibility of non-symptomatic reflux (Laryngopharyngeal Reflux) and prescribed Famotidine, which she still takes (Robotti et al., 2023). She returned to choir and voice lessons, improving her body awareness, breathing, and tonal habits. She now feels more resilient than before and reports improvements in her singing range. She owes these vocal benefits to the exercises given to her by her speech therapist and voice teacher, including Semi-Occluded Vocal Tract exercises as warmups (Radionoff, 2004; Titze, 2006).

*Analysis of the interview:* This participant highlighted the social and personal emotional impacts of her vocal injury in a way we’ve seen throughout the research project when she said, “When I’m not able to sing well, I feel sad.” She cites her vocal injury as the catalyst for not only seeking treatment and recovery but also improving her skills and habits overall. Indeed, she reports that through the work with her SLP and Voice Teacher, she has not only recovered her participation satisfactorily but also improved her singing range and resilience. While the etiology and diagnosis were never formally introduced, a combination of medical and vocal support for the participant resulted in their continued participation in choral singing, something they value as important to their identity (Iliadou et al., 2024; Rosa & Behlau, 2017).

The two main factors for success in this story were the singer’s motivation—partly driven by her strong identification with choral singing—and the team that provided her with therapies to maintain her vocal health and improve her vocal habits and hygiene (Bennet, 1977; Thornton, 2005). This included warm-ups tailored to the singer’s specific tonal and rehabilitative needs, some of which may be related to age-related changes in the voice (Mitton, 2021; Smith & Sataloff, 2012). I have seen many singers over 65 who embark on vocal health journeys to continue singing in choirs as long as possible, and this participant is among them. As I have noted elsewhere, our focus on aging voices in the choral setting must remain a constant priority for research and the application of effective pedagogical practices (Kovacs, 2024).

## Discussion

This paper set out to consider the question “*What are choral musicians’ experiences of vocal injury?*” My interest in exploring this topic stems from the intersection of my roles as a professional choral director and voice teacher collaborating with choral singers who are learning to sing after sustaining an injury. The aim was to improve pedagogical considerations in the choral rehearsal that will enhance the safety and habilitation of my singers, more appropriately assess and address possibly injured voices in the choral rehearsal and voice studio. Additionally, I hoped to deepen my understanding of the experiences of those singers who come to my studio post-injury seeking habilitative support. In the discussion below, I reflect on the themes that emerged in the research, and where appropriate, supported in or omitted from the literature.

### *The Choral Milieu*

As observed throughout the three research phases, vocal hygiene, the daily habits and practices that support healthy singing and voice use, is of paramount importance. This idea is also widely supported in the literature (Perrine et al., 2024; Saeedi et al., 2023; Yuksel et al., 2023). Both the research participants and the literature supported the importance of pedagogically informed vocal warm-ups, something that I have written about extensively (Kovacs, 2024) and is well-evidenced as reducing the risk for Vocal Injury (Hoch & Sandage, 2018; McHenry et al., 2009). Concerning my current personal practice, this is a reminder to not “skip the warmup” because “we have a lot to cover in this rehearsal,” as I have been tempted to do. As reported by the research participants, the role of the Choral Director in identifying and supporting VI in their singers also plays an integral part in singers’ experiences (Smith & Sataloff, 2013; Thornton, 2005). In some cases, the artistic director of their ensemble may be the only voice professional in their lives, and, as the survey data shows, this may be truer for amateur singers, a theme again supported in the primary research (Rosa & Behlau, 2017; Weekly et al., 2018). The choral director is potentially the person who will help identify whether a voice change needs medical attention (Rosa & Behlau, 2017; Smith et al., 2003). Knowing whether one of my singers is experiencing temporary or chronic laryngitis symptoms and the different recommendations that imply are important skills (Radionoff, 2004). Understanding when a singer has seriously injured their voice in performance or rehearsal, such as a vocal fold hemorrhage, and that the singer should be referred to immediate medical help, is another example (Lücking & Claßen, 2023; Siupsinskiene & Lycke, 2011).

Choirs are places of community and safety for those who sing in them (Grunewald Associates LLC and Chorus America, 2019). As we have read above, choral singers are passionate and dedicated to their craft. When VI occurs, singers feel stigmatized and isolated from their choral peers, face challenges to their vocal identities, experience a loss of vocational and hobby activities, income, and often go through a grieving process while recovering from VI. Many report that their voice is not the same afterward, requiring further adjustments in singing practice and performance, such as switching sections in their choir, avoiding solos, or leaving out phrases or sections of music. Usually, choral directors and voice teachers serve as informal mental health support for these singers (Bonshor, 2018; Lücking & Claßen, 2023; Smith et al., 2003). In my practice, I strive to stay trauma-informed, utilizing tools from models like Non-Violent Communication, Intentional Peer Support, and Acceptance and Commitment Therapy (Dahl, 2015; de Queiróz Coutinho et al., 2024; Mead, 2025; Rosenberg & Chopra, 2015). However, this approach is no replacement for professional mental health care, which is notably lacking in the voice care model observed among research participants. I recommend that Voice Care Teams advocate better access to formal mental health support for those experiencing or recovering from VI (Radionoff, 2004; Searce, 2016).

#### The Voice Studio and Vocal Pedagogy:

As I have learned from personal experience, professional development, and the research performed here, I believe it should be the goal of any or all members of the Voice Care Team, especially the Singing Voice Teacher (SVT) or Singing Voice Specialist (SVS), to facilitate the singers' safe and healthy return to their choral ensembles (Searce, 2016; Webb, 2007). Having a holistic, multi-disciplinary team of professionals to support vocally injured singers is ideal. Unfortunately, barriers to access, lack of awareness, financial constraints, and other factors shown above prevent some singers, particularly those in community choruses, from seeking treatment. This often highlights the importance of the SVT to ensure that the singer has re-learned or learned new singing habits that support their goals and promote long-term resilience in practice and performance (Hunter et al., 2013). Fortunately, technological advances related to AI and acoustics may help increase access to diagnosis and treatment in the future; however, these will never replace the expertise and care of vocal and clinical professionals (Barbon et al., 2023; Cai et al., 2024; Chaiani et al., 2022). Some tools, such as Praat and Voce Vista, are making access to the complex science of vocal acoustics more available, providing real-time visual biofeedback that can be interpreted with the help of a knowledgeable voice teacher (Bozeman & Ragan, 2021). Additionally, applications that can be accessed through a cell phone

or tablet can support singers in recovery, including text-to-speech and other programs. I (we) must do a better job advocating for diagnosis and treatment seeking among our singers.

Working with singers to ensure their vocal hygiene habits, including Vocal Load, are assessed and appropriately aligned with their vocal load post-injury as they return to singing has always been a key part of my practice (Hunter et al., 2013; Siupsinskiene & Lycke, 2011; Smith et al., 2003; Weekly et al., 2018). My experience with this research reinforces the importance of this approach.

As a studio teacher and through the research above, I have learned that singers' experiences with vocal injury – and how *they* define it – extend well beyond phonotrauma and the accepted definition of vocal injury (Constantini et al., 2022; Verdonlini et al., 2006). Singers dealing with Long COVID, anxiety, chronic cough, and other disorders all report effects on their voice (de Queiróz Coutinho et al., 2024; Pallanti et al., 2023; Tamplin & Thompson, 2023). Recognizing that vocal injury can encompass these experiences is crucial to meeting the habilitative and emotional needs of our students and choral singers. Having a comprehensive understanding of the scope of their experiences, including physical, psychological, and social phenomena, is vital to understanding and accompanying their recovery and return to singing. Working with students to provide effective and ethical support for post-injury singing habits requires patience and expertise, which is often lacking among choral and voice performance majors at the university level, especially for undergraduates (Diercks, 1948; Latham et al., 2017; Radionoff, 2004; Reckers et al., 2021; Schofield & City, 1952). I aim to advocate not only for my singers but also for improvements in the training of choral directors so they can better teach vocal technique, and voice teachers to develop a deeper understanding of students in choral settings who may have different tonal and habilitative needs than their soloistic counterparts. As part of my ongoing professional development, I am studying the interdisciplinary science of Vocology to enhance my teaching and choral conducting practices (Titze, 1992; Titze & Verdolini, 2012).

## Conclusion & Recommendations

### **Conclusion**

Previous research suggested that up to 40% of vocational and recreational choral singers may experience VI during their singing lives, which led me to explore this phenomenon and the singers' experiences further (Kovacs, 2023b). My understanding of the research is that singers' experiences are polyvalent, needing a multidisciplinary approach to diagnosis, treatment, and recovery that is ethical, effective, and aligned with the singer's goals (Scearce, 2016). Science and evidence-based approaches to voice pedagogy in the choral rehearsal and voice studio, including vocal hygiene programs and structured warm-ups, are crucial in minimizing risk factors for VI and supporting long-term participation in choral singing (Helding & Ragan, 2022; McCoy & Ragan, 2018). With as much as 30% of the global population depending on their voice for their profession (Constantini et al., 2022; Iliadou et al., 2024), vocal health is an important economic and public health issue that extends into ecological and economic studies, with the most extensive data set in consideration being school teachers and students, and the schools they teach and learn in (Hermes & de Oliveira Bastos, 2016; Latham et al., 2017; Perrine et al., 2024; Trinite, 2017).

Regional differences, including diagnostic categories, affect the ability to make like-for-like comparisons of data sets. Additionally, differences in tonal style by country or region, such as Indian Carnatic singing, add to this complexity (Rao et al., 2023; Rupa et al., 2023; Trinite, 2017). This research project focused solely on choral singers in the United States, as this group represents a homogeneous population of singers who are likely to be diagnosed and treated under the same diagnostic and treatment protocols. They also sing with generally similar tonal demands of singing style, traditionally *nonvibrato* or *straight-tone* (Kovacs, 2023b; Neumann, 2017). Diagnosis and treatment are not equally sought or accessible. While professional singers are more likely to seek clinical support for their diagnosis, their amateur counterparts often miss some key thresholds that could encourage them, such as advice from voice teachers and pedagogically informed choral directors (Fleming et al., 2024; Howard, 2015; Schmidt, 2022). These thresholds can also serve as support outside the clinical team, highlighting the importance of training and experience in vocal injury for non-clinicians (McKinnon-Howe & Dowdall, 2018).

## **Recommendations & Reflection:**

The main goal of this research was to learn more about choral singers' experiences with VI to increase our collective knowledge and understanding of the subject and to improve my practice as a choral conductor and voice teacher regarding VI. To achieve this, I conducted research that gathered singers' stories and perceptions about VI in the choral setting (Creswell, 2009; Feilzer, 2010; Morgan, 2007). The personal learning outcomes outlined in the Project Proposal included a desire to enhance my skills in descriptive statistics, leading me to use a mixed-method approach that incorporated correlation analysis (Noyes et al., 2021) in analyzing the questionnaire data mentioned above. My reflection on this experience is that such an approach provides a deep theoretical understanding of the data. This may have been the first time in my academic career that I understood "theoretical saturation" as I conducted iterative analysis of the correlation matrix (Noyes et al., 2021). Additionally, I became more aware of the benefits of having a multidisciplinary team when conducting this kind of research. As a sole researcher, not having a statistician as part of the team—which might have also included a communication expert (myself), a clinician, and a statistician—meant that my analysis and interpretation of the data lacked a certain depth and alternative perspectives (Costley et al., 2014; Crotty, 1998). Furthermore, I ran out of time, which prevented me from developing more advanced informatics that could have described some of the more nuanced aspects of the questionnaire data.

Regarding the Conversational Analysis and Focus Groups, I believe I have improved my ability to use these methods effectively and efficiently by adapting existing tools to identify themes and questions that emerged during the Online Focus Group and interviews (Rezabek, 2000; Turney & Pocknee, 2005). Since this project was conducted entirely online, I also gained additional insights by studying and applying research on how technology impacts qualitative research (Greenspan et al., 2021). Recognizing that formats like Zoom have advantages and limitations helps in planning their use in research, including how interviews are conducted, transcribed, and analyzed (Falter et al., 2022; L. M. Gray et al., 2020).

As a result, I believe I have expanded existing knowledge by connecting the experiences of choral singers to those of their solo singing counterparts, reevaluated the definition of VI, and highlighted the vital role of the choral director as a voice teacher, and conversely the voice teacher as a supporter of singers dealing with the unique tonal demands of choral music, as I have asserted in prior writing (Kovacs, 2022). Additionally, I have broadened the definition of vocal injury to extend beyond phonotrauma and stressed the importance of access to a

multidisciplinary team of clinical and professional specialists who support the diagnosis, treatment, and reintegration of both professional and amateur choral singers.

Limitations of this study may include the questionnaire sample size, the limited geographic area (US), and the lack of consideration for the specific tonal demands different styles of choral singing require. Acoustic measures, in addition to standard self-perceptive scales, should be considered for augmenting future research.

My recommendations include that our professional associations, such as the National Association of Teachers of Singing and the American Choral Directors Association, continue to cross-publish articles that support the idea that voice pedagogy and choral singing are not mutually exclusive in practice (Kovacs, 2022; Smith et al., 2003). Furthermore, our universities and conservatories should offer more comprehensive pedagogical training in both undergraduate and graduate choral conducting programs, ensuring that performance majors have opportunities to better understand how to address the diverse needs of voice students they may work with in the future. This should include coursework that includes a survey of voice pathology and injury. Finally, our associations should partner with voice and vocology departments to more thoroughly study VI in the choral setting, where instrumentation, clinical collaborators, and other experts are likely available to examine the complex physical aspects of VI, such as acoustics (Brown et al., 2000; Ravi et al., 2019). These findings should be published in open-source and professional journals, not just scientific journals, so that professionals, such as community choir directors, can access the research and incorporate it into their practice.

In personal practice, this means ensuring that my singers, both in studio and rehearsal, experience pedagogically informed warm-ups and musical preparation that encourage the acquisition and use of good vocal habits supporting efficiency and vocal health. Additionally, increasing my awareness of research and treatment practices of voice disorders while maintaining my connections to voice care teams and other clinical professionals is essential.

Throughout this project, I kept a work diary that included a reflective component (Bolton & Delderfield, 2014). I have learned that I benefit from this process because it helps me identify biases, themes in my thinking, and tasks that need attention. It assisted me in evaluating whether the scope and size of my research matched the available time and resources, and what parts of the project to reconsider or expand. Additionally, completing a critical reflective journal for the Literature Review survey was essential in helping me connect the current research to the topic at hand (Adeani et al., 2020). As a researcher, I now consistently rely on these tools,

including reflective practice and critical journals, to ensure rigor, review, and analysis (Scott, 2022).

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## Appendix A: Project Gantt Chart

Project Gantt Chart showing phases and categories by degree of completion as of July 20, 2025. An up-to-date version can be found at: [Module 6 Workbook .xlsx](#)

## Vocal Injury Study

**SIMPLE GANTT CHART** by Vertex42.com  
<https://www.vertex42.com/ExcelTemplates/simple-gantt-chart.html>

| Project Start:                                 |             | Mon, 1/6/2025 |         |             |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
|------------------------------------------------|-------------|---------------|---------|-------------|---|---|---|----|----|----|--------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|--------------|----|----|----|----|---|---|-------------|---|---|---|---|---|---|--------------|----|----|----|----|----|----|---|
|                                                |             | 1             |         |             |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Display Week:                                  |             |               |         | Jan 6, 2025 |   |   |   |    |    |    | Jan 13, 2025 |    |    |    |    |    |    | Jan 20, 2025 |    |    |    |    |    |    | Jan 27, 2025 |    |    |    |    |   |   | Feb 3, 2025 |   |   |   |   |   |   | Feb 10, 2025 |    |    |    |    |    |    |   |
|                                                |             |               |         | 6           | 7 | 8 | 9 | 10 | 11 | 12 | 13           | 14 | 15 | 16 | 17 | 18 | 19 | 20           | 21 | 22 | 23 | 24 | 25 | 26 | 27           | 28 | 29 | 30 | 31 | 1 | 2 | 3           | 4 | 5 | 6 | 7 | 8 | 9 | 10           | 11 | 12 | 13 | 14 | 15 | 16 |   |
| TASK                                           | ASSIGNED TO | PROGRESS      | START   | END         | M | T | W | T  | F  | S  | S            | M  | T  | W  | T  | F  | S  | S            | M  | T  | W  | T  | F  | S  | S            | M  | T  | W  | T  | F | S | S           | M | T | W | T | F | S | S            | M  | T  | W  | T  | F  | S  | S |
| Phase 1:                                       |             |               |         |             |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Project Proposal                               |             | 100%          | 1/6/25  | 1/25/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Introduction                                   |             | 80%           | 1/20/25 | 2/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Literature Search and Selection                |             | 65%           | 1/6/25  | 2/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Methods                                        |             | 20%           | 1/25/25 | 2/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Choral Musician Focus Group                    |             | 100%          | 2/1/25  | 2/28/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Transcribe & Code Interviews                   |             | 100%          | 2/15/25 | 2/28/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Develop Phase 2 Survey Questions               |             | 100%          | 2/25/25 | 2/28/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Phase 2:                                       |             |               |         |             |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Choral Musician Survey                         |             | 100%          | 3/5/25  | 3/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Begin findings (stats, analytics, informatics) |             | 90%           | 3/20/25 | 4/30/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Compose final interview questions              |             | 100%          | 3/25/25 | 3/31/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Identify final interview subjects              |             | 100%          | 3/25/25 | 3/31/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Phase 3:                                       |             |               |         |             |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Schedule & hold final interviews               |             | 100%          | 4/2/25  | 4/12/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Transcribe & Code Interviews                   |             | 100%          | 4/12/25 | 4/30/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Finish Findings                                |             | 100%          | 5/1/25  | 5/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Write conclusions                              |             | 100%          | 5/15/25 | 5/30/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| TOC, Appendicies, Glossary, & Rerences         |             | 95%           | 6/1/25  | 7/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Proof & Sumbit Draft                           |             | 85%           | 7/15/25 | 7/28/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Edits and Final Draft                          |             | 0%            | 8/6/25  | 8/22/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Presentation:                                  |             |               |         |             |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Prepare Outline                                |             | 0%            | 8/8/25  | 8/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Invite guests                                  |             | 0%            | 8/15/25 | 8/15/25     |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Create Slides                                  |             | 0%            | 8/15/25 | 9/1/25      |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Rehearse                                       |             | 0%            | 8/15/25 | 9/1/25      |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |
| Presentation:                                  |             | 0%            | 9/3/25  | 9/5/25      |   |   |   |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |    |    |              |    |    |    |    |   |   |             |   |   |   |   |   |   |              |    |    |    |    |    |    |   |

## Appendix B: Ethical Approval

Ethical approval for this project was granted by the University of Wales Trinity Saint David through the Voice Study Centre on January 28, 2025.

### APPLICATION FOR ETHICAL APPROVAL

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>RESEARCH STUDENTS</b></p> <p>This form is to be completed by the student within <b>SIX</b> months for full-time students and <b>TWELVE</b> months for part time students, after the commencement of the research degree or following progression to Part Two of your course.</p> <p>Once complete, submit this form via the <b><u>MyTSD Doctoral College Portal</u></b> at (<a href="https://mytsd.uwtsd.ac.uk">https://mytsd.uwtsd.ac.uk</a>).</p> <p>This document is also available in Welsh.</p> |
| <p><b>RESEARCH STAFF ONLY</b></p> <p>All communications relating to this application during its processing must be in writing and emailed to <a href="mailto:pgresearch@uwtsd.ac.uk">pgresearch@uwtsd.ac.uk</a>, with the title 'Ethical Approval' followed by your name.</p>                                                                                                                                                                                                                              |
| <p><b>STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES</b> should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.</p>                                                                                                                                                                                                                                                                                                                       |

**In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.**

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

**Please read the notes for guidance before completing ALL sections of the form.**

**This form must be completed and approved prior to undertaking any research activity.** Please see Checklist for details of process for different categories of application.

#### SECTION A: About You (Principal Researcher)

|   |                                       |                          |                             |                                     |                               |
|---|---------------------------------------|--------------------------|-----------------------------|-------------------------------------|-------------------------------|
| 1 | Full Name:                            | James Scott Kovacs       |                             |                                     |                               |
| 2 | Tick all boxes that apply:            | Member of staff:         | <input type="checkbox"/>    | Honorary research fellow:           | <input type="checkbox"/>      |
|   | Undergraduate Student                 | <input type="checkbox"/> | Taught Postgraduate Student | <input checked="" type="checkbox"/> | Postgraduate Research Student |
| 3 | Institute/Academic Discipline/Centre: | WAPPAR                   |                             |                                     |                               |
| 4 | Campus:                               | Carmarthen               |                             |                                     |                               |
| 5 | E-mail address:                       | jscottkovacs@gmail.com   |                             |                                     |                               |

|                      |                                 |                                             |
|----------------------|---------------------------------|---------------------------------------------|
| 6                    | Contact Telephone Number:       | (US) 206-687-2783                           |
| <b>For students:</b> |                                 |                                             |
| 7                    | Student Number:                 | 2219396                                     |
| 8                    | Programme of Study:             | MA Professional Practice (Voice Pedagogy)   |
| 9                    | Director of Studies/Supervisor: | Louise Emanuel/Julie Crossman/Debbie Winter |

## SECTION B: Approval for Research Activity

|   |                                                                                                                                                                                                              |                                                        |                                     |    |                          |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|----|--------------------------|
| 1 | Has the research activity received approval in principle?<br>(please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual) | YES                                                    | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
|   |                                                                                                                                                                                                              |                                                        |                                     |    | <b>Date</b>              |
| 2 | If Yes, please indicate source of approval (and date where known):<br><b>Approval in principle must be obtained from the relevant source prior to seeking ethical approval</b>                               | Research Degrees Committee                             | <input type="checkbox"/>            |    |                          |
|   |                                                                                                                                                                                                              | Institute Research Committee                           | <input type="checkbox"/>            |    |                          |
|   |                                                                                                                                                                                                              | Other (write in)<br>WAPPAR Ethics board representative | <input checked="" type="checkbox"/> |    |                          |

## SECTION C: Internal and External Ethical Guidance Materials

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed. |
| 1 | <b>UWTSD Research Ethics &amp; Integrity Code of Practice</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        |
| 2 | <b>UWTSD Research Data Management Policy</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                         |
| 3 | <i>[List any other relevant documents here]</i> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |

## SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

|   |                                           |                                                                     |
|---|-------------------------------------------|---------------------------------------------------------------------|
| 1 | Institution                               |                                                                     |
| 2 | Contact person name                       |                                                                     |
| 3 | Contact person e-mail address             |                                                                     |
| 4 | Is your research externally funded?       | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 5 | Are you in receipt of a KESS scholarship? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |                                                                                                             |                                                                         |     |                                     |    |                                     |
|---|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----|-------------------------------------|----|-------------------------------------|
| 6 | Are you specifically employed to undertake this research in either a paid or voluntary capacity?            | Voluntary                                                               | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 7 |                                                                                                             | Employed                                                                | YES | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> |
| 8 | Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)? | If YES then the permission question below does not need to be answered. | YES | <input checked="" type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| 9 | Has permission to undertake the research has been provided by the partner organisation?                     | (If YES attach copy)<br>If NO the application cannot continue           | YES | <input type="checkbox"/>            | NO | <input type="checkbox"/>            |

#### Where research activity is carried out in collaboration with an external organisation

|    |                                                                                                                                                 |     |                          |    |                          |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| 10 | Does this organisation have its own ethics approval system?                                                                                     | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|    | If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate). |     |                          |    |                          |

#### SECTION E: Details of Research Activity

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                    |               |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------|---------------|
| 1 | Indicative title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Choral Musicians' experience with vocal injury: a discussion of prevalence, diagnosis, and recovery |                    |               |
| 2 | Proposed start date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | December 15, 2024                                                                                   | Proposed end date: | July 31, 2025 |
|   | <b>Introduction to the Research (maximum 300 words per section)</b><br><b>Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below:</b><br><i>Purpose of Research Activity</i><br><i>Proposed Research Question</i><br><i>Aims of Research Activity</i><br><i>Objectives of Research Activity</i><br><br>Demonstrate, briefly, how <b>Existing Research</b> has informed the proposed activity and explain<br><i>What the research activity will add to the body of knowledge</i><br><i>How it addresses an area of importance.</i> |                                                                                                     |                    |               |
| 3 | <b>Purpose of Research Activity</b><br>To understand the experiences of choral singers who have experienced vocal injury, and to understand the experiences of the choral directors who work with (or have worked with) singers that have experienced vocal injury.<br><br>(this box should expand as you type)                                                                                                                                                                                                                                                                        |                                                                                                     |                    |               |
| 4 | <b>Research Question</b><br>What are choral musicians' (including singers' and directors') experience with vocal injury and recovery in the choral milieu, including prevalence, diagnosis, and recovery?<br><br>(this box should expand as you type)                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                    |               |

|   |                                                                                                             |                                                                         |     |                                     |    |
|---|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----|-------------------------------------|----|
| 6 | Are you specifically employed to undertake this research in either a paid or voluntary capacity?            | Voluntary                                                               | YES | <input checked="" type="checkbox"/> | NO |
| 7 |                                                                                                             | Employed                                                                | YES | <input type="checkbox"/>            | NO |
| 8 | Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)? | If YES then the permission question below does not need to be answered. | YES | <input checked="" type="checkbox"/> | NO |
| 9 | Has permission to undertake the research has been provided by the partner organisation?                     | (If YES attach copy)<br>If NO the application cannot continue           | YES | <input type="checkbox"/>            | NO |

#### Where research activity is carried out in collaboration with an external organisation

|    |                                                             |     |                          |    |
|----|-------------------------------------------------------------|-----|--------------------------|----|
| 10 | Does this organisation have its own ethics approval system? | YES | <input type="checkbox"/> | NO |
|----|-------------------------------------------------------------|-----|--------------------------|----|

If Yes, please attach a copy of any final approval (or interim approval) from the organisation (may be a copy of an email if appropriate).

#### SECTION E: Details of Research Activity

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                    |               |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------|---------------|
| 1 | Indicative title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Choral Musicians' experience with vocal injury: a discussion of prevalence, diagnosis, and recovery |                    |               |
| 2 | Proposed start date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | December 15, 2024                                                                                   | Proposed end date: | July 31, 2025 |
|   | <p><b>Introduction to the Research (maximum 300 words per section)</b></p> <p><b>Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below:</b></p> <p><i>Purpose of Research Activity</i><br/> <i>Proposed Research Question</i><br/> <i>Aims of Research Activity</i><br/> <i>Objectives of Research Activity</i></p> <p>Demonstrate, briefly, how <b><u>Existing Research</u></b> has informed the proposed activity and explain</p> <p><i>What the research activity will add to the body of knowledge</i><br/> <i>How it addresses an area of importance.</i></p> |                                                                                                     |                    |               |
| 3 | <p><b>Purpose of Research Activity</b></p> <p>To understand the experiences of choral singers who have experienced vocal injury, and to understand the experiences of the choral directors who work with (or have worked with) singers that have experienced vocal injury.</p> <p>(this box should expand as you type)</p>                                                                                                                                                                                                                                                                                               |                                                                                                     |                    |               |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <p><b>Research activity outside of the UK</b></p> <p><i>If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.</i></p> |
| 9 | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><i>(this box should expand as you type)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|     |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |    |                                     |     |                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------|-----|--------------------------|
| 10  | Use of documentation not in the public domain: Are any documents <b>NOT</b> publicly available?                                                                                                                                                                                                                                                                                            | <table border="1"> <tr> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> </table> | NO | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> |
| NO  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |    |                                     |     |                          |
| YES | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                           |    |                                     |     |                          |
| 11  | <p>If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><i>(this box should expand as you type)</i></p> |                                                                                                                                                           |    |                                     |     |                          |

|    | Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?       | YES                      | NO                                  |
|----|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 12 | A prosperous Wales                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 | A resilient Wales                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 | A healthier Wales                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 | A more equal Wales                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 | A Wales of cohesive communities                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 | A Wales of vibrant culture and thriving Welsh language                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 | A globally responsible Wales                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 | If YES to any of the above, please give details:                                                                           |                          |                                     |
|    | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><i>(this box should expand as you type)</i></p> |                          |                                     |

## SECTION F: Scope of Research Activity

|   | Will the research activity include:                    | YES                                 | NO                       |
|---|--------------------------------------------------------|-------------------------------------|--------------------------|
| 1 | Use of a questionnaire or similar research instrument? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | Use of interviews?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | Use of focus groups?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|    |                                                                                                                                                 |                                     |                                     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 4  | Use of participant diaries?                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5  | Use of video or audio recording?                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6  | Use of computer-generated log files?                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7  | Participant observation with their knowledge?                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8  | Participant observation without their knowledge?                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9  | Access to personal or confidential information without the participants' specific consent?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10 | Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11 | Performance of any acts which may cause embarrassment or affect self-esteem?                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12 | Investigation of participants involved in illegal activities?                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13 | Use of procedures that involve deception?                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14 | Administration of any substance, agent or placebo?                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15 | Working with live vertebrate animals?                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16 | Procedures that may have a negative impact on the environment?                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17 | Other primary data collection methods. Please indicate the type of data collection method(s) below.                                             |                                     |                                     |
|    | Details of any other primary data collection method:                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|    | (this box should expand as you type)                                                                                                            |                                     |                                     |

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

## SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

|   | Who are the intended participants:                                                                                 | YES                                 | NO                                  |
|---|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Students or staff at the University?                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | Adults (over the age of 18 and competent to give consent)?                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3 | Vulnerable adults?                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 | Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 | Prisoners?                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | Young offenders?                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 | Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 | People engaged in illegal activities?                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9 | Others. Please indicate the participants below, and specifically any group who may be unable to give consent.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

|  |                                          |  |  |
|--|------------------------------------------|--|--|
|  | Details of any other participant groups: |  |  |
|  | (this box should expand as you type)     |  |  |

|    |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|    | <b>Participant numbers and source</b><br>Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 10 | How many participants are expected?                                                                                                                                     | Phase 1: 8 - 12<br>Phase 2: 100 - 200<br>Phase 3: 3 - 5<br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 11 | Who will the participants be?                                                                                                                                           | Amateur and professional choral singers, choral conductors, and singing voice teachers of choral singers.<br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 12 | How will you identify the participants?                                                                                                                                 | <ul style="list-style-type: none"> <li>Phase 1 participants will be identified by the researcher through personal relationships as qualified candidates (purposive sampling).</li> <li>Phase 2 participants will be self-identified in the qualifying categories and indicate their category in the survey instrument. They will be sought out through email, social media, and professional associations.</li> <li>Phase 3 participants will self-select through a specific question in the Phase 2 survey or may be selected by the researcher as qualified.</li> </ul> <i>(this box should expand as you type)</i> |  |

|    |                                                                                                                                                     |                                     |                          |                          |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
|    | <b>Information for participants:</b>                                                                                                                | <b>YES</b>                          | <b>NO</b>                | <b>N/A</b>               |
| 13 | Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Will you tell participants that their participation is voluntary?                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Will you obtain written consent for participation?                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | If the research is observational, will you ask participants for their consent to being observed?                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Will you tell participants that they may withdraw from the research at any time and for any reason?                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | With questionnaires, will you give participants the option of omitting questions they do not want to answer?                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | If NO to any of above questions, please give an explanation                                                                                         |                                     |                          |                          |

|    | Information for participants:                                                                                                                      | YES                      | NO                                  | N/A                      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 24 | Will participants be paid?                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25 | Is specialist electrical or other equipment to be used with participants?                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26 | Are there any financial or other interests to the investigator or University arising from this study?                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27 | Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28 | If YES to any question, please provide full details                                                                                                |                          |                                     |                          |
|    | (this box should expand as you type)                                                                                                               |                          |                                     |                          |

## SECTION H: Anticipated Risks

|     | Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|-------------------------------------|
|     | If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
| 1   | Full risk assessment completed and appended?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                           | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Yes | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
| No  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
| 2   | <b>Risks to participants</b><br>For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
|     | Risk to participants:<br><br>There is some risk of disclosing participants' personal data.<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                 | How you will mitigate the risk to participants:<br><br>All data will be anonymized and stored in encrypted and password-protected electronic vaults. Paper records will be kept in a secure, locked cabinet. Portable computers use a biometric lock for access.<br><br><i>(this box should expand as you type)</i> |     |                          |    |                                     |
| 3   | If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
|     | N/A<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
| 4   | <b>Risks to the investigator</b><br>For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     |     |                          |    |                                     |
|     | Risk to the investigator:<br><br>The potential risk to the investigator is one of reputation through the controversy of the subject or perception of bias.<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                 | How you will mitigate the risk to the investigator:<br><br>This researcher intends to make clear that my interest is in promoting healthy, science-based vocal pedagogy, not criticising choral directors, medical professional, or singer behaviors.                                                               |     |                          |    |                                     |

|   |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                             |  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5 | <b>University/institutional risks</b><br>For example: adverse publicity, financial loss, data protection                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |  |
|   | Risk to the University:<br><br>The potential risk to the University is data theft.<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                               | How you will mitigate the risk to the University:<br><br>All data will be kept behind electronic safeguards or physically locked storage. Data backups (external hard drives) will be kept in physically locked storage.<br><br><i>(this box should expand as you type)</i> |  |
| 6 | <b>Environmental risks</b><br>For example: accidental spillage of pollutants, damage to local ecosystems                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |  |
|   | Risk to the environment:<br><br>All electronic services, including high speed internet, rely on electrical energy to function, which can impact the environment. In my area, we are especially mindful of the impact on fossil fuels and river damming on the Salmon population.<br><br><i>(this box should expand as you type)</i> | How you will mitigate the risk to environment:<br><br>I am part of my local carbon-reduction group and ensure that my choice of electrical supply from the utility is as clean a choice as possible.                                                                        |  |

|                                       |                                                                                                                                                                                                                   |                          |                                     |                          |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Disclosure and Barring Service</b> |                                                                                                                                                                                                                   |                          |                                     |                          |
|                                       | If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.                                   | <b>YES</b>               | <b>NO</b>                           | <b>N/A</b>               |
| 7                                     | Does your research require you to hold a current DBS Certificate?                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8                                     | If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number. |                          |                                     |                          |

## SECTION I: Feedback, Consent and Confidentiality

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <b>Feedback</b><br>What de-briefing and feedback will be provided to participants, how will this be done and when?                                                                                                                                                                                                                                                                                                                                                                                 |
|   | I will make my survey results available publicly following the formal presentation of the research. I will have a separate email address (from my personal email) for all participants and the public to make inquiries.<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                        |
| 2 | <b>Informed consent</b><br>Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.                                                                             |
|   | Participants will be given full disclosure of the intended use of the research. In the case of interviews and case studies, a written or electronic consent form will be obtained, and in the case of the survey, a question embedded into the electronic instrument will also inform participants of what the information is being used for and obtain consent through a tick box indicating consent. Participants can withdraw consent at any time whatsoever with written or oral communication |

|   |                                                                                                                                                                                                                                                                           |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | <b>Confidentiality / Anonymity</b><br>Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.                                                                          |
|   | <p>All participants will receive an alphanumeric code to anonymize their data, and the electronic survey will not request any personal data beyond what is required for the demographic profile of the participant</p> <p><i>(this box should expand as you type)</i></p> |

## SECTION J: Data Protection and Storage

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                          |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|
|   | Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?                                                                                                                                                                                                                                                                                                                                                                                                               | YES                        | NO                       |
| 1 | <b>“Personal data”</b> means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data. | X <input type="checkbox"/> | <input type="checkbox"/> |
|   | If YES, provide a description of the data and explain why this data needs to be collected:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                          |
| 2 | Data collected will include email, demographic information, health information, and level of education.<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                          |
|   | Does it involve special category data (as defined by the GDPR)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES                        | NO                       |
| 3 | <b>“Special category data”</b> means sensitive personal data consisting of information as to the data subjects’ –<br>(a) racial or ethnic origin,<br>(b) political opinions,<br>(c ) religious beliefs or other beliefs of a similar nature,<br>(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),<br>(e) physical or mental health or condition,<br>(f) sexual life,<br>(g) genetics,<br>(h) biometric data (as used for ID purposes),                                                               | X <input type="checkbox"/> | <input type="checkbox"/> |
|   | If YES, provide a description of the special category data and explain why this data needs to be collected:                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                          |
| 4 | There is potential for information about a participant’s health information to be disclosed (information about voice disorders, injury, or other health information that contributes to voice use or singing/speech challenges such as dysphonias.)<br><br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                    |                            |                          |

|    | Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES                                 | NO                                  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 5  | Manual files (i.e. in paper form)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6  | University computers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7  | Private company computers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8  | Home or other personal computers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9  | Laptop computers/ CDs/ Portable disk-drives/ memory sticks?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10 | "Cloud" storage or websites?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11 | Other – specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12 | For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |
|    | <p>All data will be kept in password protected cloud storage on personal OneDrive and Google system which will not be shared except for my research supervisor. Audio/visual data will be transcribed and would be shown to participants to check accuracy of reporting. Any USB sticks used to store or transfer data will be password protected. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder. All external electronic data storage (portable hard drives) will be password protected and stored in a locked cabinet. All physical copies of consent forms or other documentation will be kept in a secured, locked cabinet and destroyed at the end of the study. Personal laptops require biometric logins to be accessed (fingerprint).</p> <p><i>(this box should expand as you type)</i></p> |                                     |                                     |

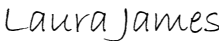
| Data Protection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
|                 | Will the research activity involve any of the following activities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES                                 | NO                                  |
| 13              | Electronic transfer of data in any form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14              | Sharing of data with others at the University outside of the immediate research team?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15              | Sharing of data with other organisations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16              | Export of data outside the UK or importing of data from outside the UK?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17              | Use of personal addresses, postcodes, faxes, emails or telephone numbers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18              | Publication of data that might allow identification of individuals?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19              | Use of data management system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 20              | Data archiving?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 21              | If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |
|                 | <p>All data will be encrypted and kept in password-protected cloud storage on my personal One Drive and Google Drive, which will not be shared. Any USB sticks used to store or transfer data will be password protected. All data transfers will be encrypted and password protected. All participants will be given a unique identifier to ensure confidentiality, and this list will be kept securely in the password-protected folder. The data will be stored until the completion of the project and then deleted. In accordance with the DPA2018, participants will have the right to ask to see what data is</p> |                                     |                                     |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 22 | List all who will have access to the data generated by the research activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|    | James Kovacs, Researcher<br>David Cane, Module Supervisor<br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
| 23 | List who will have control of, and act as custodian(s) for, data generated by the research activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|    | James Kovacs, Researcher<br><i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
| 24 | Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.                                                                                                                                                                                                                                                                                                                                                                           |            |
|    | All data will be encrypted and kept in password-protected cloud storage on my personal One Drive or Google Drive system, which will not be shared. Any USB sticks used to store or transfer data will be password protected and will be reformatted at the end of the project to destroy the data. The data will be stored until the completion of the project and then archived to a password-secure, encrypted, external hard drive and stored in a locked cabinet. Biometric locks are enabled on all transportable computers (i.e. laptops).<br><i>(this box should expand as you type)</i> |            |
| 25 | Please indicate if your data will be stored in the UWTSD Research Data Repository (see <a href="https://researchdata.uwtsd.ac.uk/">https://researchdata.uwtsd.ac.uk/</a> ). If so please explain. <i>(Most relevant to academic staff)</i>                                                                                                                                                                                                                                                                                                                                                      |            |
|    | <i>(this box should expand as you type)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
| 26 | Confirm that you have read the UWTSD guidance on data management (see <a href="https://www.uwtsd.ac.uk/library/research-data-management/">https://www.uwtsd.ac.uk/library/research-data-management/</a> )                                                                                                                                                                                                                                                                                                                                                                                       | <b>YES</b> |
| 27 | Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>YES</b> |

**SECTION K: Declaration**

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------|
|   | <p>The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants.</p> <p>In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: <a href="https://www.uwtsd.ac.uk/research/research-ethics/">https://www.uwtsd.ac.uk/research/research-ethics/</a></p> |                                                                                   |                                  |
| 1 | Signature of applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Date:</b><br>8 November, 2024 |

**For STUDENT Submissions:**

|   |                                 |                                                                                   |                         |
|---|---------------------------------|-----------------------------------------------------------------------------------|-------------------------|
| 2 | Director of Studies/Supervisor: | Laura James                                                                       | <b>Date:</b><br>27.1.25 |
| 3 | Signature:                      |  |                         |

**For STAFF Submissions:**

|   |                                    |  |              |
|---|------------------------------------|--|--------------|
| 4 | Academic Director/ Assistant Dean: |  | <b>Date:</b> |
| 5 | Signature:                         |  |              |

**Checklist:** Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

|                                     |                                                                                                                                                                                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I have read the guidance notes supplied before completing the form.                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | I have completed <b>ALL RELEVANT</b> sections of the form in full.                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> | I confirm that the research activity has received approval in principle                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | I have attached a copy of final/interim approval from external organisation ( <b>where appropriate</b> )                                                                                                                                                   |
| <input type="checkbox"/>            | I have attached a full risk assessment (where appropriate) <b>ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT</b>                                                                                                                                    |
| <input checked="" type="checkbox"/> | I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.                                                                                      |
| <input checked="" type="checkbox"/> | I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director. |

|                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RESEARCH STUDENTS ONLY</b><br>Once complete, submit this form via the <b>MyTSD Doctoral College Portal</b> at ( <a href="https://mytsd.uwtsd.ac.uk">https://mytsd.uwtsd.ac.uk</a> ).                                                                             |
| <b>RESEARCH STAFF ONLY</b><br>All communications relating to this application during its processing must be in writing and emailed to <a href="mailto:pgresearch@uwtsd.ac.uk">pgresearch@uwtsd.ac.uk</a> , with the title 'Ethical Approval' followed by your name. |
| <b>STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES</b> should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.                                                                                       |

## Appendix C1: Information and Consent Form Examples



### **Project Information Sheet**

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

#### **Description:**

This project explores how choral musicians (including singing voice students, amateur and professional choral singers, and choral conductors) experience vocal injury in the choral setting. As a researcher, I will use interviews and questionnaires to interrogate the social, musical, and practical aspects of vocal injury and discover the diagnosis and treatment path research participants may have encountered.

#### **Justification:**

There are two primary reasons for my undertaking this research. The first is that a recent research project I completed revealed a surprising prevalence of vocal injury. In that 2023 study, as many as 40% of singers (both professional and amateur) reported some vocal injury. A second reason is that there is a lack of research in the scholarly literature.

#### **Intended Impact:**

This project intends to add to our understanding of choral musicians' experiences with vocal injury. This will enable voice professionals, especially choral conductors and teachers of choral singers, to help them identify vocal injuries, seek appropriate treatment, and support their recovery.

#### **Timeline:**

The overall timeline for this project is January 2025 to September 2025. Research participants will be interviewed and surveyed from March through May. The results will be published as a Master's dissertation in November.



## Focus Group Consent Form

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

- I agree to participate in the Vocal Injury Focus Group carried out by J. Scott Kovacs the Voice Study Centre and University of Wales Trinity Saint David, to aid with the research of Choral Musicians' experiences with vocal injury.
- I have read the information sheet related to the Choral Singers Vocal Injury Study and understand the aims of the project.
- I am aware of the topics to be discussed in the focus group.
- I am aware that the focus group will last approximately 30 – 60 minutes.
- I am fully aware that I will remain anonymous throughout data reported and that I have the right to leave the focus group at any point.
- I am fully aware that data collected will be stored securely, safely and in accordance with Data Collection Act (UK) (1998).
- I am fully aware that I am not obliged to answer any question, but that I do so at my own free will.
- I am aware that I have a right to withdraw from the focus group at any point.
- I understand that if I inform the researcher that I or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report this risk with or without my permission.
- I agree to have the focus group recorded (video or audio), so it can be transcribed after the focus group is held. I am aware that I have the right to edit the transcript of the Focus Group once it has been completed.
- I am aware that I can make any reasonable changes to this consent form.

---

**Printed Name**

---

**Participants Signature**

---

**Date**

---

**Researchers Signature**

---

**Date**

Contact Information

This research has been reviewed and approved by the Voice Study Centre and the University of Wales Trinity Saint David Research Ethics Board.

If you have any further questions or concerns about this study, please contact:

**(James) Scott Kovacs**  
20323 19<sup>th</sup> Ave. NE A102  
Shoreline, WA 98155  
206-687-278  
jscottkovacs@gmail.com

You can also contact Scott's research supervisor:

**David Cane**  
david@voicestudycentre.com

**What if I have concerns about this research?**

If you are worried about this research, or if you are concerned about how it is being conducted, you can contact the Director of Studies at:

Voice Study Centre  
The Old Stables  
Hadleigh Road  
East Bergholt  
Suffolk  
CO7 6QT  
(or email at [info@voicestudycentre.com](mailto:info@voicestudycentre.com)).



## Interview Consent Form

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

- I understand that even if I agree to participate now, I can withdraw at any time
- I understand that I can refuse to answer any question involved during the research process without any consequences of any kind.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves being interviewed over Zoom or Skype to answer several questions about my experiences with vocal injury, and that the interview will take anywhere from 20 – 60 minutes, and the interview will be recorded.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research, my identity will remain anonymous.
  - This will be done by changing my name and disguising any details of my interview that may reveal my identity or the identity of people I speak about.
- I understand that anonymized extracts from my interview may be quoted in the published results of this research, including academic papers, presentations, and professional journals.
- I understand that if I inform the researcher that I or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report this risk with or without my permission.
- I understand that signed consent forms and original audio recordings will be retained in a password-protected digital file until August 2025.
- I understand that a transcript of my interview in which all identifying information has been removed will be retained for two years following the examination board certifying this research (November 2027).
- I understand that under freedom of information legalization, I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Participants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Researchers Signature**

\_\_\_\_\_  
**Date**

*Contact Information*

This research has been reviewed and approved by the Voice Study Centre and the University of Wales Trinity Saint David Research Ethics Board.

If you have any further questions or concerns about this study, please contact:

**(James) Scott Kovacs**  
20323 19<sup>th</sup> Ave. NE A102  
Shoreline, WA  
98155  
206-687-278  
vistudy25@gmail.com

You can also contact Scott's research supervisor:

**David Cane**  
david@voicestudycentre.com

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The Old Stables  
Hadleigh Road  
East Bergholt  
Suffolk  
CO7 6QT  
or email at info@voicestudycentre.com

## Appendix C2: Consent Form Signature Pages

Focus Group Consent Form



Focus Group Consent Form

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

- I agree to participate in the Vocal Injury Focus Group carried out by J. Scott Kovacs the Voice Study Centre and University of Wales Trinity Saint David, to aid with the research of Choral Musicians' experiences with vocal injury.
- I have read the information sheet related to the Choral Singers Vocal Injury Study and understand the aims of the project.
- I am aware of the topics to be discussed in the focus group.
- I am aware that the focus group will last approximately 30 - 60 minutes.
- I am fully aware that I will remain anonymous throughout data reported and that I have the right to leave the focus group at any point.
- I am fully aware that data collected will be stored securely, safely and in accordance with Data Collection Act (UK) (1998).
- I am fully aware that I am not obliged to answer any question, but that I do so at my *own* free will.
- I am aware that I have a right to withdraw from the focus group at any point.
- I understand that if I inform the researcher that I or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report this risk with or without my permission.
- I agree to have the focus group recorded (video or audio), so I can be transcribed after the focus group is held. I am aware that I have the right to edit the transcript of the Focus Group once it has been completed.
- I am aware that I can make any reasonable changes to this consent form.

[Redacted Signature]

Printed Name

Ptxpt ID: VI25D

[Redacted Signature]

Participants Signature

3/4/25  
Date

J Scott Kovacs S -/-::&-v-a.c.,a,

March 6, 2025



## Focus Group Consent Form

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

- I agree to participate in the Vocal Injury Focus Group carried out by J. Scott Kovacs the Voice Study Centre and University of Wales Trinity Saint David, to aid with the research of Choral Musicians' experiences with vocal injury.
- I have read the information sheet related to the Choral Singers Vocal Injury Study and understand the aims of the project.
- I am aware of the topics to be discussed in the focus group.
- I am aware that the focus group will last approximately 30 – 60 minutes.
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- I am fully aware that data collected will be stored securely, safely and in accordance with Data Collection Act (UK) (1998).
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- I understand that if I inform the researcher that I or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report this risk with or without my permission.
- I agree to have the focus group recorded (video or audio), so it can be transcribed after the focus group is held. I am aware that I have the right to edit the transcript of the Focus Group once it has been completed.
- I am aware that I can make any reasonable changes to this consent form.

Printed Name

Ptxt ID: VI25A

[Redacted Signature]

Date

*Scott Kovacs*

Feb 28, 2025

Researchers Signature

Date



## Focus Group Consent Form

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

- I agree to participate in the Vocal Injury Focus Group carried out by J. Scott Kovacs the Voice Study Centre and University of Wales Trinity Saint David, to aid with the research of Choral Musician's experiences with vocal injury.
- I have read the information sheet related to the Choral Singers Vocal Injury Study and understand the aims of the project.
- I am aware of the topics to be discussed in the focus group.
- I am aware that the focus group will last approximately 30 – 60 minutes.
- I am fully aware that I will remain anonymous throughout data reported and that I have the right to leave the focus group at any point.
- I am fully aware that data collected will be stored securely, safely and in accordance with Data Collection Act (UK) (1998).
- I am fully aware that I am not obliged to answer any question, but that I do so at my own free will.
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- I agree to have the focus group recorded (video or audio), so it can be transcribed after the focus group is held. I am aware that I have the right to edit the transcript of the Focus Group once it has been completed.
- I am aware that I can make any reasonable changes to this consent form.

Ptxpt ID: VI25E

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
February 27, 2025  
Date

*Scott Kovacs*  
\_\_\_\_\_  
Researchers Signature

\_\_\_\_\_  
Feb 28, 20  
Date



## Focus Group Consent Form

**Project Title:** *Choral Musicians' experiences with vocal injury: a discussion of prevalence, diagnosis, and recovery*

**Research investigator:** J. Scott Kovacs

- I agree to participate in the Vocal Injury Focus Group carried out by J. Scott Kovacs the Voice Study Centre and University of Wales Trinity Saint David, to aid with the research of Choral Musician's experiences with vocal injury.
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- I agree to have the focus group recorded (video or audio), so it can be transcribed after the focus group is held. I am aware that I have the right to edit the transcript of the Focus Group once it has been completed.
- I am aware that I can make any reasonable changes to this consent form.

[Redacted]

Ptxtp ID VI25B

Printed Name

[Redacted]

Date

*Scott Kovacs*

Feb 28, 2025

Researchers Signature

Date

[Redacted]

Pt/xpt ID VI 25 E

Printed Name

[Redacted]

25 February 2025

Participants Signature

Date

*Scott Kovacs*

Feb 28 2025

Researchers Signature

Date

Contact Information

This research has been reviewed and approved by the Voice Study Centre and the University of Wales Trinity Saint David Research Ethics Board.

If you have any further questions or concerns about this study, please contact:

**(James) Scott Kovacs**  
20323 19<sup>th</sup> Ave. NE A102  
Shoreline, WA  
98155  
206-687-278  
vistudy25@gmail.com

You can also contact Scott's research supervisor:

**David Cane**  
david@voicestudycentre.com

**What if I have concerns about this research?**

If you are worried about this research, or if you are concerned about how it is being conducted, you can contact the Director of Studies at:

Voice Study Centre  
The Old Stables  
Hadleigh Road  
East Bergholt  
Suffolk  
CO76QT  
or email at info@voicestudycentre.com

[Redacted]  
Printed Name

Ptxpt ID: VIQ19

[Redacted]  
Participant's Signature

05/09/2025  
Date

Scott Kovacs  
Researchers Signature

5/12/25  
Date

Contact Information

This research has been reviewed and approved by the Voice Study Centre and the University of Wales Trinity Saint David Research Ethics Board.  
If you have any further questions or concerns about this study, please contact:

(James) Scott Kovacs  
20323 19<sup>th</sup> Ave. NE A102  
Shoreline, WA  
98155  
206-887-278  
vistudy25@gmail.com

You can also contact Scott's research supervisor:

David Cane  
david@voicestudycentre.com

**What if I have concerns about this research?**

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Voice Study Centre  
The Old Stables  
Hadleigh Road  
East Bergholt  
Suffolk  
CO78QT  
or email at info@voicestudycentre.com

Participant ID; VIQ16

[Redacted Signature]

[Redacted Signature]

Participants Signature

5/10/2025  
Date

Scott Kovacs  
Researchers Signature

May 12, 2025  
Date

nt Ct Inform 1 c

This research has been reviewed and approved by the Voice Study Centre and the University of Wales Trinity Saint David Research Ethics Board.

If you have any further questions or concerns about this study, please contact:

**(James) Scott Kovacs**  
20323 19<sup>th</sup> Ave. NE A102  
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Suffolk  
CO76QT  
or email at info@voicestudycentre.com

### Appendix D: Survey Codes & Subcodes

| <u>?#</u> | <u>Code</u>   | <u>Subcode</u>       | <u>Description</u>                                                    |
|-----------|---------------|----------------------|-----------------------------------------------------------------------|
| 1         | <b>Agree</b>  |                      | Ps consent                                                            |
| 2         | <b>Roles</b>  |                      | Role in choral singing                                                |
|           |               | <i><b>RoIDir</b></i> | <i>Role: Choral Director</i>                                          |
|           |               | <i><b>RoIStu</b></i> | <i>Role: Student</i>                                                  |
|           |               | <i><b>RoITch</b></i> | <i>Role: Voice Teacher</i>                                            |
|           |               | <i><b>RoIPro</b></i> | <i>Role: Professional Singer</i>                                      |
|           |               | <i><b>RoICom</b></i> | <i>Role: Community Choir Singer</i>                                   |
| 3         | <b>VTExp</b>  |                      | Experience with Voice Teachers (VT)                                   |
|           |               | <i><b>None</b></i>   | <i>No experience with voice teachers</i>                              |
|           |               | <i><b>SVT</b></i>    | <i>Singing voice teacher experience</i>                               |
|           |               | <i><b>SVS</b></i>    | <i>Singing voice specialist experience</i>                            |
| 4         | <b>AllCh</b>  |                      | Lifetime experience with choral singing                               |
|           |               |                      | <i>Lifetime experience: elementary/high school choir</i>              |
|           |               | <i><b>LSch</b></i>   |                                                                       |
|           |               | <i><b>LCol</b></i>   | <i>Lifetime experience: college/university choir</i>                  |
|           |               | <i><b>LPro</b></i>   | <i>Lifetime experience: professional choir</i>                        |
|           |               | <i><b>LCom</b></i>   | <i>Lifetime experience: community choir</i>                           |
| 5         | <b>CurrCh</b> |                      | Current ensemble types                                                |
|           |               |                      | <i>Currently singing in the elementary/high school choir.</i>         |
|           |               | <i><b>CSch</b></i>   |                                                                       |
|           |               | <i><b>CCol</b></i>   | <i>Currently singing in collegiate/university choir.</i>              |
|           |               | <i><b>CPro</b></i>   | <i>Currently singing in professional choir</i>                        |
|           |               | <i><b>CCom</b></i>   | <i>Currently singing in community choir</i>                           |
| 6         | <b>VTyp</b>   |                      | Singing voice type/registration/fach                                  |
| 7         | <b>Age</b>    |                      | Ps age by range                                                       |
| 8         | <b>Gen</b>    |                      | Gender expression                                                     |
| 9         | <b>Clin</b>   |                      | Clinician roles in diagnosis                                          |
|           |               | <i><b>CSpc</b></i>   | <i>Clinical Specialist (ENT, Laryng, SLP)</i>                         |
|           |               | <i><b>CMed</b></i>   | <i>Clinical MD, PA</i>                                                |
|           |               | <i><b>CNo</b></i>    | <i>No clinical professional or self</i>                               |
| 10        | <b>Dx</b>     |                      | No professional/no diagnosis                                          |
|           |               | <i><b>DxDys</b></i>  | <i>Ps refers to voice disorder</i>                                    |
|           |               | <i><b>DxInj</b></i>  | <i>Ps ref. trauma to the voice or vocal mechanism</i>                 |
|           |               |                      | <i>Ps ref to a period of intentional care for the voice</i>           |
|           |               | <i><b>DxRec</b></i>  |                                                                       |
|           |               |                      | <i>Ps ref to ability or inability to recover after illness/injury</i> |
|           |               | <i><b>DxInj</b></i>  |                                                                       |
|           |               | <i><b>DxAge</b></i>  | <i>Ps refers to voice changes related to age</i>                      |
|           |               |                      | <i>Changes to the voice resulting from non-injury or trauma</i>       |
|           |               | <i><b>DxOrg</b></i>  |                                                                       |
|           |               | <i><b>DxIll</b></i>  | <i>Ps refers to illness (such as infection) or disease</i>            |

|    |                 |                       |                                                                |
|----|-----------------|-----------------------|----------------------------------------------------------------|
|    |                 | <b><i>DxFun</i></b>   | <i>Changes to the voice resulting inn change of function</i>   |
| 11 | <b>Incl</b>     |                       | Severity of loss of income for professionals                   |
| 12 | <b>EcDEsc</b>   |                       | Description of economic impacts                                |
| 13 | <b>VChng</b>    |                       | Has injury resulted in permanent voice changes?                |
| 14 | <b>VCDesc</b>   |                       | Description of voice changes due to injury                     |
| 15 | <b>ChgPtx</b>   |                       | Changes to singing participation d/t injury                    |
| 16 | <b>ClinSup</b>  |                       | Clinical professional roles in recovery support                |
|    |                 | <b><i>SupENT</i></b>  | <i>Ps received clinical support from an ENT/Laryngologist</i>  |
|    |                 | <b><i>SupSLP</i></b>  | <i>Ps received clinical support from and SLP/SLT</i>           |
|    |                 | <b><i>SupMed</i></b>  | <i>Ps received clinical support from MD, DO, PA, APRN</i>      |
|    |                 | <b><i>SupNo</i></b>   | <i>Ps did not receive clinical support for their complaint</i> |
| 17 | <b>Tx</b>       |                       | Description of treatment and recovery                          |
| 18 | <b>ClinSing</b> |                       | Ps perception of clinician's knowledge about singing           |
| 19 | <b>SVSup</b>    |                       | Singing Voice Professional support for recovery                |
|    |                 | <b><i>SVSupS</i></b>  | <i>Ps received support from a Singing Voice Specialist</i>     |
|    |                 | <b><i>SVSupST</i></b> | <i>Ps received support from a Voice Teacher</i>                |
|    |                 | <b><i>SVSupCD</i></b> | <i>Ps received support from a Choral Director</i>              |
|    |                 | <b><i>SVSupNo</i></b> | <i>Ps did not receive singing-specific support</i>             |
| 20 | <b>SVExp</b>    |                       | Ps experience with SVP recovery support                        |
| 21 | <b>SVKno</b>    |                       | Ps perception of SVP's regard of clinical knowledge            |
| 22 | <b>CDSup</b>    |                       | Ps perception of Choral Conductor's support/recovery           |
| 23 | <b>CDKno</b>    |                       | Ps perception of CD's knowledge & use/voice pedagogy           |
| 24 | <b>CDAcc</b>    |                       | Description of CD's support for recovery                       |
| 25 | <b>MHChg</b>    |                       | Ps. Perception of mental health change/severity                |
| 26 | <b>MHSup</b>    |                       | Description of mental health support engagement                |
|    |                 | <b><i>MHSupF</i></b>  | <i>Ps received formal mental health support (pro or para)</i>  |
|    |                 | <b><i>MHSupI</i></b>  | <i>Ps received informal MH support (friend, spouse)</i>        |
|    |                 | <b><i>MHSupNo</i></b> | <i>Ps did not engage MH support</i>                            |

## Appendix E: Literature Inclusion Matrix

| Reference                                                            |               |      |          |      |         |       | Type/Tier | Relevance |   |   |   |
|----------------------------------------------------------------------|---------------|------|----------|------|---------|-------|-----------|-----------|---|---|---|
| Title                                                                | Author        | Year | Abstract | Sel. | Scanned | Coded | Type      | Reas. ?   | T | M | A |
| Vocal Fatigue in Beatboxers                                          | Doddard       | 2020 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | N |
| Vocal Behavior in Environmental Noise                                | Portela       | 2018 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | N |
| Vocal Health Education ... Vocal Performance Students                | Latham        | 2016 | Y        | Y    | Y       | Y     | P1        | N         | N | Y | Y |
| Voice Disorder and Voice Knowledge in Choir Singers                  | Ravall        | 2018 | Y        | Y    | Y       | Y     | P1        | Y         | Y | Y | N |
| Vocal Process Avulsion                                               | Harriss       | 2010 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Prevalence of Reflux...Amateur Choir Singers                         | Robotti       | 2021 | Y        | Y    | Y       | Y     | P1        | Y         | Y | Y | Y |
| Mapping of Vocal Risk in Amateur Choir                               | Rosa          | 2016 | Y        | Y    | Y       | Y     | P1        | Y         | Y | Y | Y |
| Measurements of the... Voice...Warm Up... Choir Singers              | Onofre        | 2015 | Y        | Y    | Y       | Y     | P1        | Y         | Y | Y | N |
| Effect of Vocal Training ... Choral and Nonchoral Data               | Siupskiene    | 2010 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | N |
| How Health-Focused Choirs...Covid 19                                 | Tamplin       | 2022 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Preparing the Singing Voice Specialist                               | Radionoff     | 2004 | Y        | Y    | Y       | Y     | P1        | N         | N | N | Y |
| Identifying Knowledge Gaps in Clinicians                             | McKinnon      | 2017 | Y        | Y    | Y       | Y     | P1        | N         | N | Y | Y |
| A review of training ... Singing Voice Rehab Specialists             | Gerhard       | 2015 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Prevalence of Teachers' Vocal Symptoms                               | Giroto        | 2015 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | N |
| Investigating Warmups....Gym Coaches                                 | Ghazi         | 2021 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Anxiety, Depression, ... Voice Handicaps .... Covid 19               | Coutinho      | 2023 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Vocal Health Load of Reform Jewish Cantors                           | Hapner        | 2011 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Vocal Pedagogues Training Dysphonic Voices                           | Fleming       | 2024 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Hoarseness in School Age Children ... Functioning Framework          | Senkal        | 2001 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Epidemiology of Voice Disorders in Latvian School Teachers           | Trinite       | 2016 | Y        | Y    | Y       | Y     | P1        | N         | Y | M | Y |
| Vocal Hygiene Habits in College Students                             | Perrine       | 2024 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Vocal Health Survey Amateur and Professional Voice Users             | Weekly        | 2017 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Amateur Music Theatre Singers' Perceptions..Voice Function           | Vella         | 2019 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | N |
| A Pilot Survey of Vocal Health in Young Singers                      | Tepe          | 2001 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| An Evaluation of Voice Hygiene in HS Choir Singers                   | Yuksel        | 2023 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Comparison of Vocal Habits ...under and grad VP Majors               | Reckers       | 2020 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| A Survey of Vocal Health in Carnatic Singing Students                | Rupa          | 2023 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Dysphonia Screening in vocally trained and untrained children        | Pribuisine    | 2019 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Vocal Fatigue Experiences and Mitigation ... Sacred Harp Singers     | Morgan-Ellis  | 2024 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Collision and Phonation Threshold Pressures... Trained and Untrained | Enflo         | 2013 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Contemporary Commercial Music Singing Students                       | Sielska-Badur | 2017 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Carnatic Classical Singers' Interest and Knowledge...                | Rao           | 2023 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Effectiveness of Vocal Training... Drama Students                    | Fritz         | 2023 | Y        | Y    | Y       | Y     | P1        | N         | N | Y | Y |
| Voice Disorder Classification Scoping Review                         | Constantini   | 2022 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Frameworks, Terminology and Definitions ...Classifications           | Payten        | 2022 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Investigations of Interdisciplinary Differences...perceptual         | Birkent       | 2024 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Multiple voice disorders in the same person                          | Barbon        | 2021 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Voice disorder classification using speech enhancement               | Chaini        | 2021 | Y        | Y    | Y       | Y     | P1        | N         | Y | N | Y |
| Are Occupational Voice Disorders Accurately Measured?                | Gonzalez      | 2022 | Y        | Y    | Y       | Y     | P1        | N         | N | Y | Y |
| Interoception, Voice Symptom Reporting, and Voice Disorders          | Comstock      | 2023 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Patients' Demographics and Risk Factors in Voice Disorders           | Iliadou       | 2024 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |
| Voice Disorder Classification Using Wav2Vec                          | Cai           | 2024 | Y        | Y    | Y       | Y     | P1        | N         | Y | Y | Y |

**Res?** = Directly answers the research question

**T** = Topic (Directly related to pic or adjacent to the topic)

**M** = Method

**A** = Adjacent Practice (Speech Therapy, Medicine, Surgery)

## **Appendix F: Critical Literature Reflection Journal**

This journal has been formatted for ease of placement into the appendix. The complete journal as originally formatted can be viewed at: [Module 6 Workbook .xlsx](#)

Title

Relevance

Context

Initial Reaction to Content

Reflection and Analysis: perspectives, intersections, and biases

### **Voice Disorders and Voice Knowledge in Choir Singers**

Choral Singers

Finnish Arts/Academic Group

*Examines the prevalence of voice disorders among choral singers and the risk factors. Very large n (over 300). Shows no significant difference between amateur and professional singers for voice disorder. Choir singers with a vocally demanding job tend to be at higher risk for vocal injury.*

### **Prevalence of Reflux...**

Amateur Choir Singer/Choral Singers

Head and Neck dept./Academic Group

*A very specific study about the effects of reflux in amateur choral singers: this study makes a distinction between amateur and professional choral singers and notes that there are overlaps. Amateur choral singers seem to have a healthier lifestyle than non-singers. While vocal symptoms due to reflux are not reported at a higher rate than in non-singers, singers experience an overall higher rate of voice impairments.*

### **Mapping of risk in Amateur Choir**

Choral Singers

Voice Foundation Symposium

*Examines the risk of disuse injury specifically to amateur singers as well as the effect of anxiety on those singers' performance. In this study of amateur singers, women were more likely to experience injury than men, but it cannot be concluded that women are more likely to have anxiety-like symptoms that affect their singing. The study further suggests that a lack of vocal care adds to risks, and that amateur singers may be less likely than professional singers to identify the significance of their vocal handicap. However, choral singing is not generally anxiogenic as a leisure activity*

### **Measurement after Warmup**

Choral Singers

Medical School

Shows the acoustic benefit of warmup and cool down

*Emphasizes the importance of vocal warm-up and cool-down as necessary to the habilitation and function of the singing voice, as well as vocal rest in professional singers, in reducing the risk of vocal injury.*

### **Voice Disorder Classification Scoping Review**

Classification & Study of Voice Disorders

Brazilian University

Scoping review: of 3K+ returns, only 46 qualified.

*Argues that voice classification systems are primarily based on etiology. Classification for Voice Disorders Manual provides the "industry standard," and is used as a basis for classification systems internationally, though subsystems exist. Further, the addition of singer perception to voice evaluation and classification is noted as being advocated for in the literature examined by this scoping review.*

### **Frameworks, Terminology and Definitions ...Classifications**

Classification & Study of Voice Disorders

Journal of Voice

*This scoping review aims to identify a consensus framework for classifying vocal disorders.*

*There is limited international agreement on how to categorize voice disorders. What I find interesting about this study is that it explores ways to make classification more standardized within a healthcare system.*

### **Investigations of Interdisciplinary Differences...perceptual evaluation**

Classification & Study of Voice Disorders

Turkish academic researchers

*Examines the perceptual evaluation skill of ENT, SLP, and voice teachers. ENTs and SLPs have a similar perception of pathological voices; however, singing teachers score higher, perhaps because of heightened perceptual sense due to occupational experiences and training. This is significant to this paper because it shows that voice teachers can "hear" when something is wrong and make appropriate referrals.*

### **Multiple voice disorders in the same person**

Classification & Study of Voice Disorders

Engineering & Architecture dept

*Examines a technical procedure using an algorithm to analyze and identify multiple voice disorders in the same person. While this study helps advance the technology used in voice analysis and pathology, it represents a limited scope of voice disorders. This is understandable in that each voice disorder has a distinct acoustic profile, which helps in developing the algorithm. Still, it's a pretty crude technology. An experienced voice professional can recognize these conditions. I suspect this is another example of using technology to diagnose and reduce diagnostic costs in the healthcare system.*

### **Voice disorder classification using speech enhancement**

Classification & Study of Voice Disorders

Voice and Speech Lab, Technical University Canada

*Study proposing a two-phase model to enhance deep learning for voice disorder detection using AI. Further shows that AI technology for diagnosing voice disorders is still in its early stages.*

### **Are Occupational Voice Disorders Accurately Measured?**

Classification & Study of Voice Disorders

Brazilian university

*Systematic review of scientific evidence on the methodological analysis of voice disorders, considering the goal of improving homogeneity in sample results. Confirms wide variability in the data: dysphonia among teachers shows positivity rates ranging from 10.5% to 61.5%. Because accurate epidemiological data is important for public health policy, a unified approach to measuring and analyzing voice disorders is essential. However, as I've noted elsewhere, there is systemic disagreement on the classification of voice disorders internationally, making it very difficult to establish a unified analysis framework.*

### **Interoception, Voice Symptom Reporting, and Voice Disorders**

Classification & Study of Voice Disorders

University of Texas Behavioral and Brain Sciences

*Considers what role interoception plays in individuals' self-perception of their voice disorder. People with functional voice disorders and lower interoception capability scored higher on the symptom scale but had lower attention regulation. People with primary MTD may also have lower interoception capabilities in processing body sensations.*

### **Patients' Demographics and Risk Factors in Voice Disorders**

Classification & Study of Voice Disorders

University College of London

*A review of studies on demographics and risk factors in voice disorder. Important highlights include modifiable and non-modifiable risk factors (caffeine intake, obesity), iatrogenic causes, the high prevalence of disorder among occupational voice users, presence of co-morbidities (arthritis), and aging.*

### **Voice Disorder Classification Using Wav2Vec**

Classification & Study of Voice Disorders

National Science Foundation of China

*Uses AI perceptual technology to differentiate between normal and pathological voices. Another example of development in AI tools for examining the voice for disorders. We're still a long way from being able to accurately diagnose.*

### **Effect of Vocal Training**

Habilitation

Health Dept .University/Lithuania

*Confirms the positive impact of vocal training on range, intensity, and speaking curve. While this study verifies the benefits of training for singers, it is limited to acoustic improvements and does not address health benefits or the reduction of vocal injury risk.*

### **Dysphonia screening in vocally trained and untrained children**

Injury & Illness

Pediatric Oto journal

Examines the prevalence of dysphonia in trained versus untrained children. Found a much higher (48%) prevalence of dysphonia (38% of those had nodules!!!) in vocally trained singers; however, there was a very high correlation of those positives singing in school or a choral program. This highlights the importance of pedagogical knowledge for this specific age group

### **Vocal Fatigue... Sacred Harp**

Injury & Illness

Researcher, Journal of Voice

*Examines the vocal health experiences and strategies among SH singers. Found that there is very little vocal injury despite this group having a high-risk tonal outcome. This may be due to mitigation strategies within participation, as this group is relatively "untrained" in the usual sense. However, I wonder if prolonged practice under high pressure is a factor, similar to how an athlete develops a very specific skill over a long period.*

### **Contemporary Commercial Music Singing Students**

Injury & Illness

Polish Oto dept/University

*Study to assess the voice quality and vocal tract function of CCM high school singers. Twenty percent of the students in this survey had organic vocal nodules. More than 60% exhibited higher than usual supraglottic pressure in their speaking voice. However, they had a lower than average self-perception of dysphonia. This seems quite dangerous to me...*

### **Vocal Process Avulsion**

Injury/Iatrogenic

Sataloff/Drexel

*Case studies of avulsions resulting from stroboscopy or intubation Rare but important example of iatrogenic injury. Note: one of the survey respondents was intubated and reported vocal injury as a result.*

### **Vocal Fatigue in Beatboxers**

Injury/Vocal Fatigue

Multidisciplinary team/ Indian V&S Comm. Department

*Topic adjacent discussion of the prevalence of vocal fatigue in a specific genre of vocal music.*

*This article points to the idea that lack of exposure to formal training exposes vocalists to voice problems. Further, there is a lack of data concerning fatigue in non-classical singers. It concludes that in this study, avocational singers experienced a higher rate of fatigue*

### **Vocal Behavior in Environmental Noise**

Injury/Voice Disuse

Swedish Speech & Com academic group (Ternström)

*TA discusses occupational voice injury and asserts (WHO) that noise pollution is a threat to public health. The impact of environmental noise on vocal health remains unexplored. Workers in high-noise environments are at greater risk for phonatory injuries such as nodules. This makes me wonder about the economic impacts on both the worker and the company.*

### **Collision and Phonation Threshold Pressures... Trained and Untrained**

Knowledge & Habilitation

Swedish Research Group (Sundberg)

*Study examining the PTP in singers before and after loud or prolonged vocalizing. The increase in PTP was evident only in untrained singers, indicating that trained or skilled singers better tolerate high-pressure phonation. Untrained singers may face a higher risk for fatigue*

### **Carnatic Classical Singers' Interest and Knowledge...**

Knowledge & Habilitation

Indian institute of speech and hearing

*Examines the vocal knowledge of untrained and trained Carnatic singers. A low understanding and interpretation of even the most basic principles of vocal anatomy indicate the need for developing study programs that support improved vocal technique, hygiene, and vocal function.*

### **Effectiveness of Vocal Training... Drama Students**

Knowledge & Habilitation

PAVA Study

*Does vocal hygiene education and vocal training affect performance preparedness? Yes. Students felt that the one-hour course helped improve their preparedness. This is a perceptive study, and it does not include any acoustic data.*

### **How choirs adapted to COVID...**

Mental Health

Psychotherapy Journal

*Discusses the complex themes that arose when choirs moved online during the pandemic. Acknowledges the paradoxical benefits and challenges of transitioning to online choirs during the pandemic, including technological barriers alongside social benefits. Reduced enjoyment of choral singing was reported; however, the community and mental health benefits were vital.*

### **Axiety, Depression... voice handicap...COVID-19**

Mental Health

Communication Dept

*Study examining the relationship between mental health index and vocal handicap during COVID-19 among older adults (69+). Older individuals with higher levels of trait anxiety and other mental health symptoms were linked to voice handicaps, being five times as likely. This likelihood increases with age. Interestingly, the study mentions as one of its limitations that the interviews were conducted via Zoom due to the circumstances pandemic.*

### **Prevalence of Teachers' vocal symptoms**

Occupational Vocal Health

Public health study

*Epidemiological study examining the prevalence of vocal injury in a city's teaching populations. A very large study (n=4,957) showed that more than 21% of teachers experienced vocal symptoms, including vocal fatigue. Environmental factors outside the school are considered; however, classroom noise and acoustics could not be standardized for the study. Only 26% pursued treatment. The financial impacts drive this study: lost work days for treatment, career loss, and costs to the school system. Other considerations include auditory problems and communication difficulties.*

### **Effects of Warmups on Gym Coaches**

Occupational Vocal Health    Speech Therapy Dept.

*"Quasi-Scientific" study looking at the effect of VWU's on the acoustics of gym teachers, the study refers to VWUs as "speech therapy," which may be a regional or cultural use of the term. The study uses Pratt to confirm that VWUs reduce undesirable acoustic characteristics but falls short of confirming the vocational benefits, aside from suggesting it may help protect the voice.*

### **Vocal Load of Reform Jewish Cantors**

Occupational Vocal Health

University Oto Department

*Examines a subset of vocal professionals, focusing on training, voice issues, and treatment in Jewish Cantors. Concludes that cantors are at high risk for voice disorders, with contributing factors such as acid reflux and allergies, alongside high demands and little downtime. Asserts that the community is underserved by voice and vocal health professionals. Sixty-five percent of these vocal professionals have experienced a voice problem that interfered with their ability to perform, especially during high-use, critical times like the High Holy Days.*

### **Preparing the Singing Voice Specialist**

Professional Practice

Writing for Journal Publication

*Advocates for creating a Master's program for Singing Voice Specialists. closely with vocology as laid out by PAVA*

### **Identifying Knowledge Gaps in Clinicians' Professional Practice**

Academic team writing for journal publications

*Discusses the prevalence of knowledge gaps among clinicians regarding common illnesses in singers. Demonstrates that clinical environments such as university health centers may lack the expertise to treat singing performers, making timely referral to the appropriate healthcare team essential. The specific knowledge gaps in clinicians are not identified but require further evaluation.*

### **Vocal Pedagogues Training Dysphonic Voices**

Professional Practice

Professional Voice Care Symposium

Examines the prevalence and practice of voice teachers working with dysphonic voices. 48% of voice teachers have worked with a singer recovering from dysphonia, surgery, or pathology. The study supports the idea that most teachers refer to a medical professional when they detect a voice change—very few voice teachers are cross-trained as SLPS, but 84% report having some formal training in approaches and practices for working with singers recovering from injury or illness.

### **Review of Training Opportunities for Singing Voice Rehab Specialists**

Professional Practice

Voice Foundation Symposium

*A more recent consideration of the subject identifies that there are still no certification programs. Points to university and private programs that provide singing voice rehabilitation and singing programs. Note: McKlosky Institute, Karen Wickland—who now has a book. Clinical experience, conferences. Vocal training across genres differentiates classical and CCM, but not choral.*

### **Hoarseness in School-Age Children**

Public Health/Epid.

Turkish research group/Academic Oto & Communications Dept.

*Study examining hoarseness in school-age children – leading to treatment. The main point here is that effective treatment plans, which consider the child's history and family environment, result in significant improvements in communication and activity for the child.*

### **Epidemiology of Voice Disorders in Latvian Teachers**

Public Health/Epid.

Latvian voice researcher

*A first of its kind in Latvia, examining prevalence and risk factors in teachers. Voice problems were more common in female than male teachers (68.2% vs. 48.8%). Music teachers experience more voice disorders than their counterparts. Mentions environmental noise due to "lack of classroom discipline." Stress and job dissatisfaction are also considered risk factors.*

### **Vocal Health Survey Among Amateur and Professional Voice Users**

Vocal Health Care of the Professional Voice Symposium

*Examines vocal health practices of amateur and professional voice users. Large sample size (1195 respondents to the survey). The most commonly reported symptom was muscle tension, followed by voice loss. Time to seek assistance once symptoms occur equals a standard curve of one to two weeks. Recommends a multidisciplinary approach for optimal vocal health management.*

### **Amateur Music Theatre Singers' Perceptions...**

Vocal Health & Hygiene

Speech Pathology Dept

Study examining demographic and voice-related factors in MT singers. Of note here is that male singers had a higher incidence of vocal symptoms than female singers. Ensemble singers were more likely to experience symptoms than leads.

### **Evaluation of Voice Hygiene in HS Choral Singers**

Vocal Health & Hygiene

Drexel University Oto (Sataloff is an author)

*Examines prevalence of phonotraumatic behaviors, voice knowledge, and hygiene in HS singers. Shows there is a high prevalence of phonotraumatic behaviors, including speaking loudly, possibly due to environmental factors such as noise. The study notes that there is a lack of surveys among adult choir singers examining the same information.*

### **Comparison of Vocal Habits of grad and undergrad VP Majors**

Vocal Health & Hygiene

Professional Voice Care Clinic

*Longitudinal study of singing habits among vocal performance students at a conservatory found that adherence to vocal hygiene and good habits was low despite good knowledge. Use of warm-ups and cool-downs increases with level of education. Higher levels of education lead to more varied responses to questions about vocal symptoms.*

### **A Survey of Vocal Health in Carnatic Singing Students**

Vocal Health & Hygiene

Speech & hearing dept. University

*Study examining vocal health symptoms in Carnatic (Indian) singers. The ongoing focus on genre, style, or other population descriptors (such as school age, college, professional, amateur) also includes me, choral singers, and injury/vocal health.*

### **A Pilot Survey of Vocal Health...Young Singers**

Vocal Health & Hygiene

Oto research group/ Children's hospital

*Study examining the vocal symptoms in pre- and pubescent choral singers. About half of the respondents reported vocal difficulties, including hoarseness and "straining" or over singing.*

*Explanations include the cumulative effects of unhealthy vocal habits or techniques and concurrent physiologic changes. Whether or not the student had voice lessons was not statistically significant,  $p = .208$ .*

### **Vocal Health Education ...Performance Students**

Vocal Hygiene

Johns Hopkins Voice Center

*Highlights the lack of physiological training at the graduate level. Some methodological notes here (survey). Asserts that education about vocal physiology and vocal health can help singers avoid injury. Lack of financial support and availability of medical professionals are barriers. There are few graduate programs that integrate clinical professionals into their vocal education programs. This study was done in 2016, and my data indicates a more integrated approach now (10 years later).*

### **Vocal Hygiene Habits in College Students**

Vocal Hygiene

Communications science dept/university

Study exploring if voice hygiene habits are risk factors for vocal symptoms. Well, yes, students with two or more disuse factors (using voice until it hurts, extra muscular effort, extra respiratory effort, pitch too high or too low). Note: this study focuses on the general population, not singers.

### **Voice Self-Assessment in PD compared to general voice disorders**

Self-Assessment and Perception

Cognition and Psychology studies Dept. /Spanish University

*Comparison of perceptive reporting for people with Parkinson's vs. general voice disorders. Concludes (with high reliability) that people with PD reported fewer vocal symptoms than people with general voice disorders. This could be due to several factors (including poor interoception, altered muscle activity, psychological factors). Suggests the development of new self-perception instruments to support IndWPD. Highlights the challenge of measuring the qualitative experiences of people with a "one size fits all" instrument.*

### **Investigating How Age Affects Self-Perception and Voice Awareness in PD**

Self-Assessment and Perception

Cognition and Psychology studies Dept. /Spanish University

*Examines the effect of age on self-perception of PD symptoms and voice. Confirms some results from the 2023 study. I wonder about the interaction of symptoms with other factors like age, co-morbidities (arthritis, RA, MS) regarding perception of vocal handicap. Could make a good study!*

### **Analysis of the Auditory-Perceptual Voice Quality in Older and Younger Adults**

Self-Assessment and Perception

*Turkish Speech Sciences Department / University compares perceptive capabilities of voice quality in older versus younger adults (without VD). It concluded that older adults are less skilled at perceiving changes in voice quality. This highlights the need for screening and intervention for voice disorders among older adults. In the context of this study, it means that asking singers—some of whom are aging—might not yield completely accurate reports without an objective clinical opinion. Therefore, voice quality should not be included as part of the perceptive assessment.*

### **Discriminating Voice Pathologies...Combination of Spectral and Acoustic Features**

Self-Assessment and Perception

*Information Systems/Computer Science & Engineering School Study attempts to create a spectral and acoustic model for differentiating between healthy and unhealthy voices, including vocal fold paresis. The highest success rate they can achieve is 73%, using multiple parameters. That success rate drops when they use single parameters. This shows how complex the "sound" of voice disorders is.*

### **Making Room for Zoom**

Methods

Qualitative research journal

*A group of doctoral students discussing the use of Zoom in focus groups. Topics include why choose Zoom instead of Teams, how to address security challenges, using encryption to protect recordings, orienting participants to Zoom tools, testing the platform before sessions, building rapport first, challenges in conversational flow unless participants are emotionally engaged, potential internet connection issues, possible data loss, the importance of nonverbal cues like reactions, home privacy concerns, and technology barriers for some users.*

### **Virtual vs. In-Person Focus Groups**

Methods

Communications Science Lab

*Compares in-person to online focus groups in terms of logistics and costs. Note this study was conducted before the pandemic! Benefits of online focus groups include: lower costs, faster recruitment, broader geographic reach, access to hard-to-reach populations, and less participant burden.*

### **OFG: Electronic Discussions for Research**

Methods

Qualitative research journal

*Examines asynchronous and synchronous electronic discussions. Async discussions can be disjointed, may experience drop-offs, and lack facial expressions. Note that this is early in the 2000s, and tools like Teams or Zoom were not yet widespread. Perhaps discuss the evolution of online focus groups and the impact of the pandemic.*

## **Use of Video Conferencing to Facilitate Focus Groups**

Methods

Qualitative research journal

*Studies synchronous focus groups and makes procedural recommendations. Notes that recruiting the appropriate sample is an important precursor, and to expect attrition. Participants in certain professional practices may have more experience with certain software (and with the idea of a focus study). Encourages researchers to offer technical assistance throughout. Handy table of suggestions.*

## **Expanding Qualitative Research Strategies: Zoom**

Methods

Qualitative research journal

*Supports the expansion of qualitative research methods to include Zoom. Again, a handy listicle of things to consider. Same benefits as above.*

## **Virtual Focus Groups**

Methods

Qualitative research journal

*Supports expanding qualitative research methods to include Zoom. Discusses "learning management systems (!)" at universities. An important point here is the idea that discursive conversations can be easily and accurately transcribed.*

## Appendix G: Project Journal

(Excerpt.) For a the complete journal: [Module 6 Workbook .xlsx](#)

| Date      | Action          | Description                                                                                                                                                  | Follow up                                                                                                                                                   | Reflection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/6/2025  | Lit Search      | Began the literature search process using "Choral Voice Injury" " Choir Voice Injury" "Choir Vocal Health" "Choral Voice Health" for Science Direct/Elsevier | Need to continue for other journals                                                                                                                         | A new step for me this time is that I am starting a contemporaneous journal/diary called "notes while scanning PR Lit" which helps me with thoughts during scanning of abstracts, especially with regard to possible themes for analysis. Also emerging: classes and subclasses of Research Subjects (RS).                                                                                                                                                                                                                                           |
| 1/11/2025 | Proposal        | Created the draft of the proposal using the outline provided.                                                                                                | Now needs to be proofed, edited, and citations added, tables created. Double-check for future tense                                                         | It was very helpful to have a "research design" document - which I created when I first proposed this topic to Sophie. In this way, I was able to not only generate the time table more easily, but identify the methods and learning goals very quickly.                                                                                                                                                                                                                                                                                            |
| 1/11/2025 | Gantt           | Created the project Gantt chart based on the project proposal and the Mod 6 Scheme of Work                                                                   | This may need modifications later, however, it is sufficient to create the timetable for the proposal                                                       | I am very concerned that the ethics forms were not turned into the university in a more timely way. Delays in getting the ethics forms may delay participant recruitment, interviews, and surveys, along with the data analysis that follows. Compressing the workflow, or eliminating some of the research steps may be in the future.                                                                                                                                                                                                              |
| 1/11/2025 | Time Table      | Created the project time table (block colors) from the Gantt Chart.                                                                                          | Need to double check this against my personal/professional calendar. I may need to rethink some of the front-loaded writing.                                | There's a heavy writing emphasis in January and February that might not work, given that some of the methods described in my project proposal are being taught contemporaneously with the writing schedule. I may need to rethink some of the front-loaded writing.                                                                                                                                                                                                                                                                                  |
| 1/14/2025 | Proposal        | Edit/Proof first draft                                                                                                                                       | Still too many words, need to drop in citations.                                                                                                            | Feeling good about this proposal as a working document. Worried about the timing of the ethics approval truncating the research plan.                                                                                                                                                                                                                                                                                                                                                                                                                |
| 20-Jan    | Proposal        | Meet with David                                                                                                                                              | Complete edits and turn in to David                                                                                                                         | David brought clarity to several key points and allowed me to use the time table to replace a large section of text. The major outcome of this meeting was to discuss my editorial style with respect to how I write in larger, more complex sentence structure compared to the shorter style within the bulleted sections. David suggested I work to simplify my sentence structure, which I practiced doing on the re-write.                                                                                                                       |
| 21-Jan    | Proposal        | Sent "V2" to David                                                                                                                                           | Will confirm with David on Monday that he's received my new version                                                                                         | This is a better document for having worked on a more concise sentence structure. As David mentioned, I will work to examine sentences over 20 words for simplification. In general, the first section scans better.                                                                                                                                                                                                                                                                                                                                 |
| 26-Jan    | Workbook        | Added new sections to the workbook for Literature Refl, codes, glossary and hermeneutic cycle                                                                | Need to clean up and update these new pages                                                                                                                 | So, what I've done here is to bring forward all the research tools that have been the most effective for me, and brought forward all the codes and subcodes developed throughout my research from the beginning. I'm rather certain there's "too much" here, but I know I can use any or all of these tools with success to create the rigor needed.                                                                                                                                                                                                 |
| 26-Jan    | Lit Review      | Reviewed slides from Lit Review Workshop                                                                                                                     | Update workbook with some modifications discovered in slides. Need to gather additional methodological literature on group interviews and focus groups      | For some reason, I still feel under-equipped to describe my methodological point of view. I'm not sure if it's from a lack of understanding, or uncertainty about my positionality.                                                                                                                                                                                                                                                                                                                                                                  |
| 26-Jan    | Lit Analysis    | Added a "meta table" to the workbook                                                                                                                         | Run a test of five or six papers after the first inclusion pass to ensure this doesn't need to be added/moved to a different part of the workflow           | This is an interesting layer of meta analysis (suggested by David) that can help with overall triangulation in quant/qual/ mixed methods research. Is this meta hermeneutics?                                                                                                                                                                                                                                                                                                                                                                        |
| 17-Feb    | Consent Form    | Completed Draft consent forms using UWTSO templates                                                                                                          | Need to send to David for approval, then begin recruiting                                                                                                   | I am wondering why the focus group consent form is so much lighter in content than the interview form...                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 17-Feb    | Created Project | Created a project website and email address for the VI Study                                                                                                 | Needs to be updated with info as it comes in.                                                                                                               | This is a great way to see my work laid out and to present it with potential PhD programs                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 17-Feb    | Info sheet      | Created a one-sheet                                                                                                                                          | Needs David's approval                                                                                                                                      | I "reduced" the project proposal into a one-pager to send out to prospective research participants. I did simplify the language a bit, and somewhat defined vocal injury. I realize 1) I have to make a formal definition of vocal injury for the purposes of this research (re: inclusion criteria), and I also don't want to add so much information that it might skew the self-selection for participation somehow.                                                                                                                              |
| 19-Feb    | Seminar Day     | Discussed with David the current assets of my project: website, interest forms, consent forms,                                                               | Post Focus Group interest forms to various channels in time for March 8th FG, Develop and send FG 7s to David, edit forms to include vstudy25 email address | A good discussion with David to cover the materials so far, with edits and suggestions in real time. David and I discussed the idea of the "grounded theory" approach in my research over the past three years, and that I might want to include that in the reflective portion of my document. One thing that might be interesting is identifying what codes I've added vs. those I've left behind or changed, and what the origin of those additions/changes were: new information? new direct knowledge? philosophical or methodological changes? |

## Appendix H: Focus Group Transcript

### **Vocal Injury Study Focus Group**

March 8, 2025 held via Zoom

Zoom transcription service

J. Scott Kovacs, **Researcher** & Group Facilitator

1 00:00:02.390 --> 00:00:18.200

**Researcher:** And just as a reminder, everything in this meeting is confidential; all of your participation will be anonymized in any way that it is reported through either the dissertation itself.

2 00:00:18.270 --> 00:00:47.349

**Researcher:** Or if the paper is later published, everything will be anonymized in details. Identifying details like the ensemble that you sing with will be removed, so none of those features will be published. Just a reminder that everything that is said within the group stays within the group, please. Several of you know each other, and that can be both beneficial and a little scary, because it means we're sharing things about each other that

3 00:00:47.350 --> 00:01:06.200

**Researcher:** might seem at first a little too personal for people that know each other. However, it can also really add to a very dynamic discussion. So the other thing I want to remind everyone about is that you have the ability to withdraw from the study at any time.

4 00:01:06.340 --> 00:01:28.459

**Researcher:** All of your participation, wherever it appears in the research study, will have a code associated with it that allows me just to extract that data from the study at any time, so that can be in the middle of this interview that can be at the very end of the very end of the data analysis at any time before the paper is published

5 00:01:28.830 --> 00:01:30.780

**Researcher:** or after, for that matter.

6 00:01:31.130 --> 00:01:55.679

**Researcher:** So with that, are there any questions about Zoom functionality or the features? Today, we're just going to be using chat. If that's appropriate for you. If you have a thought or a question that that we go past and we don't want, and we don't wanna go back. You can add that to the chat with no problem. Does everyone here know about the chat feature and how to use the chat feature? Great

7 00:01:56.390 --> 00:01:58.130

**Researcher:** Any questions?

8 00:01:58.130 --> 00:02:02.400

**VI25E:** We are using right into meeting group chat. Right?

**Researcher:** That's right.

9 00:02:02.490 --> 00:02:03.420

**Researcher:** Yep, that's right.

10 00:02:03.420 --> 00:02:11.000

**VI25E:** I just want to test it because I've been in the Zoom calls where we would write, and only the host would see what we are writing.

11 00:02:11.009 --> 00:02:36.569

**Researcher:** That's right, and you are welcome to direct questions directly to me. Yes, it came through as a group to the group. You're welcome to write directly to me as well. If there's something that you want to keep private, you're welcome to direct that to me, however, directing your your thoughts or questions to the group is vital to a focus group because it helps generate other people's thoughts and questions.

12 00:02:36.886 --> 00:02:57.479

**Researcher:** And to instigate this is a focus group, not a group interview. So the idea is that I ask a question and then get out of the way. Because we are in the zoom environment. My job might be to have people to recognize people. So what we might do. Do you all know how to use the raise hand feature.

13 00:02:58.559 --> 00:03:08.159

**Researcher:** What we might do is go ahead and use that as a way to indicate that you'd like to speak next, and I'll call on you if that's okay for a group, norm.

14 00:03:08.629 --> 00:03:16.279

**Researcher:** Lastly, I have a signed consent from everyone now in the room. Is that correct?

15 00:03:17.189 --> 00:03:19.519

**Researcher:** Does anyone wish to withdraw consent at this time?

16 00:03:20.819 --> 00:03:30.969

**Researcher:** Excellent. So let's go. The first thing is name, age, and gender identity pronouns.

**VI25A,** can we start with you? Yes.

17 00:03:30.970 --> 00:03:33.839

**VI25A:** Hello! My name is [VI25A], I use she/her pronouns

18 00:03:33.840 --> 00:03:34.330

**VI25A:** She/her.

19 00:03:34.330 --> 00:03:35.170

**VI25A:** Oh, and I'm 32.

20 00:03:35.170 --> 00:03:36.070

**Researcher:** An agreement.

21 00:03:37.250 --> 00:03:38.160

**Researcher:** [VI25]?.

22 00:03:39.299 --> 00:03:43.499

**VI25B.** I use she her pronouns, and I am.

23 00:03:46.180 --> 00:03:47.549

**Researcher:** Oh, could you say that again?

24 00:03:47.700 --> 00:03:48.969

**VI25B:** And I'm 56.

25 00:03:48.970 --> 00:03:50.540

**Researcher:** Thank you! [Name redacted]?.

26 00:03:51.447 --> 00:03:54.949

**VI25F:** I'm [redacted], and I am 66.

27 00:03:55.560 --> 00:03:57.420

**Researcher:** And she her pronouns. Is that correct? [Ptxpt nods yes}

28 00:03:58.940 --> 00:03:59.690

**Researcher:** [Name redacted].

29 00:04:00.177 --> 00:04:06.520

**VI25C:** I'm [redacted], she her and I am 48, and it took a moment for me to remember that.

30 00:04:07.020 --> 00:04:12.009

**Researcher:** I had a birthday this week, and I had to ask my mom how old I was. So I'm with you on that.

31 00:04:12.230 --> 00:04:13.120

**Researcher:** [Name redacted]?

32 00:04:13.710 --> 00:04:20.310

**VI25C:** Hi! I'm [name redacted], and I'm 65, and I use she her Hi, [name redacted] and [name redacted]. (Ptxpt greeted two others in the group whom she knows)

33 00:04:21.709 --> 00:04:22.629

**Researcher:** And [name redacted].

34 00:04:23.580 --> 00:04:30.840

**VI25E:** Yeah. My name is [name redacted]. I am my pronouns he him, and I am 41.

35 00:04:31.270 --> 00:04:33.689

**Researcher:** Thank you all for the demographic information.

36 00:04:33.880 --> 00:04:49.729

**Researcher:** A second question will go pretty much in the same order. Where do you currently, or have you participated in choral music, you might talk about your role as well. Are you a singer? Are you a conductor? Are you a section leader? Do you do solos that sort of thing.

**VI25A.**

37 00:04:50.790 --> 00:04:52.630

**VI25A:** Do you want like whole history?

38 00:04:52.630 --> 00:04:58.800

**Researcher:** No, just a a 30. Second, 30. Second, maybe even, just a yeah, yeah. 30. Second, preces, short version.

39 00:04:58.800 --> 00:05:06.400

**VI25A:** I am the second soprano section leader with [name of local women's choir]. I previously also sang with [name of local SATB repertory choir].

40 00:05:07.580 --> 00:05:11.198

**VI25A:** 7 to 5 ish years ago. I don't know. Math.

41 00:05:12.130 --> 00:05:12.729

**VI25A:** Is that good.

42 00:05:14.770 --> 00:05:16.250

**Researcher:** And [redacted]?

43 00:05:17.172 --> 00:05:37.069

**VI25B:** I currently sing alto with [local SATB choir] and historically, I was a 1st soprano before going through menopause and now I am singing alto. I was at 1 point president of the choir. So I've got sort of board kind of relations as well as singing ones.

44 00:05:39.102 --> 00:05:41.090

**Researcher:** And [redacted]?

45 00:05:41.930 --> 00:05:43.210

**VI25C:** Wow!

46 00:05:43.680 --> 00:05:59.060

**VI25C:** It's a lot sorry. It's a lot, because I bounce around so. I've mostly sung here in [city] with [large semi professional church choir]. I've sung with them since 1993. I've been in the [church's women's choir], which is a chant group, the choir I've been a cantor for some years.

47 00:05:59.180 --> 00:06:04.100

**VI25C:** I sang in the [local professional early music] choir for about almost 10 years, [local SATB semi-professional chorus]

48 00:06:04.320 --> 00:06:08.390

**VI25C:** [early music choir] a soloist, and now I'm singing in [local semi professional choir].

49 00:06:10.250 --> 00:06:11.870

**Researcher:** And [redacted]?

50 00:06:12.435 --> 00:06:14.194

**VI25D:** How far back do you want me to go?

51 00:06:14.390 --> 00:06:16.560

**Researcher:** Oh recent-ish...

52 00:06:16.810 --> 00:06:42.429

**VI25D:** Okay, currently singing. Second soprano section lead at [local episcopal church] parish used to do 1st soprano, and then my voice kind of got lower. I would do occasional solo work with [amateur early music choral group]. Previously I had sung with [local church choir] as a

section lead, and did kind of occasional work with [professional church choir], and then, before that.

53 00:06:42.480 --> 00:06:55.209

**VI25D:** a year as a volunteer singer at [urban episcopal church], also sing a couple years with what was previously [large semi-professional repertory chorus].

54 00:06:57.940 --> 00:07:07.760

**VI25D:** I used to do occasional singing with [professional early music choir], and a couple of times with [professional SATB choir] and subbing in here and there at other places.

55 00:07:08.330 --> 00:07:10.490

**Researcher:** Thank you. Thank you, [redacted]. And now [redacted]?

56 00:07:11.601 --> 00:07:14.760

**VI25F:** Primarily. I've been singing with the [new music choral ensemble].

57 00:07:15.030 --> 00:07:22.090

**VI25F:** for about 30 years. I've done church things and other choirs here and there, but that's been my primary

58 00:07:22.320 --> 00:07:23.270

**VI25F:** interest.

59 00:07:23.690 --> 00:07:24.410

**Researcher:** And [redacted]?

60 00:07:25.740 --> 00:07:35.619

**VI25E:** Yes, this is my 5th year of my choral experience. But my 1st 2 years was 20 years ago in Russia.

61 00:07:36.480 --> 00:07:45.669

**VI25E:** and I just recently started here in Seattle. I didn't know this meeting is gonna be like all Seattle based people. I thought.

62 00:07:46.630 --> 00:08:02.603

**VI25E:** Glasgow been mentioned. I thought, this is an international. But I'm happy to see everyone's here. So I've been I I always wanted to jump around. I'm currently singing in [local unauditioned SATB choir].

63 00:08:03.920 --> 00:08:13.199

**VI25E:** as a base one, and I just dropped out from previous season from singing in Seattle, Russian community choir.

64 00:08:13.410 --> 00:08:22.200

**VI25E:** and I'm also the previous year I've been with [local chamber choir] with wonderful [redacted] Litke as a

65 00:08:22.800 --> 00:08:25.899

**VI25E:** tenor 2, and then Bass one, and

66 00:08:26.900 --> 00:08:29.910

**VI25E:** I am re-auditioning for them again tomorrow.

67 00:08:30.380 --> 00:08:40.379

**VI25E:** So and I. Originally I was designated tenor to be 10 or 2. But last

68 00:08:40.970 --> 00:08:50.039

**VI25E:** last year I realized, I want to switch to baritone bass one for range reasons. Yes.

69 00:08:50.980 --> 00:08:53.930

**Researcher:** Thank you, [redacted], and we can chat more about.

70 00:08:53.930 --> 00:09:05.869

**VI25E:** And yes, and and I don't do solos, but I love to work on the sheet music. I know music score very well, so I'm more into. And I'm software engineer. So

71 00:09:06.610 --> 00:09:07.330

**VI25E:** and.

72 00:09:07.330 --> 00:09:19.149

**Researcher:** Which actually gets us to the next question. [redacted], thank you. In the 3 min that we have left. Would you all give an indication of your current occupation and what level of education you have in your profession?

73 00:09:20.660 --> 00:09:21.600

**Researcher: VI25A.**

74 00:09:22.405 --> 00:09:29.049

**VI25A:** I am a private voice, teacher, and I am almost done. My Master's degree so close.

75 00:09:31.724 --> 00:09:32.649

**Researcher:** [redacted]?

76 00:09:32.850 --> 00:09:42.449

**VI25B:** I am retired. I was working in marketing and sales for a small ship cruise line. Before that

77 00:09:42.590 --> 00:09:45.069

**VI25B:** I have a college degree.

78 00:09:45.740 --> 00:09:46.810

**Researcher:** And [redacted]?

79 00:09:47.738 --> 00:09:50.180

**VI25C:** I'm a librarian. I have a Phd.

80 00:09:51.240 --> 00:09:52.210

**Researcher:** And [redacted]?

81 00:09:52.500 --> 00:10:00.810

**VI25D:** Currently mostly stay at home. Mom, the kids take up a lot of time. Master's degree in epidemiology from many years ago, which I don't use.

82 00:10:01.980 --> 00:10:02.740

**Researcher:** Thank you, [redacted].

83 00:10:02.740 --> 00:10:03.350

**VI25D:** The.

84 00:10:03.520 --> 00:10:06.549

**Researcher:** Diploma, artist, diploma, and early music as well.

85 00:10:06.900 --> 00:10:08.769

**Researcher:** Great, thank you [redacted].

86 00:10:09.651 --> 00:10:14.470

**VI25F:** Bachelor's in music. I was a music teacher and children's choir conductor.

87 00:10:14.970 --> 00:10:15.810

**Researcher:** Thank you so much.

88 00:10:15.920 --> 00:10:16.800

**VI25F:** Retirement.

89 00:10:16.800 --> 00:10:17.969

**Researcher:** Yeah. And [redacted]?

90 00:10:19.258 --> 00:10:28.479

**VI25E:** So I'm a software engineer by trade. But I was laid off from Microsoft more than a year ago, and I am on Sabbatical.

91 00:10:28.720 --> 00:10:42.309

**VI25E:** and I am planning to get back in tech for education. I had 3 years of Soviet style music school in my childhood for classical guitar.

92 00:10:42.490 --> 00:10:58.180

**VI25E:** and I didn't finish it. And then I had a Soviet style specialist degree in physics, which is about the master's both bachelor's and masters in physics. Yeah, but my work is purely computer science.

93 00:10:58.180 --> 00:11:20.760

**Researcher:** Excellent. Thank you. Appreciate that. I appreciate you all, helping me stay relatively close to the time boxes. For this. I'm sure you all understand the necessity of asking these questions for for the study, I realize that sometimes they feel a little personal. I want to add to the discussion that if at any time something feels boundary breaking for you, or that's a thing that you do not wish to answer, you're certainly welcome, not too

94 00:11:21.755 --> 00:11:25.130

**Researcher:** alright. So the 1st question for this group is.

95 00:11:25.380 --> 00:11:29.679

**Researcher:** what do you think are the specific issues? Oh, wait!

96 00:11:30.292 --> 00:11:36.347

**Researcher:** The 1st question is actually and it's another round-robin, and we have

97

00:11:36.940 --> 00:11:39.570

**Researcher:** I think we have 8 min for this one.

**[Question 1]**

98

00:11:40.241 --> 00:11:44.030

**Researcher:** Did you receive a formal diagnosis of your injury?

99 00:11:44.280 --> 00:11:55.490

**Researcher:** If so, what was it? And I'm gonna just keep going in the same order because it helps me with the transcription process. So **VI25A**.

100 00:11:56.538 --> 00:12:02.440

**VI25A:** I've never been formally diagnosed with a vocal injury. Do you want more detail than that?

101 00:12:03.497 --> 00:12:06.809

**Researcher:** You can. Yeah, absolutely.

102 00:12:07.378 --> 00:12:20.619

**VI25A:** I had some weird stuff going on, maybe 6 or 7 years ago that, I think, was a result of hormonal Birth control, and a voice heavy. Preschool teacher, job my voice has never

103 00:12:20.880 --> 00:12:31.840

**VI25A:** been as high as it was before then. I was a coloratura before, and I'm like a dramatic mezzo now, but I think this is where my voice is happy so emotionally. I have no problem with that.

104 00:12:40.310 --> 00:12:55.390

**VI25B:** now, Scott (researcher), I don't know that I am going to remember what the official name was for what I was diagnosed with. I was officially diagnosed. I did have a scope, and the whole the whole 9 yards

105 00:12:56.090 --> 00:13:00.365

**VI25B:** vocal fold paresis, but like on only one side

106 00:13:00.840 --> 00:13:07.780

**Researcher:** You. If I remember your diagnosis correctly, you had unilateral vocal fold paresis with a mild atrophy.

107 00:13:07.780 --> 00:13:10.344

**VI25B:** There you go. Sounds right

108 00:13:12.108 --> 00:13:26.641

**VI25B:** which I had been singing for soprano for decades with community choirs, and that level, and got to the point where I was losing my voice very regularly, and

109 00:13:27.460 --> 00:13:35.289

**VI25B:** eventually got to the point where it was affecting my speaking voice, and it was just gravel. And

110 00:13:35.550 --> 00:13:41.159

**VI25B:** yeah, so there will be questions later about what we did about it.

111 00:13:41.160 --> 00:13:45.230

**Researcher:** Yeah, there will be. Thanks. I'm keeping these to about 1 min, and.

112 00:13:46.003 --> 00:13:58.370

**VI25C:** So I had a spectacular vocal injury. During a concert I knew it was happening. And they it was so spectacular that they didn't know what had happened. So they just said.

113 00:13:58.530 --> 00:14:05.550

**VI25C:** It's a mess. And then, after the rehab for that, they did find an irregularity on my vocal fold. One of them.

114 00:14:05.940 --> 00:14:11.919

**Researcher:** And do you know what the irregularity was? Was it a cyst, polyp, scar tissue? Some kind.

115 00:14:11.920 --> 00:14:15.700

**VI25C:** It was. Yeah, it was. It was not a cyst or polyp.

116 00:14:15.860 --> 00:14:18.349

**VI25C:** It was not mentioned that it was scar tissue.

117 00:14:18.500 --> 00:14:20.949

**VI25C:** He thought it was a very long duration.

118 00:14:22.380 --> 00:14:25.649

**VI25C:** So it explained a lot of things that had happened before the big injury.

119 00:14:26.660 --> 00:14:28.510

**VI25C:** Sorry not to have more info.

120 00:14:28.510 --> 00:14:30.840

**Researcher:** All right, [redacted]?

121 00:14:31.452 --> 00:14:33.899

**VI25D:** So about, I guess.

122 00:14:34.050 --> 00:14:44.940

**VI25D:** Little. Almost a year ago I had a cold with a really bad cough and lost part of my vocal range got it scoped, and it was an ulcerative laryngitis.

123 00:14:45.380 --> 00:14:51.360

**VI25D:** And yeah, that was pretty much it. It was

124 00:14:51.710 --> 00:14:56.560

**VI25D:** very interesting to see, and not very interesting at all to experience.

125 00:14:58.220 --> 00:14:59.190

**Researcher:** And [redacted]?

126 00:15:00.256 --> 00:15:07.059

**VI25F:** In 2,000. I had a tear of the strap muscle with a bleed.

127 00:15:07.330 --> 00:15:12.950

**VI25F:** I wasn't able to phonate at all for many months, and it was a

128 00:15:13.150 --> 00:15:18.269

**VI25F:** a really long, long, difficult road back.

129 00:15:20.870 --> 00:15:21.840

**Researcher:** And [redacted]?

130 00:15:23.830 --> 00:15:29.029

**VI25E:** So I never had actually any injury, and was never diagnosed for that.

131 00:15:29.240 --> 00:15:36.109

**VI25E:** My main concern is that I never properly trained for vocal singing

132 00:15:37.413 --> 00:15:41.696

**VI25E:** within occasional private teachers. And

133 00:15:42.900 --> 00:15:56.140

**VI25E:** My personal concern was about mostly the range in my own even sustainability, sustainability to be even able to get through 2 and a half hour rehearsal.

134 00:15:56.320 --> 00:16:02.229

**VI25E:** and not like. Be not able to see anything by the end of it.

135 00:16:02.980 --> 00:16:13.759

**VI25E:** which mostly comes not from the injury but from a complete lack of training. That was one of the reasons that I switched from tenor to baritone

136 00:16:14.250 --> 00:16:16.470

**VI25E:** exactly a year ago.

137 00:16:17.616 --> 00:16:19.920

**VI25E:** So yeah, that's it.

138 00:16:21.190 --> 00:16:21.790

**Researcher:** Excellent.

139 00:16:21.790 --> 00:16:31.650

**VI25E:** So all of my all of my symptoms. They kind of go away by the next rehearsal next week, whenever they would happen, and they are mostly exhaustion.

140 00:16:32.250 --> 00:16:34.190

**VI25E:** or something like that, but.

141 00:16:34.190 --> 00:16:34.599

**Researcher:** Beyond it.

142 00:16:34.600 --> 00:16:36.359

**VI25E:** Sometimes they are pretty nasty. Yeah.

143 00:16:36.360 --> 00:16:55.010

**Researcher:** As a follow up. If any of you are having concerns that you feel need address addressing, that you're unaware of, or that you need care for. You're always welcome to email me. And we can. We can chat, [redacted]. Yours is an example of where we can talk about

144 00:16:55.020 --> 00:17:12.180

**Researcher:** because you have an undiagnosed chronic experience. We can talk about what that would be. I'm not a medical doctor, but I can certainly help point you toward the sort of habilitative things that you're looking for to help produce that.

145 00:17:12.180 --> 00:17:12.940

**VI25E:** Follow up. Thank you.

146 00:17:12.940 --> 00:17:21.430

**Researcher:** Yeah, thanks a lot. All right. Now, we have about 10 min to 15 min for this question.

## [Question 2]

147 00:17:22.020 --> 00:17:29.479

**Researcher:** What do you think are the specific issues choral musicians face when they experience an injury?

148 00:17:29.820 --> 00:17:37.320

**Researcher:** (rephrasing after some questioning looks) What do you think are the issues choral musicians face when they experience an injury?

149 00:17:45.120 --> 00:17:47.270

**Researcher:** Do you want us to go in order again, or just....

150 00:17:47.270 --> 00:17:48.840

**VI25C:** Could speak with raised hand...

151 00:17:48.840 --> 00:17:53.820

**Researcher:** Yeah, just raise a hand and and we'll we'll get going. And do you want to start? And then [redacted].

152 00:17:54.890 --> 00:17:57.004

**VI25C:** Sure (lowers hand).

153 00:17:58.460 --> 00:18:01.470

**VI25C:** So my injury was in 2002, so

154 00:18:01.830 --> 00:18:06.160

**VI25C:** I hope things have gotten better. But I think the 1st thing was just.

155 00:18:06.540 --> 00:18:10.920

**VI25C:** People did not want to talk about it, and there was sort of some stigma.

156 00:18:11.170 --> 00:18:16.189

**VI25C:** And Scott, we've talked about this that you kind of almost immediately lose your community.

157 00:18:16.650 --> 00:18:25.360

**VI25C:** So it's really, really, very, very tough stuff. And I've talked to Scott about how over the years

158 00:18:25.490 --> 00:18:31.550

**VI25C:** people know I had this big injury, and so many people have come to me sort of secretly to talk about

159 00:18:32.080 --> 00:18:39.010

**VI25C:** their situation. And how did I get help? And where should they go, because there's no open

160 00:18:39.390 --> 00:18:40.680

**VI25C:** discussion about it.

161 00:18:43.170 --> 00:18:43.790

**Researcher:** [redacted]?

162 00:18:44.610 --> 00:18:55.500

**VI25E:** Well, I think my situation is rather simple. I been member of choirs of very different level. My highest is [local chamber choir].

163 00:18:56.080 --> 00:19:05.419

**VI25E:** and and I. What I always personally have issues with are

164 00:19:05.720 --> 00:19:13.520

**VI25E:** the leadership and conductors and arrangers that are very, very amateur.

165 00:19:13.770 --> 00:19:24.159

**VI25E:** and they are being very unsafe in how they work the choir of unexperienced, untrained, non auditioned

166 00:19:24.920 --> 00:19:39.309

**VI25E:** choral singers. And this is this is kind of my main thing, and [chamber choir] is a total counter example for this. But my 2 other local groups, which are [redacted] and [redacted]

167 00:19:39.640 --> 00:19:46.350

**VI25E:** are prime example of being. Not that so I'm very comfortable in. When

168 00:19:46.870 --> 00:19:58.360

**VI25E:** the conductor and director is a high level and I usually I usually have to either fight back, or I usually have to manage myself in the other groups.

169 00:19:58.510 --> 00:20:06.750

**Researcher:** And [redacted] just so I can clarify when we speak of high level. We speak of high level, of vocal training, pedagogical voice, pedagogy, capability. Is that what you mean?

170 00:20:06.750 --> 00:20:14.910

**VI25E:** By high level, I mean high level of musicianship in choral musicianship of the director of the conductor

171 00:20:15.070 --> 00:20:21.860

**VI25E:** and stuff like that, and also pedagogical. Okay.

172 00:20:22.180 --> 00:20:28.190

**Researcher:** Okay, let's see who was next. I think it was actually **VI25A**. Then [redacted]. Then [redacted].

173 00:20:29.860 --> 00:20:30.420

**VI25A:** Oh,

174 00:20:31.760 --> 00:20:37.309

**VI25A:** The thing that I have noticed, and not being ever formally diagnosed with a vocal injury just going through like

175 00:20:37.780 --> 00:20:40.180

**VI25A:** a I guess age based

176 00:20:40.310 --> 00:20:54.136

**VI25A:** physical change. What I've noticed is that there's sometimes a stigma about having to change voice type. I usually sang second soprano in previous choirs.

177 00:20:55.700 --> 00:21:03.240

**VI25A:** because my voice I can harmonize and can pick out those harmony lines. But

178 00:21:03.640 --> 00:21:06.579

**VI25A:** I've noticed from other people having to drop parts.

179 00:21:07.890 --> 00:21:10.120

**VI25A:** It either gets a stigma from

180 00:21:10.260 --> 00:21:16.359

**VI25A:** themselves, and feeling like they have done something wrong, and that the other voice types aren't as

181 00:21:16.899 --> 00:21:26.759

**VI25A:** prestigious, maybe or from conductors who were rightfully trying to balance the choir, not wanting to give up whatever balance that they have previously found.

182 00:21:31.220 --> 00:21:32.540

**Researcher:** And [redacted]?

183 00:21:32.881 --> 00:21:36.298

**VI25D:** So this might be kind of a specific example. But

184 00:21:37.120 --> 00:21:40.020

**VI25D:** well, number one kind of feeling.

185 00:21:40.470 --> 00:21:46.049

**VI25D:** fearing, losing identity, a sense of identity as a choral singer, and

186 00:21:46.250 --> 00:21:58.679

**VI25D:** with my church choir job, my kids sing in the kids choir at the parish, and so I was still bringing them to sing in the choir, or bringing my older kid to sing in the choir

187

00:21:58.810 --> 00:22:08.389

**VI25D:** every couple Sundays, and I would be sitting in the in the back of the pews, and

188 00:22:08.900 --> 00:22:20.210

**VI25D:** you know, just kind of having all the feelings just like really feeling sad about not being able to sit, stand up there and be with them and sing with the choir. And it was not a role that I was used to.

189 00:22:21.880 --> 00:22:27.209

**VI25D:** and and also, I think, feeling like I was

190 00:22:27.800 --> 00:22:35.819

**VI25D:** falling out of the loop or dropping off a radar, or whatever I mean, like, I've kind of backed off from a lot of choral singing in general, but just

191 00:22:36.630 --> 00:22:45.339

**VI25D:** not knowing when I could trust my voice anymore, is, has been really hard, and you know, income loss.

192 00:22:51.150 --> 00:22:56.570

**Researcher:** Thank you so much. [Redacted]?

193 00:22:58.950 --> 00:23:14.360

**VI25B:** that's the same. No, no income for me. I sing with a community choir, but I have been with them almost 30 years now and, as I said, I was president of it at 1 point, and

194 00:23:14.770 --> 00:23:20.630

**VI25B:** I got to the point where I was not able to sing at all, and

195 00:23:20.780 --> 00:23:33.409

**VI25B:** I was not with the choir for a year, and that was incredibly difficult and incredibly

196 00:23:35.720 --> 00:24:04.069

**VI25B:** it does hit the ego a lot, not ego your identity of of who you are, and having to go from a 1st soprano. 1st of all, I will say, I came back to the choir a year later as an alto, and had a standing ovation from from the choir, from people who had missed me. And so that was

wonderful. I remember saying, while I was out that I thought I would have to come up with a choir of this sound book group and a choir of this sound

197 00:24:04.240 --> 00:24:11.885

**VI25B:** dinner club and other things just because I needed my people, and I couldn't sing, and I couldn't be with them.

198 00:24:12.390 --> 00:24:15.669

**VI25B:** And I'm still having a very difficult time. Now

199 00:24:15.820 --> 00:24:32.970

**VI25B:** I'm back, and that's a wonderful thing. But I'm not a 1st soprano anymore. And some of you have mentioned that there's a stigma involved with oh, you're not good enough to be a 1st soprano anymore. You're down with the altos now, you know, there's a feeling of that.

200 00:24:33.090 --> 00:24:35.030

**VI25B:** and some of it comes from me.

201 00:24:35.500 --> 00:24:38.584

**VI25B:** and some of it comes from other people.

202 00:24:39.140 --> 00:25:00.520

**VI25B:** And I also have had people come to me on the side wanting to say, I know that you got back from this? And how? What did you do? How did this happen? And how did you get back where you were? But not wanting to admit this is other 1st sopranos not wanting to admit that it was indeed happening to them.

203 00:25:04.320 --> 00:25:05.320

**Researcher:** Anyone else?

204 00:25:07.580 --> 00:25:14.098

**VI25F:** I'll chime in. I'd say all of the things that everybody has said.

205 00:25:15.410 --> 00:25:38.840

**VI25F:** I actually had to quit my profession because I was a teacher, and I couldn't. My voice didn't work. I couldn't even speak so I had to leave my profession and go do office work which was ghastly, and and I lost my community. I lost my identity.

206 00:25:40.390 --> 00:25:44.130

**VI25F:** And it was absolutely devastating.

207 00:25:46.660 --> 00:25:48.219

**VI25F:** But I did find my way back.

208

00:25:50.590 --> 00:25:51.590

**Researcher:** And **VI25A**?

209 00:25:52.584 --> 00:25:59.160

**VI25A:** This is just my voice, teacher, brain talking. But I just wanna highlight something that a couple of people, including myself, have said, where

210 00:25:59.460 --> 00:26:08.340

**VI25A:** 1st sopranos seem to be considered the most talented singers in the choir, and everyone else is kind of below them. And it's not because of a physiological

211 00:26:08.480 --> 00:26:20.759

**VI25A:** difference, but because of an ability gap which is just scientifically untrue. I don't know if that's coming from society or conductors, or a combination of the 2. But I just want to

212 00:26:21.350 --> 00:26:22.350

**VI25A:** like that.

213 0:26:22.740 --> 00:26:38.099

**Researcher:** Yeah, **VI25A**, thanks for making it a highlight, and I will share with you that I actually dropped it into the thematic threads for our discussion already. Might be something that I follow up with all of you that have had a voice change with. Jan.

214 00:26:39.813 --> 00:26:46.390

**VI25E:** Yeah, really quick. My position on the 1st soprano scene. I think the blame is on the arrangers and the composers.

215 00:26:46.540 --> 00:26:52.639

**VI25E:** because they don't write a intellect intellectually engaging music

216 00:26:52.750 --> 00:27:05.550

**VI25E:** for other parts, that well, that they write for the 1st soprano because of the prominence for the easiest tunes to write on the 1st soprano, and everyone else feels like they're accompaniment.

217 00:27:07.630 --> 00:27:08.536

**VI25E:** Yup, yes.

218 00:27:08.990 --> 00:27:11.400

**Researcher:** Thank you. Thank you. Thank you so much for that. Jan

219 00:27:11.680 --> 00:27:16.819

**Researcher:** also added to the list of themes that that have emerged here.

220 00:27:16.980 --> 00:27:22.809

**Researcher:** All right. If there are no other comments for specific issues.

221

00:27:22.910 --> 00:27:27.389

**Researcher:** let's do something a little more positive. Or oh, I shouldn't say that because I don't. Wanna I don't wanna

222 00:27:27.720 --> 00:27:31.789

**Researcher:** taint the the discussion here? What kinds of support.

223 00:27:32.160 --> 00:27:50.059

**Researcher:** personal and professional did you receive in recovering from your vocal injury? And so the supports are the professional supports are things like singing voice specialists, voice teachers, medical professionals, ent speech, language, pathologists, and then personal support are

224 00:27:50.647 --> 00:28:03.680

**Researcher:** a loving spouse. Other people in your in your choral community, that sort of thing.

225 00:28:04.870 --> 00:28:05.660

**Researcher:** VI25A?

226 00:28:08.350 --> 00:28:15.452

**VI25A:** Well, support from a voice. Teacher is always helpful. Scott, you're my voice teacher during that time.

227 00:28:16.470 --> 00:28:26.080

**VI25A:** And it was frustrating because I was a music major for my bachelor's degree. And suddenly all of this lyric

228 00:28:26.230 --> 00:28:31.040

**VI25A:** coloratura classical music that I had studied for years and years. I could not sing anymore.

229 00:28:31.210 --> 00:28:36.390

**VI25A:** And I was never really excited about being a classical musician anyway. And so it was suddenly like.

230 00:28:36.570 --> 00:28:46.260

**VI25A:** I don't want to call it a loss of identity, because I never put my identity into that type of singing, but it was, it felt like I had lost

231 00:28:46.780 --> 00:28:59.530

**VI25A:** or wasted many, many years doing things that I could no longer do. And so I did step back for a time to kind of figure out what I wanted to do, and I feel like it wasn't until I got back into teaching.

232 00:28:59.700 --> 00:29:07.640

**VI25A:** And you know how sometimes, when you're teaching, you say the things to your students that you need to hear the most talking to them about

233 00:29:08.796 --> 00:29:18.779

**VI25A:** their identity, figuring out what they wanted to sing. I work mainly with adult beginners and amateur singers, and so working with them.

234 00:29:19.540 --> 00:29:24.049

**VI25A:** I think, really was the thing that helped me move through it.

235 00:29:26.704 --> 00:29:29.060

**Researcher:** I think, was it, [redacted]? [Redacted] was next.

236 00:29:29.562 --> 00:29:51.149

**VI25D:** So from a workplace standpoint I was not fired. They just gave me time to take off and deal with the injury and let it heal. Fortunately it was after Easter, so there wasn't really much heavy singing that was required from me

237 00:29:51.470 --> 00:29:58.680

**VI25D:** between then and then the fall medical slash voice, teacher, I

238 00:29:59.840 --> 00:30:08.190

**VI25D:** I went to my voice teacher regularly, and she was taking me through some really gentle exercises to

239 00:30:08.360 --> 00:30:17.420

**VI25D:** work my voice without making things worse, and I was followed up a couple of times at the Uw. Performing voice. Clinic.

240 00:30:20.200 --> 00:30:25.800

**VI25D:** I think there are a couple of things that are still lingering that

241 00:30:26.200 --> 00:30:40.050

**VI25D:** there seems to be right now kind of a hole in what either the teacher or the voice clinic are able to handle. And so that's kind of frustrating, and I'm still trying to figure out how to address that.

242 00:30:40.050 --> 00:30:50.659

**Researcher:** Can I ask a clarifying question, please, by not able to handle? Do you mean don't have the skills or knowledge, or don't have the facilities or don't have the time.

243 00:30:51.800 --> 00:31:01.449

**VI25D:** I think it's kind of like they have their wheelhouses, and I've got a bit of a lingering cough, which I think might be related to tension and

244 00:31:01.670 --> 00:31:06.299

**VI25D:** the voice clinic speech. Therapist said that that's kind of out of her

245 00:31:06.900 --> 00:31:08.630

**VI25D:** out of her zone to handle.

246 00:31:09.080 --> 00:31:10.550

**VI25D:** So I'm

247 00:31:11.070 --> 00:31:29.649

**VI25D:** sort of flailing around right now figuring out how to deal with that personal life. My husband and kids have been very supportive, and a friend of mine showed me the app. I think it's either called big or bigly, where you type something in, and then it turns it into

248 00:31:31.460 --> 00:31:35.519

**VI25D:** text that fills up the entire screen in case you need to communicate with someone.

249 00:31:37.890 --> 00:31:40.289

**VI25D:** When I was on vocal rest I was

250 00:31:40.410 --> 00:31:52.309

**VI25D:** kind of a side thing. I was writing notes on paper for a while, and then realized that whatever I wrote that the next person I talked to could potentially read the thing that I had written to someone else, and so

251 00:31:52.610 --> 00:31:55.929

**VI25D:** the having the app, I think, was useful for dealing with that.

252 00:31:59.490 --> 00:32:00.799

**Researcher:** I think it was.

253 00:32:01.040 --> 00:32:04.780

**Researcher:** Think it was (calls out order of respondents).

254 00:32:05.490 --> 00:32:21.860

**VI25C:** Yes, I don't have that much to say, because it's sort of starting to be the similar pattern. But I had great ENT [redacted], because at that time it was pretty much impossible to get into [ENT redacted] [voice teacher redacted]

255 00:32:22.080 --> 00:32:25.459

**VI25C:** Beloved, beloved, wonderful voice, teacher!

256 00:32:25.740 --> 00:32:39.530

**VI25C:** So patient! Sobbed my eyes out the 1st time I sang a song. They didn't know if I'd ever even sing again, great Spouse! And now in [name of chorus] [director] is much more patient.

257 00:32:39.670 --> 00:32:44.659

**VI25C:** I mean, that was kind of the end of my time in the [name of choir] there wasn't kind of like come back, and

258 00:32:45.210 --> 00:32:47.770

**VI25C:** being a lower voice, part that was not a thing.

259 00:32:47.990 --> 00:32:55.050

**VI25C:** But [name of choir] is much more of a community, and I've had some vocal things since then, because I have some thyroid stuff going on, and

260 00:32:55.940 --> 00:32:59.379

**VI25C:** it's just you come when you're ready makes a big difference.

261 00:33:00.600 --> 00:33:03.860

**Researcher:** Thanks, [redacted], and then I think it was [redacted]. And then [redacted].

262 00:33:05.786 --> 00:33:12.463

**VI25B:** I did see. An otolaryngologist was diagnosed. After that I did some

263 00:33:13.990 --> 00:33:23.379

**VI25B:** speech. Therapy worked with a speech therapist for a time, worked for quite a while with [redacted] as a

264 00:33:23.540 --> 00:33:25.940

**VI25B:** my vocal teacher, and getting me

265 00:33:26.620 --> 00:33:40.029

**VI25B:** through a lot of that. It was a joy to get back to the place where I could sing again. As I mentioned, the choir was very supportive.

266 00:33:40.240 --> 00:34:06.170

**VI25B:** I had support from members of that choir while I was not singing, I have some very dear friends from the choir, and my husband and my daughter, my daughter, who doesn't always come to my concerts, came to the 1st one back, and came to see me in the audience afterwards, and sort of hung on me, and cried and cried and cried because she was so, she was so happy, so definitely strong support from family.

267 00:34:07.260 --> 00:34:09.650

**Researcher:** Thanks so much, [redacted]. [next participant]?

268 00:34:10.828 --> 00:34:25.180

**VI25E:** Yes, so I just wanted to mention that I feel myself like not a community member, but a drifter, an immigrant, and I follow the music more than community of the choirs.

269 00:34:26.050 --> 00:34:35.940

**VI25E:** and my current dreams are Beethoven, Beethovens, 9, which is not yet available for me to do, and

270 00:34:36.780 --> 00:34:51.689

**VI25E:** I've never been sharing much inside the groups of my struggles, and always consider them minor, discounting them and always explain them by just really my low body awareness

271 00:34:51.820 --> 00:35:02.799

**VI25E:** and lack of specific vocal training, because in my school years I despised singing explicitly, I stayed away from it as much as possible.

272 00:35:03.520 --> 00:35:09.750

**VI25E:** I started at a at 18 in my 1st choir, and

273 00:35:11.410 --> 00:35:19.369

**VI25E:** here in Seattle area. For the last 3 years I reached to one vocal teacher.

274 00:35:19.540 --> 00:35:24.320

**VI25E:** but explicitly, not to help me like

275 00:35:25.180 --> 00:35:36.750

**VI25E:** to get better through my current ones, but to prepare me for the more ambitious auditions, and like I really had a goal. But Hollins, 9 like Seattle Symphony Chorale. I want

276 00:35:37.110 --> 00:35:39.569

**VI25E:** spend money on preparation.

277 00:35:39.980 --> 00:35:50.840

**VI25E:** I failed the audition with [name of chorus] and [name of chorus] that year, and then another one.

278 00:35:51.440 --> 00:36:04.920

**VI25E:** I got with another teacher when I switched to baritone, and that teacher was baritone, and the previous teacher was tenor, and the tenor teacher told me you're tenor. The baritone teacher told me, Okay, yeah, you sound like a baritone. We can do the baritone.

279 00:36:05.850 --> 00:36:26.889

**VI25E:** And but it is also the same mindset to. Okay, help me prepare for the audition like I will deal with my own kind of issues. I discounted my issues always, and not share them much. I would push against the leadership and the board inside the choir for the issues I

280 00:36:27.150 --> 00:36:29.000

**VI25E:** can see

281 00:36:29.640 --> 00:36:45.370

**VI25E:** as a real issues, but it's been hard to push and leadership, especially when when it's not a single person is super slow to change. It ended with me dropping from level up last

282 00:36:45.480 --> 00:36:51.160

**VI25E:** April a year ago, because I was so emotionally

283 00:36:54.197 --> 00:37:06.030

**VI25E:** my emotions were so high about that that I started even behaving badly, like lashing out on people sometimes from the board.

284 00:37:07.208 --> 00:37:13.060

**VI25E:** And I felt like, I want to save myself some dignity, some reputation. I just dropped from the choir.

285 00:37:14.510 --> 00:37:15.240

**VI25E:** Yeah.

286 00:37:15.540 --> 00:37:23.459

**VI25E:** So my only real support was vocal teachers. I paid, but it was always help you prepare for the new audition.

287 00:37:24.730 --> 00:37:42.670

**Researcher:** Yeah. And just as a point you know, one of my obligations as the facilitator is to encourage people where I'm observing potential for continued harm or or interaction with frustration, or something that might

288 00:37:43.121 --> 00:37:55.770

**Researcher:** might not benefit you. What I would encourage. I think that we many people, many people have engaged a professional voice teaching professional singing, voice teaching, professional

289 00:37:55.770 --> 00:38:15.290

**Researcher:** help them prepare for an audition. That's a pretty normal practice. I would encourage you to think about finding a voice teacher that can help you with what we would refer to as habilitation or singing technique, habits that would help lower your level of frustration. I think

290 00:38:15.340 --> 00:38:44.250

**Researcher:** lower some of the fatigue that you're experiencing as you lose your voice at the end of rehearsal periods. Things like that it would. I think it would really help to invest that same amount of energy into acquiring some good singing habits, so that you can enjoy choral singing. We all in this room, I'm sure, want you to enjoy choral singing for as long as you can, so you can get to that Beethoven tonight which, by the way, tires us all out when we're done singing. So

291

00:38:44.620 --> 00:38:45.840

**Researcher:** I see.

292 00:38:45.840 --> 00:38:46.519

**VI25E:** Yeah, thank, you.

293 00:38:46.520 --> 00:38:47.810

**Researcher:** Yeah, [redacted], go ahead.

294 00:38:48.193 --> 00:39:05.840

**VI25F:** Things that were supportive. I say something that wasn't supportive. I was with an ENT who was not at all supportive initially, who basically said, Yeah, you've lost your voice, and you may never speak again. You may never sing again. Have a nice day.

295 00:39:06.200 --> 00:39:16.748

**VI25F:** But then I went to the [voice clinic], and I it wasn't the big shot guy who's there now? It was somebody else. I can't remember the name. This was a long time ago.

296 00:39:17.300 --> 00:39:30.820

**VI25F:** He, you know I saw a whole team there, and they were extraordinary, and so so helpful. But then the real turning point, as [redacted] probably knows, was [name of voice teacher], who?

297 00:39:31.353 --> 00:39:44.209

**VI25F:** I just. I'm going to start crying if I talk about it, because he he put me back together. He put me back together, starting with 15 min lessons, where all I was allowed to do is breathe

298 00:39:45.418 --> 00:39:53.560

**VI25F:** and I came back a much better singer than I was before. So there was that

299 00:39:54.227 --> 00:39:57.432

**VI25F:** but as far as yeah, the

300 00:39:58.260 --> 00:40:03.620

**VI25F:** There were some fantastic SLPs, one who

301 00:40:03.760 --> 00:40:17.700

**VI25F:** had didn't have a voice box, she'd had a her voice box removed and talk about understanding the psychological and emotional aspect of what happens when you lose your voice, I mean

302 00:40:18.320 --> 00:40:24.609

**VI25F:** I I just I don't have words for what she gave me, and how inspiring she was.

303 00:40:25.170 --> 00:40:28.100

**VI25F:** So there were good things along the way.

304 00:40:31.330 --> 00:40:33.189

**Researcher:** Pardon me, I'm just finishing a note.

305 00:40:33.688 --> 00:40:39.859

**Researcher:** I am, of course, taking notes as we as we go along, to identify themes and a few other things.

306 00:40:40.150 --> 00:40:46.359

**Researcher:** and one of them is communication. While recovering. How do we communicate while we're recovering big leap?

**[Question 3]:**

307

00:40:46.890 --> 00:41:05.129

**Researcher:** That's that's great. Yeah, all right. We have the next question, and we have probably, you know, we could use the remainder of the time for this question, but I want to make sure that there's a little bit of room at the end for anyone that has anything else that they'd like to contribute. **What would you like the version of yourself**

308 00:41:05.320 --> 00:41:16.130

**Researcher:** **before you experience vocal injury to know that you learned, since your injury and the recovery?** ([redacted] acknowledging raised hand)

309 00:41:17.170 --> 00:41:23.670

**VI25F:** That I'm responsible for my own health and well-being, and that no conductor

310 00:41:24.040 --> 00:41:29.120

**VI25F:** will ever tell me to do things that I know are dangerous for me again.

311 00:41:30.800 --> 00:41:33.030

**VI25F:** I mean they can tell me to, but I won't do it.

312 00:41:36.570 --> 00:41:37.340

**Researcher:** And.

313 00:41:38.590 --> 00:41:45.490

**VI25C:** Love your vibrato when you are in your early forties, and you are not, and you are singing

314 00:41:45.630 --> 00:41:49.850

**VI25C:** manufactured straight tone, because you want to be in a group that calls for it.

315 00:41:49.970 --> 00:41:55.940

**VI25C:** And really your healthy, beautiful voice has vibrato.

316 00:41:56.700 --> 00:42:01.130

**VI25C:** Figure out how to move toward your true voice.

317 00:42:03.650 --> 00:42:05.750

**Researcher:** Thank you, [redacted]. Thank you so much.

318 00:42:06.160 --> 00:42:08.820

**Researcher:** Full disclosure. I wrote an entire

319 00:42:09.010 --> 00:42:14.759

**Researcher:** paper half dissertation on vibrato and choral. Sing vibrato and choral singing

320 00:42:15.238 --> 00:42:23.260

**Researcher:** so there's a little disclosure for you, all right, I think. Who was next? I think it was. It's [redacted]. And then [redacted] and then [redacted].

321 00:42:24.660 --> 00:42:33.899

**VI25E:** Well, so when I started I and at 18 years old I was completely oblivious.

322 00:42:34.400 --> 00:42:45.900

**VI25E:** I was very disconnected from my body in general physically, and I was completely oblivious of huge corpus of knowledge about vocal technique.

323 00:42:47.090 --> 00:42:56.480

**VI25E:** And I've been not listening to singing before much. I'm listening to Mozart to Rammstein.

324 00:42:57.000 --> 00:42:59.841

**VI25E:** Oh, Ramstein is seen in yes, but

325 00:43:02.540 --> 00:43:09.330

**VI25E:** And I started completely oblivious, and I don't even know what to say to me at that time, like

326 00:43:10.300 --> 00:43:15.940

**VI25E:** there is actually a lot to learn, a lot more that you can even imagine, like you don't know

327 00:43:16.100 --> 00:43:19.799

**VI25E:** the degree of how much you don't know. Even

328 00:43:20.850 --> 00:43:26.719

**VI25E:** like that's might be the only thing that would make sense to me at 18 years old.

329 00:43:26.880 --> 00:43:31.450

**VI25E:** because everything else is going to be incomprehensible.

330 00:43:32.390 --> 00:43:39.579

**VI25E:** Yeah. But right now, like coming back to Seattle times.

331 00:43:39.810 --> 00:43:46.209

**VI25E:** yeah, find yourself a vocal teacher. And while you still have a job in tech and salary and

332 00:43:46.950 --> 00:43:49.240

**VI25E:** spend time and money more.

333 00:43:51.060 --> 00:43:52.390

**VI25E:** That's it.

334 00:43:52.970 --> 00:43:54.359

**Researcher:** **VI25A**, I think you were next.

335 00:43:55.406 --> 00:44:02.759

**VI25A:** I think it's just sing what you like, you know. The music that

336 00:44:03.100 --> 00:44:11.950

**VI25A:** feels good to sing is the music that feels good to sing. Bodies are flexible, and you can do with it what you want if you want to sing classical music incredible.

337 00:44:12.220 --> 00:44:18.660

**VI25A:** But if you just want to continue singing fiddler on the roof like you did when you were 4 years old.

338 00:44:19.180 --> 00:44:21.348

**VI25A:** Keep doing that, and it's okay.

339 00:44:24.000 --> 00:44:25.409

**Researcher:** [redacted], then [redacted].

340 00:44:25.840 --> 00:44:27.680

**VI25B:** Oh, I think it was [redacted] first, but then.

341 00:44:27.680 --> 00:44:29.729

**Researcher:** Oh, I'm sorry. Okay....

342 00:44:31.520 --> 00:44:32.809

**VI25B:** It doesn't matter.

343 00:44:34.875 --> 00:44:47.910

**VI25B:** I guess the main thing for me was, since I am one of the people who took an identity hit with changing would be to

344 00:44:49.540 --> 00:45:02.499

**VI25B:** tell myself to try to realize that it is singing and being a singer and being one pipe in the organ in a choir, regardless of which pipe I am

345 00:45:02.660 --> 00:45:18.450

**VI25B:** that it's singing. That is the thing that is really core to who I am and not which part that I sing, and you know full disclosure. I'm not there yet, but that's that's what I'm striving for.

346 00:45:21.250 --> 00:45:22.440

**Researcher:** And [redacted]?

347 00:45:29.960 --> 00:45:30.279

**VI25A:** Oh, okay.

348 00:45:30.280 --> 00:45:32.190

**VI25C:** Oh, you're you're muted, [redacted].

349 00:45:35.710 --> 00:45:43.620

**VI25D:** Sorry. Yeah, I building on that, having things outside of singing life, that because if

350 00:45:43.780 --> 00:45:51.340

**VI25D:** all you have like, if your social life is built around being in a choir, and suddenly you lose that, and

351 00:45:52.240 --> 00:46:01.786

**VI25D:** then you're kind of isolated, and I guess

352 00:46:04.810 --> 00:46:14.630

**VI25D:** maybe just having backup plans and not just relying on performance to

353 00:46:15.540 --> 00:46:19.250

**VI25D:** to satisfy yourself, I guess, or to earn income.

354 00:46:22.990 --> 00:46:29.979

**VI25D:** and also, I guess, check in with your technique to make sure that it is healthy to start with, and

355 00:46:30.330 --> 00:46:51.379

**VI25D:** I think in my case I knew that there was something going on, and my voice teacher had suggested that I go get it checked out. But she didn't really give me a hard push to go get it checked out. And so I waited a couple of weeks, and in that time probably overused my voice and made things worse. So if something feels weird, then

356 00:46:52.040 --> 00:46:54.939

**VI25D:** trust your gut and get it checked out sooner.

357 00:46:56.990 --> 00:46:57.670

**Researcher:** And.

358 00:46:59.580 --> 00:47:04.359

**VI25C:** Yeah, I'm just realizing that we haven't really talked that much about the shift

359 00:47:04.560 --> 00:47:09.150

**VI25C:** or loss between choral singing and solo singing.

360 00:47:09.290 --> 00:47:11.819

**VI25C:** and that sometimes how going back and forth

361 00:47:12.180 --> 00:47:19.240

**VI25C:** can kind of be an issue. But I think some of the identity and feeling of worth if you do a lot of solo work.

362 00:47:20.051 --> 00:47:28.460

**VI25C:** Is a hard loss, and some of that kind of your position depends on

363 00:47:28.970 --> 00:47:36.229

**VI25C:** feeling like you could do that or not. Do that or be selected for things. So that kind of just adds to the emotional piece.

364 00:47:39.680 --> 00:47:46.659

**Researcher:** Worth noting. And yeah, I mean, you're aware that the study is choral specific.

365 00:47:46.660 --> 00:47:47.629

**Researcher:** Oh, I forgot.

366 00:47:47.630 --> 00:47:52.639

**Researcher:** Yeah, no, no. But whether or not the study is choral specific.

367 00:47:52.880 --> 00:48:07.980

**Researcher:** Soloists emerge from choral ensembles all the time. It's it's part of what we do. And not only that. Many of us have multiple hats that we wear. So I just wanna just wanna acknowledge that.

368 00:48:07.980 --> 00:48:08.620

**VI25C:** Yeah.

369 00:48:09.790 --> 00:48:18.899

**Researcher:** And Jan, thanks for your comment. Thank you so much. Has everyone had a chance to respond to

370 00:48:19.200 --> 00:48:20.530

**Researcher:** the 3rd question.

#### **[Question 4]**

371 00:48:21.600 --> 00:48:30.230

**Researcher:** because what I'd just like to open it up then, and sort of apropos to what you just said. So this is sort of question 4. **Is there anything else you'd like to add**

372 00:48:31.630 --> 00:48:35.910

**Researcher:** **in the 9 or so minutes we have left, anything else you'd like to add to the discussion.**

373 00:48:37.180 --> 00:48:38.930

**VI25C:** Well, thank you for doing this study.

374 00:48:40.260 --> 00:48:40.720

**Researcher:** Welcome!

375 00:48:40.720 --> 00:48:42.000

**VI25C:** Appreciate it.

376 00:48:46.800 --> 00:48:51.560

**Researcher:** Okay, if any of you feel like, Oh, [redacted], go ahead.

377 00:48:53.313 --> 00:49:01.010

**VI25E:** Yeah, I I just wanted to say that

378 00:49:02.390 --> 00:49:07.789

**VI25E:** when I started looking deeper into [choral consortium website]. I was amazed.

379 00:49:08.590 --> 00:49:13.140

**VI25E:** How many, how many people around me

380 00:49:14.674 --> 00:49:21.485

**VI25E:** into it like I had 20 years break, and with no scene in. And

381 00:49:22.680 --> 00:49:29.600

**VI25E:** I'm very happy being a part of that. And thank you all just for

382 00:49:31.210 --> 00:49:35.840

**VI25E:** caring about everything about singing and the stuff.

383 00:49:36.020 --> 00:49:44.920

**VI25E:** Yes, and I wanted to say, I have my personal dream. If several 1 million dollars would fall on my head from the sky.

384 00:49:45.510 --> 00:49:53.199

**VI25E:** I would immediately apply for education leading to choral conducting.

385 00:49:53.520 --> 00:50:04.629

**VI25E:** and drop my tech profession on the spot, retire, and in the worst case at least, musicologist or something. But

386 00:50:05.060 --> 00:50:14.500

**VI25E:** choral conductor is my dream. Yeah, but I don't have that kind of money to retire at all. So I'm staying in tech.

387 00:50:16.300 --> 00:50:18.880

**Researcher:** You so much! [redacted]?

388 00:50:18.880 --> 00:50:26.740

**VI25D:** Kind of a church music comment, actually, something that our church choir director was saying a while back, is that

389 00:50:27.130 --> 00:50:33.300

**VI25D:** when organists go and study organ at in college.

390 00:50:33.670 --> 00:50:51.089

**VI25D:** They do not usually learn how to conduct church choirs, because their emphasis is more on organ performance, and yet so many of them end up being church choir directors, and I'm kind of curious whether how much education there is in the organist world on vocal health

391 00:50:51.320 --> 00:50:58.500

**VI25D:** especially, you know, like for choirs that like to program Renaissance music, and like straight tone in their singers. And that kind of thing.

392 00:51:00.400 --> 00:51:02.937

**VI25D:** especially, you know, like, if you've got

393 00:51:03.950 --> 00:51:09.539

**VI25D:** church choir singers who are part of the parish, and so that you know that kind of adds in another layer of.

394 00:51:11.710 --> 00:51:28.200

**Researcher:** It does. Yeah, thank you, [redacted], yeah. And I, I have some information about that. But I won't. I won't share it into the group. If you're curious, I can share with you what I know about how much that's been studied relative to pedagogical programs, voice pedagogical programs at at the university level.

395 00:51:28.760 --> 00:51:29.590

**Researcher:** and.

396 00:51:30.738 --> 00:51:39.949

**VI25C:** I I feel like I am compelled to share an anecdote that everyone here will appreciate, which is when I 1st came to Seattle was much younger.

397 00:51:40.130 --> 00:51:47.149

**VI25C:** sang for, did sort of substitute section leader work for a church choir which shall not be named

398 00:51:47.719 --> 00:51:57.610

**VI25C:** and did my straight tone, everything, and however my voice injury worked with [name of voice teacher], came back. [readcted] you know how [voice teacher]

399 00:51:58.900 --> 00:52:04.689

**VI25C:** believes in your healthy voice, and he will tell you if it's not working.

400 00:52:04.920 --> 00:52:08.529

**VI25C:** So if [he] says you're doing well, you are doing well.

401 00:52:08.920 --> 00:52:13.639

**VI25C:** So I went back to substitute for this same church choir with my

402 00:52:13.790 --> 00:52:19.720

**VI25C:** post-injury, rehabbed voice that had vibrato and sounded like a 45 year old woman.

403 00:52:20.290 --> 00:52:24.980

**VI25C:** And the director said, Wow! You used to be the perfect singer.

404 00:52:26.190 --> 00:52:30.290

**VI25C:** And I said, Get this, I said right. In that moment

405 00:52:30.680 --> 00:52:33.480

**VI25C:** I am the perfect singer, just not for your choir.

406 00:52:34.220 --> 00:52:37.410

**VI25C:** and that was the end of that, but that was

407 00:52:37.840 --> 00:52:46.259

**VI25C:** I mean, I feel that that story encapsulates many things that have happened to me with church choirs.

408 00:52:49.130 --> 00:52:55.650

**VI25C:** I tried out for [professional church choir] and was told, no, you have vibrato. We don't take vibrato.

409 00:52:55.930 --> 00:52:57.010

**VI25C:** It's like, Okay.

410 00:52:57.280 --> 00:52:57.890

**VI25D:** Yeah.

411 00:52:58.700 --> 00:53:04.320

**VI25C:** So that's a whole 'nother thing. Don't get me started. But thank you for listening to that. Everybody.

412 00:53:07.680 --> 00:53:10.230

**VI25C:** There are a number of people just sort of clenching right now.

413

00:53:12.165 --> 00:53:12.819

**Researcher:** yawn.

414 00:53:14.390 --> 00:53:20.396

**VI25E:** Yeah, I have a very little comment that I just want to share, but might be slightly unrelated.

415 00:53:20.730 --> 00:53:21.050

**Researcher:** Okay.

416 00:53:21.050 --> 00:53:31.140

**VI25E:** So when I went to [local symphony chorus] audition, I was really hurt by them not giving me any feedback.

417 00:53:31.950 --> 00:53:42.289

**VI25E:** And another thing was that they didn't give me sight reading exercises even, and they were very friendly.

418 00:53:42.560 --> 00:53:53.080

**VI25E:** And then my soon-to-be vocal teacher also went the same day for audition and passed that, and I asked him, Did they give you sight reading exercises? And he said, Yes.

419 00:53:53.980 --> 00:54:01.869

**VI25E:** and it looked like they dismissed me in the middle of audition already, and they

420 00:54:02.170 --> 00:54:04.960

**VI25E:** stonewalled my request for feedback.

421 00:54:05.510 --> 00:54:13.610

**VI25E:** I was very hurt by that, and I was very happy for other choirs at least 2. I didn't pass auditions, that they were

422 00:54:13.810 --> 00:54:22.400

**VI25E:** happy to talk to me back, and just let me know either that I'm really below expectations, or

423 00:54:22.780 --> 00:54:28.629

**VI25E:** that they just had a single spot, and they had 10 basses came to the audition.

424 00:54:29.220 --> 00:54:32.579

**VI25E:** and I just lost the competition.

425 00:54:33.080 --> 00:54:33.760

**VI25E:** Yeah.

426 00:54:34.720 --> 00:54:47.030

**Researcher:** [reacted], it's it's not. It is tangential but important. So I'm happy to add to comment, to happy to have you comment on that with the 3 min that are left. Has everyone had a chance to

427 00:54:47.510 --> 00:54:51.119

**Researcher:** reflect if there was anything else that they'd like to add.

428 00:54:52.730 --> 00:55:02.469

**Researcher:** So it's gonna take a couple of weeks for me to ensure that the transcription is ready for consumption. What I will do

429 00:55:02.730 --> 00:55:16.030

**Researcher:** is complete the transcription edit it. I will make it available to you for review, in case there are any comments that you would like to, or any edits or or redactions that you would like to make

430 00:55:16.589 --> 00:55:20.689

**Researcher:** so I'll make make that available to you as a

431 00:55:21.230 --> 00:55:43.859

**Researcher:** a shared document so that you can. You can make those remarks, and I'll give you like a short window of time, so that I can then code the document with with the code. Some of the thematic codes that have emerged from our discussion today, and some that are pre-existing, many of which you're aware of that include things like

432 00:55:43.860 --> 00:55:54.599

**Researcher:** the tonal requirements of choral singing, the habilitative or technique requirements of tonal singing, and of course, very germane to ours is the health domain.

433 00:55:54.600 --> 00:56:07.589

**Researcher:** Those are the that's the meta frame from which I'm doing a grounded practice or a grounded theory work across all of my research using those 3 meta frames, or that those 3 domains.

434 00:56:07.910 --> 00:56:34.629

**Researcher:** So I just want to thank you all for your time this morning, your interest, your vulnerability, and I want to reiterate that if any of you need follow up care that I or any of the people that I'm I'm next to or work with can assist you with. That's part of my responsibility to you. Is knowing that if there's some way I can support you. Following this conversation, I'm happy to do so.

435 00:56:35.920 --> 00:56:38.339

**Researcher:** Any other questions before I say goodbye.

436 00:56:40.480 --> 00:56:47.709

**Researcher:** Thank you all again for spending your Saturday morning with me. I hope you have a great week enjoy. It's gonna be sunshiny in an hour, I promise.

437 00:56:48.100 --> 00:56:48.700

**Researcher:** Take care!

438 00:56:48.700 --> 00:56:49.910

**Researcher:** Take care, everybody! Thank you.

439 00:56:49.910 --> 00:56:50.470

**VI25C:** Bye.

440 00:56:50.470 --> 00:56:51.000

**VI25D:** Bye.

VI25A 32, Female, voice teacher, choral singer, MT performer

VI25B 56, Female, community choir singer

VI25C 65, Female, semi-professionao choral singer, medical librarian

VI25D 48, Female, professional choral & solo singer, epidemiologist

VI25E 41, Male, community choir singer, tech worker

VI25F 66, Female, retired elementary music teacher, professional choral singer

Techology/Zoom

Choral Milleu

Injury/Treatment/Recovery

Professional/Personal/Social Impact

## **Vocal Injury Study**

### **Focus Group Field Notes (Contemporaneous)**

March 8, 2025

Formatted for clarity

#### **Q1: What do you think are the specific issues choral musicians face when they experience an injury?**

- Stigma
- Loss of community
- Artistic Leadership: unsafe technique
- Stigma of having to change voice type
- Loss of Identity
- Income loss for professionals
- Loss of profession
- Changes in social interaction (loss of community)
- Shame at having to change voice part
- Sopranos are the most important
- Composer and idiomatic issues

#### **Q2: What kinds of support (personal and professional) did you receive in recovering from your vocal injury?**

- Voice teachers as support
- Taking time to evaluate identity
- Not being fired (workplace support)  
UW Performing Voice Clinic
- Supportive Family
- Communication Apps for vocal rest (bigly)
- Supportive voice teachers
- Supportive conductors
- Speech therapy: SLPs
- Immigration status plays a role in community
- Discounting personal issues of vocal technique
- Communication while recovering

#### **Q3: What would you like the version of yourself \*before\* your vocal injury to know that you learned since your injury and recovery?**

- Personal responsibility for vocal health in choral setting
- Tonal: Love your vibrato

- Don't be disconnected from your body
- Listen to singing
- Identity: Flexibility
- Lack of feedback

**Q4: Is there anything else you'd like to add?**

- Aging voice: vibrato as a barrier

**Researcher's thoughts/questions on reflection:**

What about the same effects in solo singing?

What about mental health care for people experiencing voice change? Note: No one mentioned getting mental health care for their vocal injury

**Follow-up email from VI25B:**

HRT has begun (7 weeks) as part of her voice care, and she is reporting that her voice is stronger/more reliable. Make this a survey question!!!

Poss codes arising from discussion:

FD: Formally Diagnosed

NF: Not formally diagnosed

NS: Diagnosis Not specified

NI: Non-injury concern

HN: Habilitative Needs

CC: chat confirmation

## Appendix I: Questionnaire (Form Only)

### Choral Musicians' Vocal Injury Study

**Thank you for your interest in the Vocal Injury Study. We are no longer accepting responses to the questionnaire. If you are interested in the study results or would like to learn more, please visit the project website at: <https://sites.google.com/view/vocal-injury-study?usp=sharing>**

**This project explores how choral musicians (including singing voice students, amateur and professional choral singers, and choral conductors) experience vocal injury in the choral setting.**

This research is being conducted through the Voice Study Center, Wales Academy for Professional Practice and Applied Research and is being undertaken by Scott Kovacs, BMus, in partial completion of the requirements of an MA in Voice Pedagogy. I can be reached at vistudy25@gmail.com or +1 (206) 687-2783. My research supervisor is David Cane, david@voicestudycentre.com.

Your participation in this survey is completely anonymous, unless you wish to be considered for an interview later (you will be able to provide contact information at the end of the survey). Extracts from your responses may be quoted; however, potentially identifying information will be removed. You have the right to withdraw from this study at any time.

*It will take approximately ten to fifteen minutes to complete the survey.*

By typing "I agree" in the first question you agree to participate in the survey portion of the vibrato study, and that your participation in the study is voluntary. (Click [HERE](#) for a complete description of the participation agreement.) *Respondents under the age of 18 must take this survey with a parent present.*

*For further information about the study, or to read other research I have conducted, please visit the project website at: VStudy25 (Google Sites).*

**1. Please type "I Agree" before continuing to the survey.**

(Short answer)

## **Singing History and Demographics**

This section asks questions about your role as a choral musician, voice type, academic experience, and current singing experience.

### **2. I am a (check all that apply):**

- ☐ Choral Director
- ☐ Collegiate Choral Singer
- ☐ Choral Conducting Student
- ☐ Paid Section Leader/Cantor
- ☐ Community Chorus/Church Choir member
- ☐ Professional Soloist
- ☐ Professional Choral Singer (freelance or ensemble member)
- ☐ Private Voice Teacher
- ☐ Collegiate or Conservatory Voice Teacher

### **3. What kind of experience do you have with singing voice teachers? (Check all that apply, please!)**

- ☐ I've never had a formal voice lesson
- ☐ Private voice teacher other than collegiate, university, or conservatory voice studio
- ☐ Collegiate, university, or conservatory voice teacher/studio
- ☐ Performance Coaching (any style)
- ☐ Post-collegiate professional voice teacher
- ☐ Singing Voice Specialist (rehabilitation following injury or illness)

### **4. Please check all the types of choral ensembles you have or are currently participating in:**

- ☐ Elementary, Junior High, or High School Choral Ensembles
- ☐ Community Boy Choir, Girl Choir, or Children's Chorus
- ☐ Collegiate/University Choral Ensemble (non-music major)
- ☐ Collegiate/University Choral Ensemble (music major)
- ☐ Semi-professional choral group
- ☐ Professional Choral Group/Ensemble
- ☐ Community Chorus and/or church choir
- ☐ Other:

### **5. I currently sing with /my most recent choir was (check all that apply):**

- Elementary, Junior High, or High School Choral Ensembles
- Community Boy Choir, Girl Choir, or Children's Chorus
- Collegiate Choral Ensemble (non-music major)
- Collegiate Choral Ensemble (music major)
- Semi-professional choral group (some singers are paid)
- Professional Choral Group/Ensemble
- Community Chorus and/or church choir
- Other:

**6. Your current voice type/registration:**

(Fill in the blank)

**7. Age:**

- 12 - 18
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 64
- 64+

**8. Gender Expression (trans and non-binary singers, if you don't see your gender expression listed here, please let me know what you prefer in "other"):**

- Male (cisgender)
- Female (cisgender)
- Trans/masc (or transitioning)
- Trans/feminine (or transitioning)
- Non-binary
- Other: (fill in the blank)

**Experiences with Vocal Injury:**

This section asks you to evaluate and discuss your experiences with vocal injury, including diagnosis, treatment, and recovery.

**9. I received a formal (clinical) diagnosis from (check all that apply):**

- ☐ ENT/Laryngologist
- ☐ Speech Language Pathologist/Therapist or Swallowing Specialist
- ☐ Primary Care Doctor, General Practitioner (MD, DO)
- ☐ Physician Assistant, Nurse Practitioner (PA, APRN)
- ☐ I did not receive a formal diagnosis from a clinical provider
- ☐ Other: (fill in the blank)

**10. If "yes" what was your diagnosis? If "no," what were your symptoms/indications of your injury?**

(Short Answer)

**11. For professional singers: My vocal injury resulted in a loss of income or change of career:**

Strongly Disagree    1    2    3    4    5    Strongly Agree

**12. Please describe the economic and professional impacts of your vocal injury:**

(Short answer}

**13. Has your vocal injury resulted in permanent change to your voice?**

- ☐ Yes
- ☐ No

**14. If yes, please describe your experience; if no, what temporary changes to your voice did you encounter?**

(Short answer)

**15. What accommodations or changes to your participation in choral singing resulted from your vocal injury?**

(Short answer)

**16. I received treatment or recovery support from a clinical professional from (check all that apply):**

- ENT/Laryngologist
- Speech Language Pathologist/Therapist or Swallowing Specialist/Voice Specialist
- General Practitioner, Primary Care Doctor (MD, DO)
- Physician Assistant, Nurse Practitioner (PA, APRN)
- I did not receive a formal diagnosis from a clinical provider
- Other: (short answer)

**17. If "yes," can you describe your treatment? If "no," can you describe your recovery process?\**

(Short answer)

**18. My clinician was understanding and knowledgeable about my specific needs as a singer:**

Strongly Disagree    1    2    3    4    5    Strongly Agree

**19. I received recovery support from a singing voice professional for my vocal injury from (check all that apply):**

- Singing Voice Specialist
- Singing Voice Rehabilitation Clinic
- Voice Teacher
- Choral Director or Teacher
- I did not receive singing voice professional support
- Other: (Fill in the blank)

**20. If "yes," please briefly describe your experience.**

(Short answer)

**21. My singing voice professional understood my diagnosis and was knowledgeable in supporting my recovery:**

Strongly Disagree    1    2    3    4    5    Strongly Agree

**22. My choral director/leader was supportive during my diagnosis/recovery period:**

Strongly Disagree    1       2       3       4       5       Strongly Agree

**23. The choral director I had during my vocal injury seems to be knowledgeable about science-based voice pedagogy and incorporates voice pedagogy into the choral rehearsal:**

Strongly Disagree    1       2       3       4       5       Strongly Agree

**24. What support or accommodations did your choral leader provide? What did they not provide that you needed?**

(Short answer)

**25. I experienced negative changes to my mental health as a result of my vocal injury:**

Strongly Disagree    1       2       3       4       5       Strongly Agree

**26. If "yes," what kinds of support did you seek out or receive for your mental health changes?**

(Short answer)

### **Follow-up interviews**

If you would like to be considered for a follow-up interview after this survey is complete, please provide a name and an email address for the researcher to contact you.

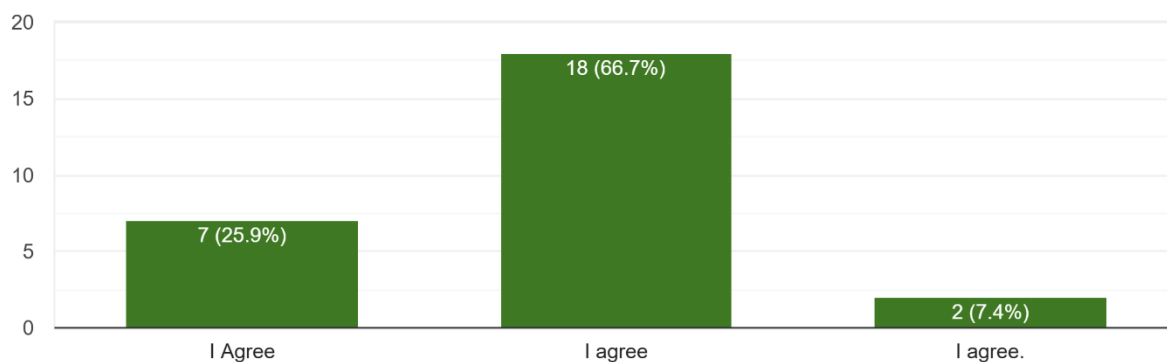
**27. Name:**

**28. Email:**

## Appendix J: Questionnaire Form Response

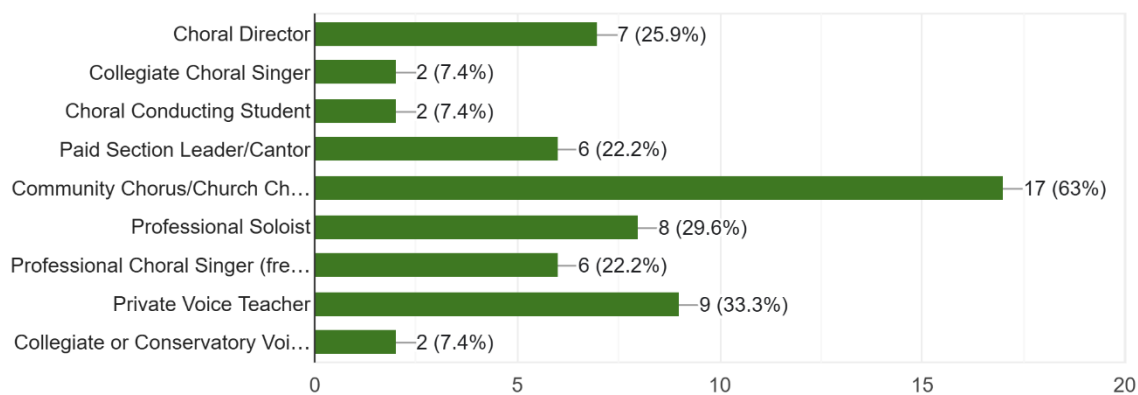
Please type "I Agree" before continuing to the survey.

27 responses



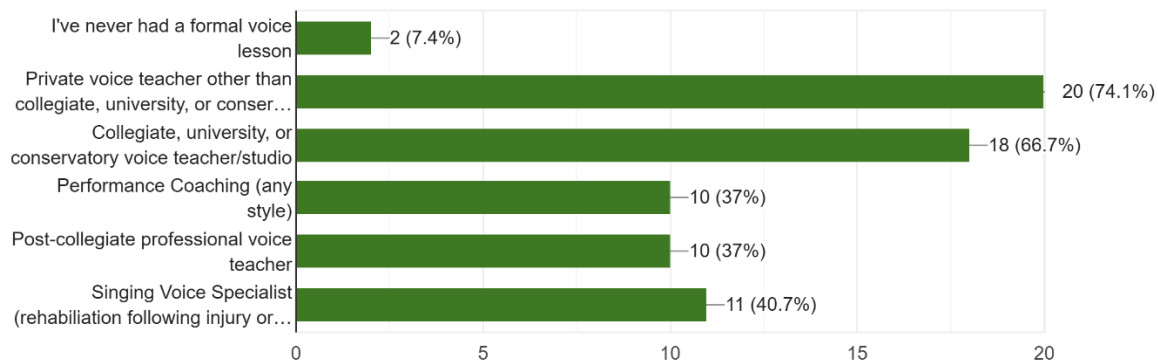
I am a (check all that apply):

27 responses



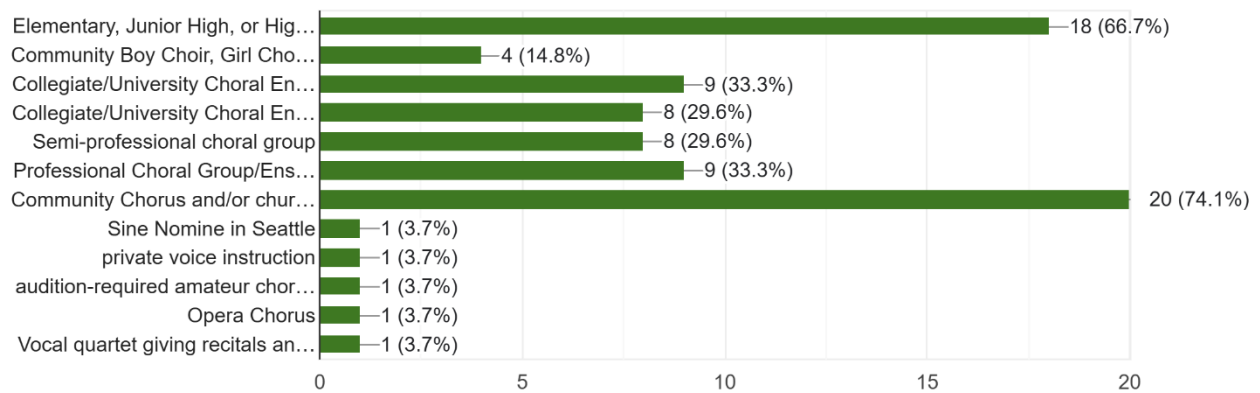
### What kind of experience do you have with singing voice teachers? (Check all that apply, please!)

27 responses



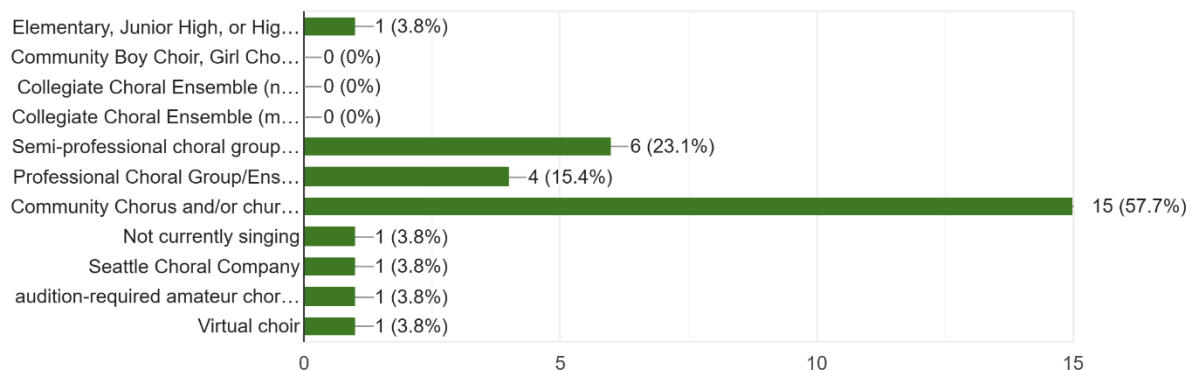
### Please check all the types of choral ensembles you have or are currently participating in:

27 responses



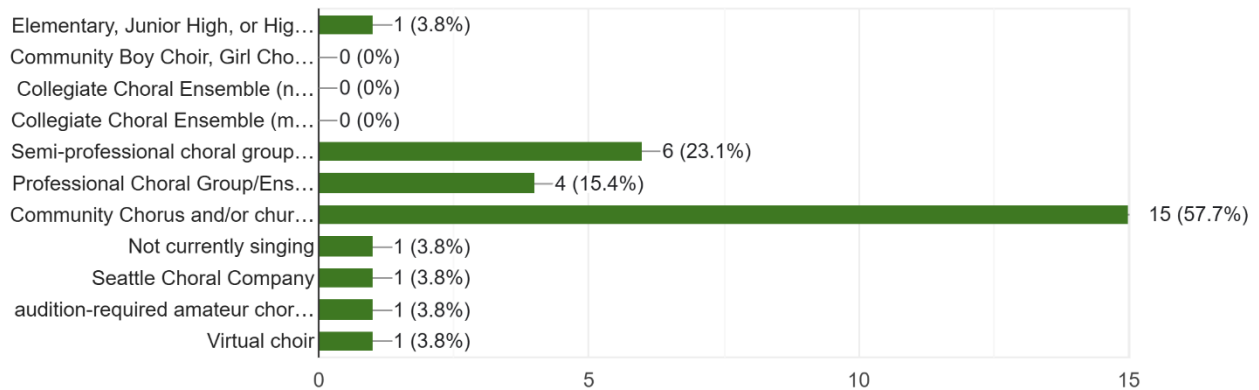
### I currently sing with /my most recent choir was (check all that apply):

26 responses



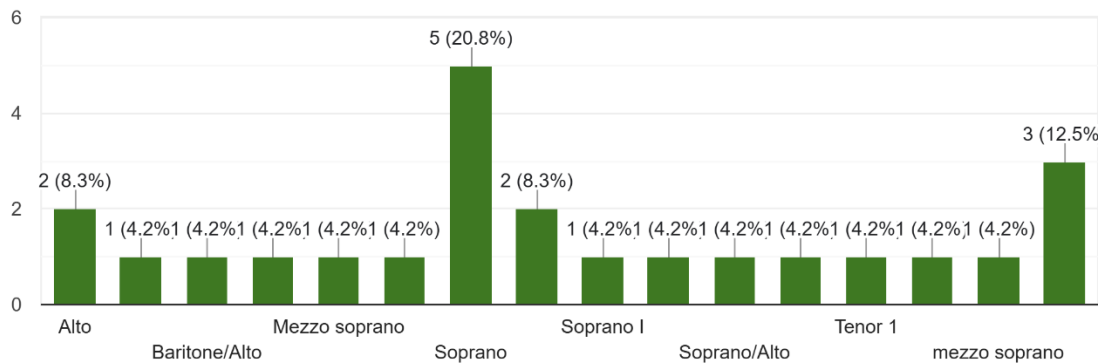
I currently sing with /my most recent choir was (check all that apply):

26 responses



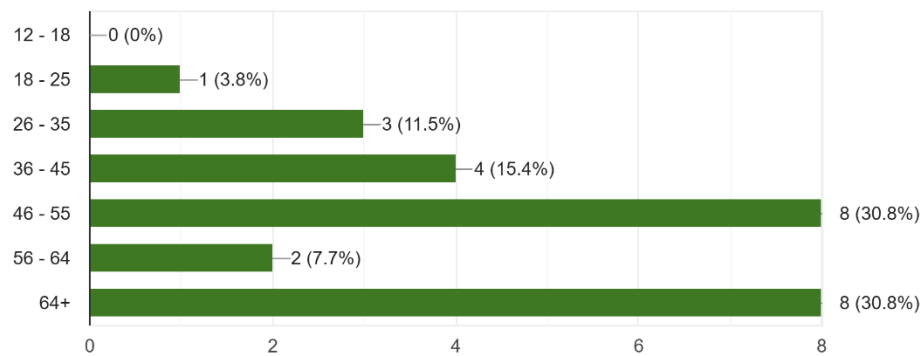
Your current voice type/registration:

24 responses



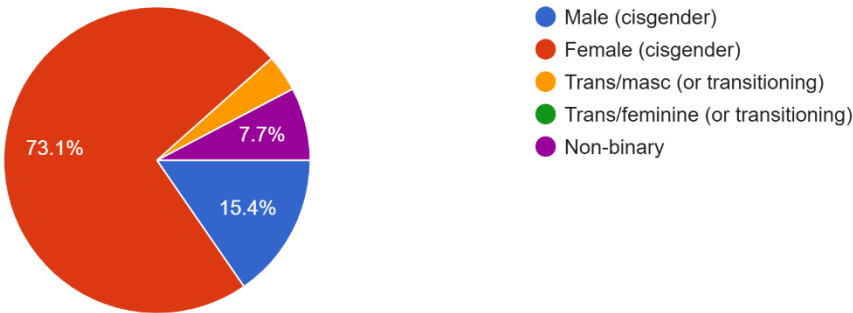
Age:

26 responses



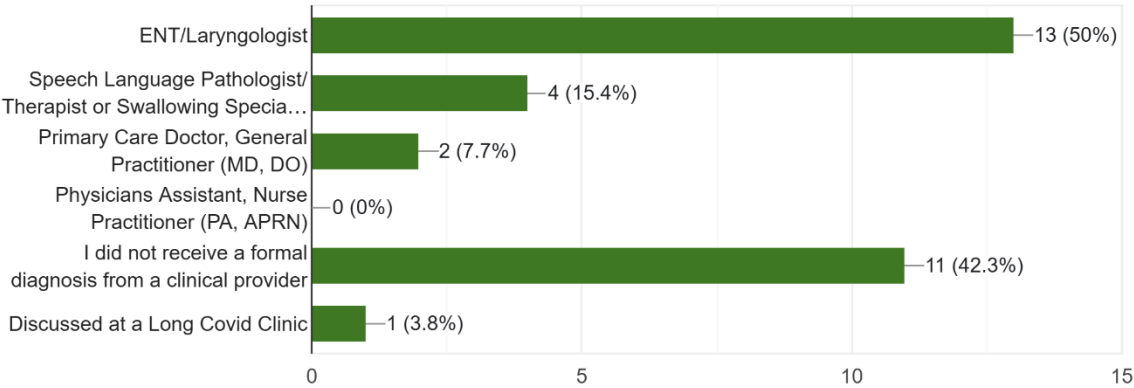
Gender Expression (trans and non-binary singers, if you don't see your gender expression listed here, please let me know what you prefer in "other"):

26 responses



I received a formal (clinical) diagnosis from (check all that apply):

26 responses



**If "yes" what was your diagnosis? If "no" what were your symptoms/indications of your injury?**

Range-specific vocal paresis (post-COVID)

Loss of voice, difficulty singing.

Polio, at age 15, resulted in difficulty swallowing and the need to relearn pronunciation of some rear placed consonants such as "g" and "n" and "l". It became necessary for me to carefully chew all foods and drink more liquids when eating, which continues to this date.

Vocal cord "exhaustion" after 2-2.5hr choir rehearsal. "Can't do higher range by the end" (E4 is not working anymore, D4 becomes hard). Also, sometimes this happens if have to rehearse a lot parts with extreme lows of my range (F2 and below).

Reduced upper range, more weight in the voice, tight sensation in the upper notes

MTD and later nodules

As a child in school - pharyngitis (but looking back this was strain from poor habits i.e. straining rather than actually knowing how to create powerful higher notes). As an adult I've had a laryngoscopy for the same and constant sore throats - mixture of bad habits resurfacing (so, everything on scope looked OK except for maybe some anterior/posterior straining of the larynx), and reflux inflaming my cords.

vocal fatigue and raspiness

vocal fold bowing

loss of voice and or longer term inability to sing once my voice sounded normal to me and others

Nerve damage - one side of my cords no longer innervates consistently in the upper range.

Croaky voice when speaking, loss of "singing" voice, loss of vocal range, loss of breath control

Injury resulting in major hemorrhage (2002); thyroid-related hoarseness and slight irregularity in vocal fold (2013); incomplete vocal fold closure (2025)

Surgery while I was in a coma on my trachea, which is the same area as the larynx, so it harshed my voice.

Not a professional ENT or laryngologist, but an MD said could see no damage to my vocal chords from intubation, March 2015

The ENT physician was not specific but said the vocal trauma and dysfunction was through overuse or improper use and recommended speech and/or vocal therapy.

vocal cord damage of unknown origin; non-symptomatic reflux disease

Vocal nodules

Muscle Tension Dysphonia and Vocal Cord Hemorrhages

I currently am experiencing some raspiness in my voice, a little pain, am considering an ENT consult.

Muscle tension dysphonia for 30+ years. When it was at its worst, I had an inability to sing soft, high sounds, discomfort when speaking/singing for long periods of time, disconnection of registers, tense and shrill sound. I am better after extensive speech therapy and voice lessons but still have discomfort and trouble with my top

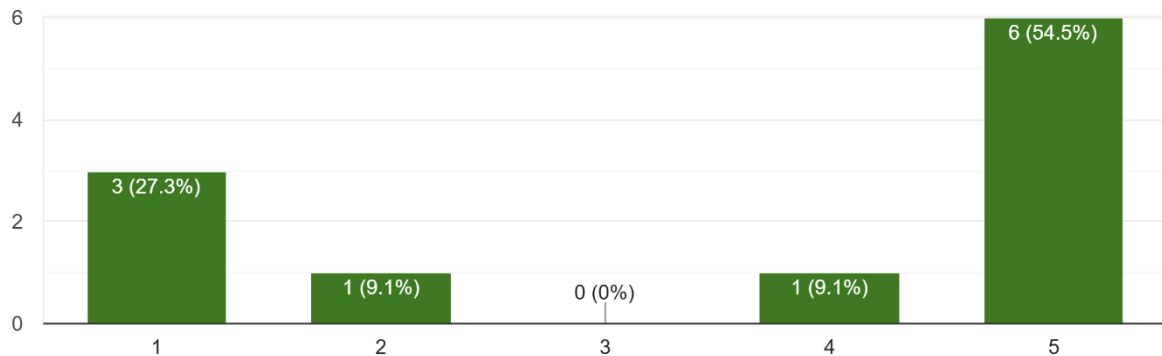
Complete loss of flageolet/whistle register access, range loss (approximately 40% of range gone on extremes [high/low]) in under a year, during my freshman year in college. I attribute this to my private voice teacher, not my choir director. However, as a college educator, I've seen countless voice students come to our school with vocal damage incurred from their high school choir experience.

vocal cyst, resulting in hemorrhage & nodules

Vocal fold damage and uneven thickening due to radiation treatment for throat cancer  
 Delayed onset (especially mid-high range), incomplete adduction/"breathy" sound, neck/jaw tension, ongoing hoarseness/discomfort after extended vocal use (that did not previously occur in the same situations).

For professional singers: My vocal injury resulted in a loss of income or change of career:

11 responses



### Please describe the economic and professional impacts of your vocal injury:

None

Couldn't sing repertoire learned in undergrad study

The vocal injury along with severe depression made it impossible to work full time for several month and I needed family support to get by financially

I no longer had stamina, and had to give up choral ringer gigs and solo gigs 10-20k USD per year.

I needed to rest. I couldn't perform and asked others to step in for me

While singing was not my sole career at the time of my major injury, I was making about \$6000 a year, and that dried up, since I was not able to cantor or be in professional choir for about 1.5 years, and after that was not welcome due to vibrato. Pretty devastating.

Sang in Sine Nomine (audition choir). Sang with them for one project after the injury in the alto section, but alto was unfamiliar, and singing with them didn't make sense, so not with them any more.

None

As a choir director and vocal coach I my career was not so much threatened but this made my work much more difficult by limiting the extent to which I could demonstrate vocal concepts, and sing with people to help support them in rehearsals, a key part of my technique as a director.

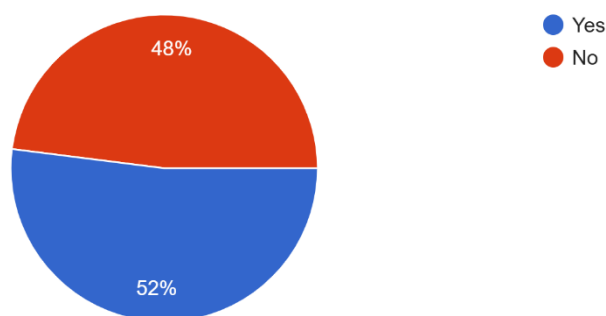
I was never able to sing with the same endurance again, causing daily singing to cease, including work

I was dropped from my vocal performance major (1989) because my teacher did not know how to help me or that he should refer me to an SLP. I didn't sing at all for 10 years and still don't perform beyond an occasional church gig. However, having done such extensive work on my own voice has given me a lot of teaching tools and I am a very successful teacher, so I probably made up the performance income with teaching income

It happened while I was in college - I did not move on to receive my masters degree for another 15+ years and nearly quit singing. It completely destroyed my solo performing career opportunities and my professional trajectory completely shifted. I rehabilitated my own voice and started teaching privately, focusing on healthy techniques. Iâ€™m now somewhat of a recovery specialist in our community and often work with damaged voices through their recovery. Healthy singing in choral classrooms is so important because unhealthy habits can go unnoticed for long periods and become ingrained as habit. I had to cancel gigs, take time off from pursuing my career so I could get surgery and voice rehabilitation.

Has your vocal injury resulted in permanent change to your voice?

25 responses



**If yes, please describe your experience, if no, what temporary changes to your voice did you encounter?**

The radiation treatment called a mucosal thickening in my throat and mouth, which resulted in me clearing my throat excessively. This led to a perpetual hoarseness. In my job, I was on a lot of zoom calls, and frequently speaking, so I was using my voice a lot. As far as I know, this did not have any economic impact for me.

While I continued singing and teaching, my symptoms were fairly mild compared to severe stories I've heard, and I also a) know my voice well enough to rest when I'm at my limit b) stopped talking at all when not necessary for work c) backed out of volunteer (unpaid) singing opportunities, and d) spent a lot of personal time, effort, and money researching my symptoms (potentially early signs of MTD according to SLP descriptions, but I'm not a doctor obviously) and followed their rehab protocols. This was also not during an extended concert season, luckily.

It has been 1 year since COVID diagnosis and treatment, and my voice still vibrates in a "robotic" sounding tone between certain notes (within about half an octave) in my middle range.

Inconsistent singing and frustration.

I was able to reconstruct the vowel issues within about a year. I continued in my high school choral and instrumental programs and was the selected soloist for my classes graduation. I had no private singing lessons but was an avid listener to classical artists of the 40â€™s and 50â€™s. By age 50, however, I was no longer comfortable as a soloist.

Regular exhaustion - no significant change, it is usually ok the next day. In case of too much low notes in my part - my talking voice can become "crepitaty" for 1-2 days, haven't tried to sing in this state, happened maybe twice total.

Voice is heavier, fuller, and lower.

Almost constant vocal fatigue. Loss of upper range of my voice. Laryngeal pain. No brightness in the voice nor vibrato. Difficulty with passagio

I put yes because I do constantly have to manage myself and make sure I'm not straining, and I am very susceptible to medium turn pain - after one session of improper singing/talking over a loud crowd at a party, I can end up with weeks of aching which then affects my job (singing teacher).

lack of upper range and hard "breaks" in the range

I have shifted from Soprano 1 to Alto 1

I can't sing high notes anymore, like above F, and I tire easily in what's left of my upper range. My voice feels heavy and cumbersome. Sometimes, when I try to sing in my former range, the notes just don't even come out anymore.

I'm not sure whether the changes to my voice are temporary or permanent. I had been hoping for follow up at the Long Covid Clinic, however nothing eventuated.

It's a good change-- I am now singing in a healthy way, with vibrato appropriate to my age and musculature, and have been since my 2002 injury at age 43.

Lost my highest range (used to be a very high soprano, now barely a second), can't sing very loudly, very affected by colds, for a long time.

Unsure if either the intubation, medication I have been on for a decade or general age-related issues may all or some may be contributing

My vocal trauma mostly cleared up due to a lengthy rest during the pandemic lock down. And my being much more careful how I used my voice afterwards. During the time I had to develop ways of relating concepts other than demonstration. This was a frustrating challenge. During the injury: Unable to phonate reliably, including inaccurate intonation; could not hold notes steadily; no control over vibrato. After recovery, somewhat higher range so far.

Unable to pronate

change in tone quality, decreased range (both high and low), inability to speak or sing for long periods of time

I do not know what my authentic singing voice sounds like, although I am getting closer.

I still do not have my full range, however I do have access to much more than I did when it first happened. I am missing approximately a 4th on the top end of my range and a 2nd on the bottom. However, I am very pleased with how my voice has recovered and do not necessarily need those pitches, as they're outside the range of solo soprano literature.

For a period of time, I was unable to go above an E5. My speaking voice was also rough, uneven, and hoarse.

Loss of clear top range (E5/F5 and up), discomfort with strong adduction, huge loss of vocal stamina (interfered with talking as well).

### **What accommodations or changes to your participation in choral singing resulted from your vocal injury?**

I stopped singing soprano in all settings and stuck to alto/tenor range only for about 9 months. I am only now reaching back into my higher registers.

N/a

I became a high school choral director and no longer worried about a solo career. However, I did solo in a few major oratorios with community choirs, but nothing lengthy which would tire me out vocally.

I left one community choir temporarily, dropped from upcoming concert, when I realized they won't address range issues fast enough.

No longer able to sing Sop 1 (although I usually sang Sop II anyway)

Trying to sing less

I had to do much less. I can no longer part swap as easily.

I often really ease off by singing on an 'ng', or even mime, if not feeling great at choir.

less singing overall

Change of section

I currently volunteer at Church, Threshold choir, Community choir and Opera chorus. I began singing 30 year ago with no training and I strained my voice 3 times. I attribute it to over rehearsing at home and in one instance over reaching to hit a note above my range during a performance. Most recently, I was singing in a low alto range and I was forcing my voice (volume). It took a month or more for my speaking voice to sound normal and a bit longer for my singing voice to return. I started as a 2nd soprano. I have a wide range but moved to Alto and took a couple of lessons from a professional voice teacher to get help easing back in to singing after my second experience of voice loss.

I tried to sing the Alto part for a while. Then I stopped singing entirely.

I withdrew completely from my in person choirs - and have only sung a couple of times in my virtual choirs in the past year.

There was a year+ of re-learning to sing, could not rely on muscle memory! And when I came out of it, I was still able to stay in St. James Women's Schola and Opus7, but not a number of other groups I'd sung with. My healthy sound was fuller and had vibrato, as I've mentioned, and I'd been doing a lot of early music. Also, of course, emotionally it was harder to be as free doing solos, due to fear of injury.

Mouth the words on the highest notes.

Not singing

Fortunately I was not a chorister at the time.

I discontinued choral singing while undergoing rehab.

No singing for 6 months

unable to continue or risk more damage

I am very careful in rehearsal not to put too much strain on my voice and, as a result, hold back during rehearsal. Sometimes I just quit talking as much as possible between rehearsals. None. Because it was not formally diagnosed until 2023, I sang through things that I shouldn't and my voice did not have time to recover, resulting in more and more constriction. My vocal load was far beyond what I could handle and I received no accommodations, they just kicked me out

Not much. I do make sure to take breaks when I need them.

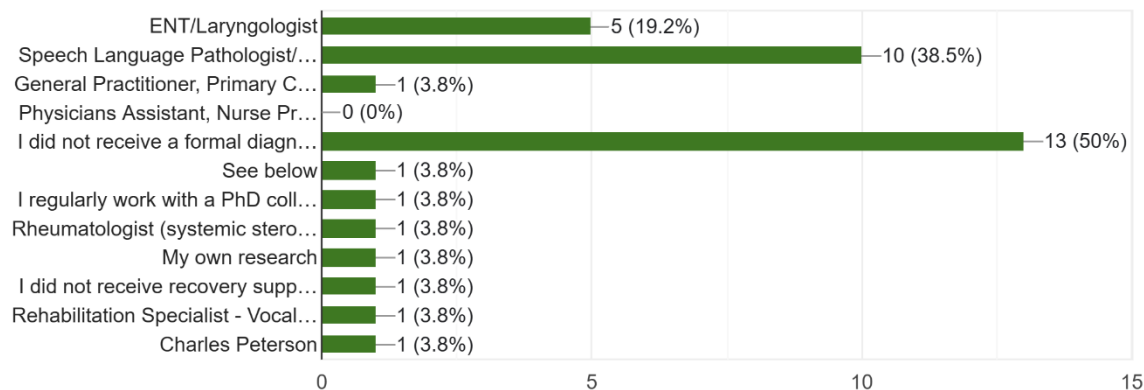
I took less choral gigs, less straight-toned gigs, and was much more aware of my own vocal health and stamina and did not force myself to sing hours of rehearsal if I was sick or fatigued.

Despite my natural resonance in my soprano range, I was placed as an alto in my choir because I could not go above an E5.

Loss of non-essential, community-based singing opportunities.

I received treatment or recovery support from a clinical professional from (check all that apply):

26 responses



### If "yes," can you describe your treatment? If "no," can you describe your recovery process?

I received two rounds of antivirals and a prolonged (8-week) course of prednisolone to treat my lingering vocal and pulmonary issues (primarily the paresis and shortness of breath). I saw my rheumatologist for immune function assessment (moderately compromised) and PCP for checkups after steroid treatments. I am still on a steroid (fluticasone) inhaler.

Voice rest, tea with lemon and honey, singing more carefully until my voice feels better, using a straw to warm up and practice.

No treatment other than my personal vocal education in College. I knew what a quality voice sounded like and emulated it. I completed my required Senior Recital as a Junior and sang in all the top choral organizations beginning in my Freshman year. I did have four years of private vocal instruction in college with my choral director, but had little instruction specific to the physical/medical requirements of the voice.

Rest

Just stopped singing formally for a while

Accent method breathing and vocal massages.

Rest, and relearning. Lost of sliding thru the passsgio. There are still issues on certain notes, and high notes are good - but different

rest. tea. time

Speech Therapist 6 sessions, in conjunction with Singing Voice Specialist weekly

I was told to watch and wait. That maybe within a year it would get better. And if it didn't, then there was nothing that could be done. It didn't get better.

I'm still trying to find out out to proceed.

Careful long term speech rehab, but also very careful re-engagement with singing and healthy production in voice lessons (from 2002-2022, with Charles Peterson and Christine Brandes (and in 2024, you!))

Because I had a severe brain injury (that's why I was in a coma) I can't remember. I believe I had some help with swallowing.

I think that my recovery was mostly due to rest and rethinking my approach. I also ended a job which was hardest on my voice. After the pandemic I dealt with continuing symptoms by trying to keep key singing concepts, such as more effective breathing and placing the voice

higher, much more in mind. I also became more aware of the points when I could tell my voice needed a rest and less abuse.

Speech therapist recommended and oversaw vocal exercises. I met with her every two weeks for several months. ENT scoped my vocal cords at intervals and provided progress reports. vocal rest for 10 weeks; returned to use of voice slowly and utilized breathing and adduction exercises to build stamina; reworked technique particularly breathing

Scoping to make sure constriction was not caused by anything structural. Laryngeal massage and stretching from the SLP, working with SLP to minimize tongue constriction by utilizing movement, holding with gauze, etc. Laryngeal self massage, then working with the voice teacher to retain skills

I didn't have access to a professional for the first several years so I rehabilitated my own voice with healthy singing techniques and time. I spent a lot of time reading textbooks and research about vocal recovery. I am confident that I had developed nodules.

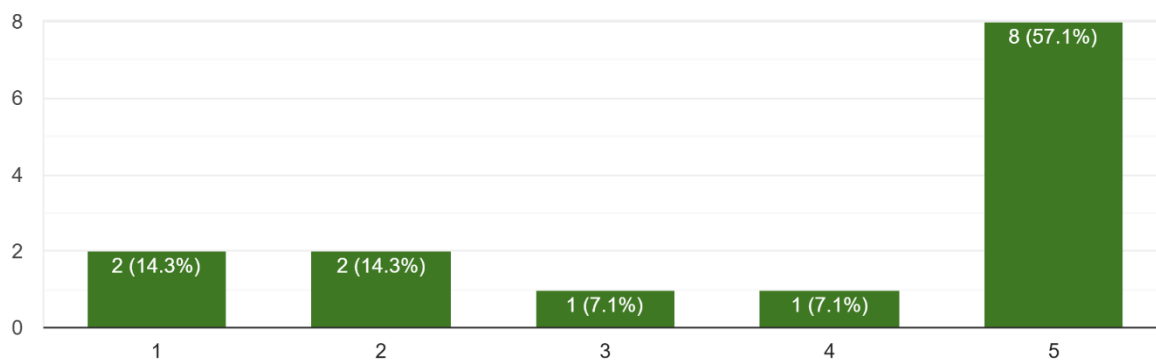
surgery and SLP with a voice/singing specialist post-surgery

Daily SOVT warm ups of about 30 minutes, for the past 18+ months. Within 3 months, I was beginning to regain my soprano range and was occasionally singing in the soprano section in our choral rep. Within 6 months, I switched to sing in the soprano section full time. 9 months after begging work with my voice teacher, I became co-leader of the soprano section. I have weekly voice lessons with my vocal instructor and we focus on vocal health as well as performance.

Limited vocal use/gradual time build up (for speaking and singing), SOVT work (lip trills and bubbling), a lot of TA dominant vocalizing. All over several months (injury probably caused by illness/singing after illness).

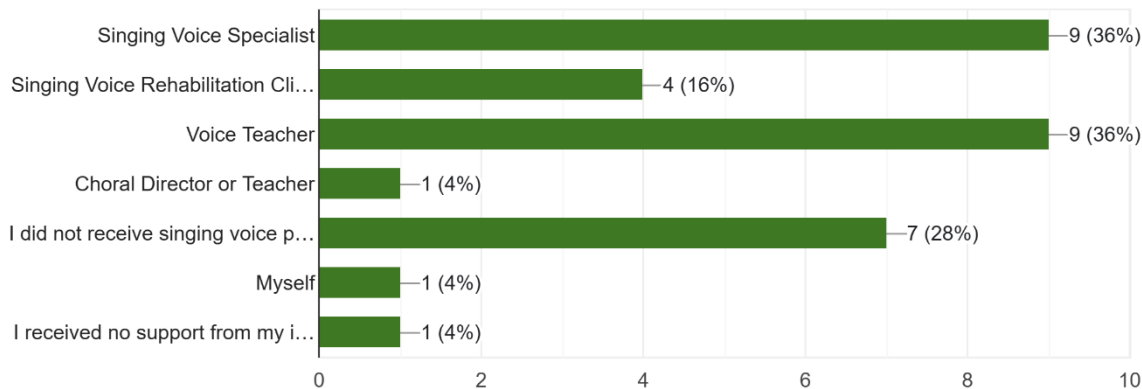
My clinician was understanding and knowledgeable about my specific needs as a singer:

14 responses



I received recovery support from a singing voice professional for my vocal injury from (check all that apply):

25 responses



**If "yes," please briefly describe your experience.**

One of my choral directors (chamber choir) suggested specific exercises for strengthening/relaxing my vocal mechanism/s, and for restoring breath support over time. The other (community choir) suggested taking time off from choir altogether, which I did not do! I did sit and listen more during rehearsal (without singing), though.

We agreed that something was happening and I was sent to a teacher who specialized in sopranos, but I honestly didn't want to put in the time necessary to really focus on it and fix it, and it was expensive, so I just stopped. When I returned to lessons, my voice felt much healthier but I still felt like I had to relearn how to sing because the rep for classical mezzos and sopranos are just different different beasts. And then I decided I didn't want to sing classically anymore, so I stopped again.

I just recently started

Went to a 'voice care center' to chat through my issues/get advice, and also had a laryngeal massage while I was there, and then was able to add some self-massage into my vocal hygiene routine going forward. Went to a vocal coach to properly learn to belt instead of straining.

support with breathing/phonation, passaggio work, and emotional / psychological support

Noted above. I had maybe 5 sessions with her.

Sorry, I sort of covered this above. I worked with Charles Peterson, who had been Nancy Zylstra's teacher of choice during her issues (which I know from her interview in the Seattle Times, he didn't tell me!). He was very knowledgeable about the singing voice, and rehab after injury, and also the most generous and patient person alive.

i have been working recently with a vocal instructor, who has begun to identify the need to have an assessment of the condition of my instrument. I have an appointment coming up. This was helpful, but the sessions were cut short by the pandemic. I retained a few useful concepts.

My voice teacher strongly recommended that I consult an ENT and provided recommendations for local ENTs most familiar with singers' injuries. She also provided therapeutic technique recommendations in addition to the exercises I practiced with the speech therapist's guidance. She commented periodically about my progress.

online sessions with an injury rehab specialist for singers (I did this out of pocket because my insurance's doctors and speech pathologists were not knowledgeable - I knew more than them did...)

See above; it took many years to find a voice teacher who was able to meet my needs and understand what was happening with my voice, I've been working with him since 2010  
I now consider myself very knowledgeable on the topic and have worked with many singers on recovering from vocal injury.

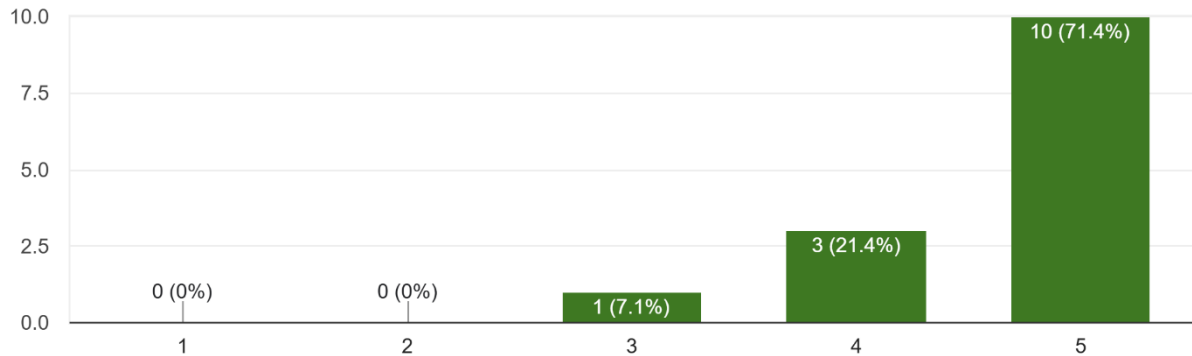
Had a fantastic team of teachers and SLP and doctors to guide me through recovery.

Weekly lessons with a voice teacher and daily SOVT warm ups

MTD informative workshop/recovery protocol (not private treatment).

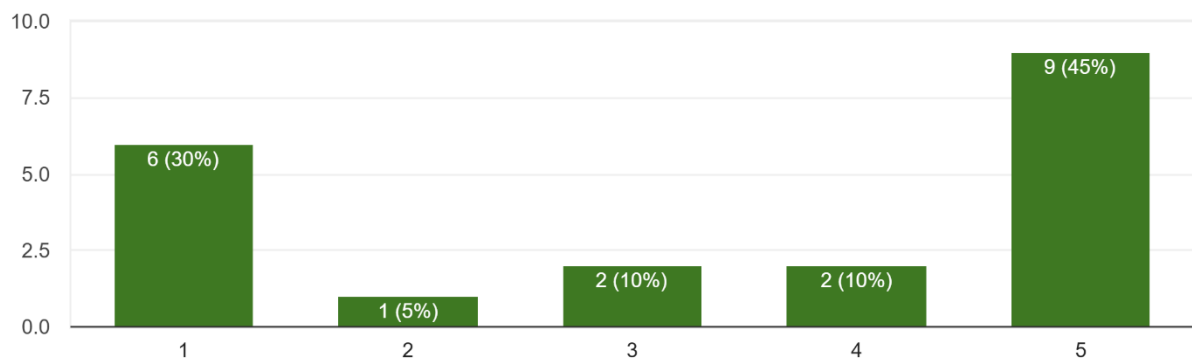
My singing voice professional understood my diagnosis and was knowledgeable in supporting my recovery:

14 responses



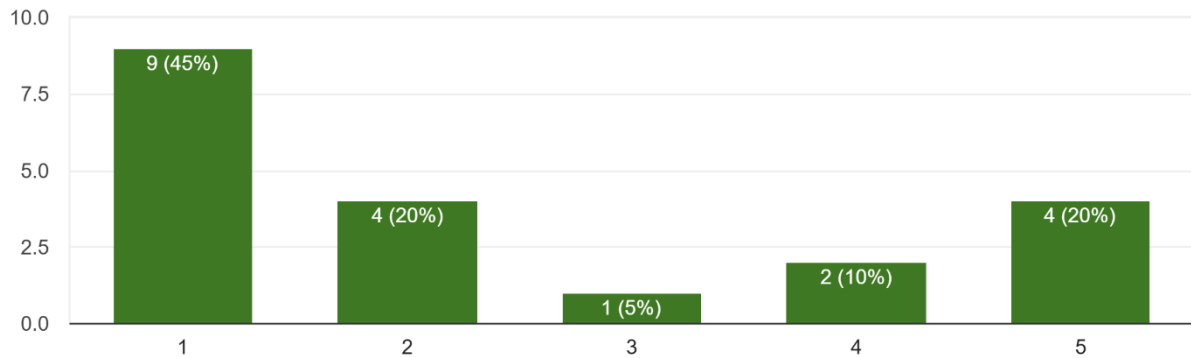
My choral director/leader was supportive during my diagnosis/recovery period:

20 responses



The choral director I had during my vocal injury seems to be knowledgeable about science-based voice pedagogy and incorporates voice pedagogy into the choral rehearsal:

20 responses



**What support or accommodations did your choral leader provide? What did they not provide that you needed?**

Copied from above - One of my choral directors (chamber choir) suggested specific exercises for strengthening/relaxing my vocal mechanism/s, and for restoring breath support over time. The other (community choir) suggested taking time off from choir altogether, which I did not do! I did sit and listen more during rehearsal (without singing), though.

Knowledge and understanding.

Tonal quality, diction and interpretation of my solo singing in college. I studied vocal pedagogy in workshops and Masters classes after graduation from college.

"You should not sing the notes that hurt you", that's about it. It is hard for me to say what could they provide.

I was not singing in a choir at the time.

None requested.

Tricky to say because choral director is same person as my vocal coach. So not much help came through the choir, but in private lessons.

he was very supportive of my changing sections and of me personally

Not really applicable. Each episode for me happened during or just after a performance and there are breaks between sessions in both the community choir and the Opera performances. He let me sing alto instead of soprano. He was kind, encouraging, and patient. I don't know what else I could have asked for.

My in person choral director provided none - some of my virtual choir directors are excellent in their knowledge and use of voice pedagogy.

I am responding related to the groups which I was no longer able to be in, but even the ones who supported my continued membership did not have directors who knew about or supported healthy singing.

None

A perspective on potential injury, medication interference, age-related changes. He is very knowledgeable and suggested another evaluation.

At the time of my injury, I suspended choral singing. In general I found the choral director to be sympathetic to vocal injury; however, I do not recall that he encouraged or supported my recovery. He welcomed me back to the ensemble when I was able to sing reliably again.

None. They did not provide accommodations and replaced me.

No accommodations. Someone needed to send me to a speech therapist/laryngologist to get checked and they never did. Early intervention would have made a huge difference in my life  
Nothing in particular

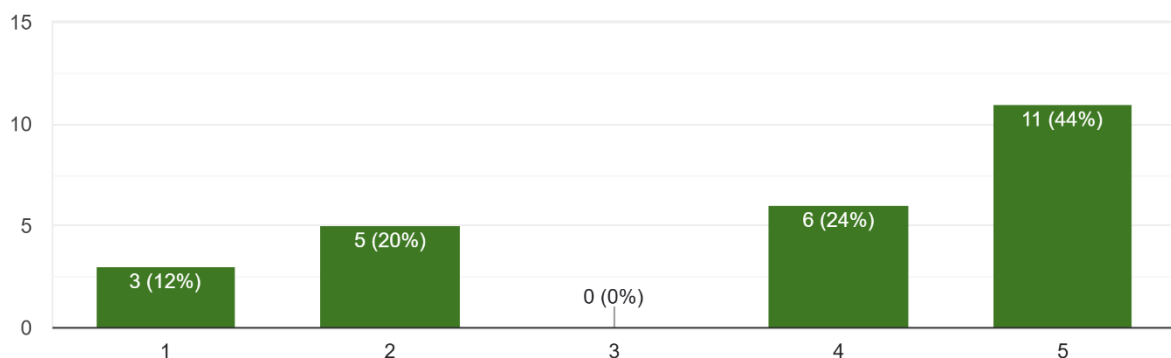
didn't really understand and I did not share my personal details. I just took time off.

None, she was a complete asshole about it.

They expressed a lot of pressure for me to be "back to normal" asap as if singers can always bounce back after a few days of illness. I needed time away from singing to rehab my voice, and I was made to feel like I was "wasting time" or "being a diva" about this.

I experienced negative changes to my mental health as a result of my vocal injury:

25 responses



**If "yes," what kinds of support did you seek out or receive for your mental health changes?**

My therapist - they were very supportive and helped me talk through my identity as "a singer" and the time I knew it would take to recover from what could have been a far more debilitating illness. It's tough managing chronic illness and hobbies sometimes, but we muddle through.

None

Psychotherapy

None.

None really other than finding help i.e. talking to vocal coach, voice care center, laryngoscopy.

friends and family as well as my singing voice specialist

I did not actually seek mental health support. I just cried a lot, for several months, while I processed my loss. Before the injury, a significant part of my identity was in being a singer. My mother was a singer, and I started singing solos at age 5 in church. I took voice lessons in high school, and became a featured soloist in every choir I ever joined. I sang leading roles in musical theater. I studied music education and choral conducting in college. I won the concerto competition singing Mozart at my University. Then, in my early 40s, I had a severe upper respiratory viral illness. My voice did not recover fully. I waited for months before seeking medical care with a specialist. Then I waited for over a year, but it never got better. I So, I decided to focus on other things in life and gave up singing.

I'm seeing a psychologist.

I had long-term therapy from a psychologist. Not my husband! :-D

My voice trauma seemed to be related to a very negative job loss experience. Even before seeking help from a singing specialist I secured help from psychotherapist who worked with me on anxiety and self-esteem issues. For the short period of weeks I worked with the singing specialist, he was also willing to work with me on those issues.

Voice teacher's empathy and encouragement; ENT and speech therapist's treatments

Getting back on the horse to determine if i can use my voice in a chorus.

First depression and then anxiety when I began singing again. These have resolved.

It was 1989, so not much. I was getting counseling and medication for general depression but very few of my college professors acknowledged that vocal issues would cause mental health problems

I went to therapy for the mental health struggles the injury caused me. It was very difficult to accept that my solo performing career was taken from me due to the injury. However, I am very pleased with how my life turned out and think my career path is owed to the vocal damage I experienced. I now work with a professional choir weekly as their voice coach, at a college teaching voice and piano, have my private studio, and work as a freelance vocal health clinician. I am hoping to do some doctoral work on vocal health and pedagogy in choral ensembles, because I believe a large number of people leading choral ensembles don't have the knowledge or tools to help prevent vocal injury.

none - just talked with my close friends who were very supportive and understanding

None, I just blamed myself

Personal spiritual guide, family support.

### Appendix K: Correlation Matrix Heat Map Example

For a complete view of all correlation data: [VI Survey Data V3.xlsx](#)

|                  | RoIDir  | RoIStu | RoleTeach | RoIPro    | RoICom   | None      | SVT    | SVS       | LSch   |
|------------------|---------|--------|-----------|-----------|----------|-----------|--------|-----------|--------|
| <b>RoIDir</b>    | —       |        |           |           |          |           |        |           |        |
| <b>RoIStu</b>    | 0.12    | —      |           |           |          |           |        |           |        |
| <b>RoleTeach</b> | 0.098   | -0.141 | —         |           |          |           |        |           |        |
| <b>RoIPro</b>    | 0.219   | 0.022  | 0.136     | —         |          |           |        |           |        |
| <b>RoICom</b>    | -0.391* | 0.21   | -0.465*   | -0.299    | —        |           |        |           |        |
| <b>None</b>      | -0.192  | -0.083 | -0.141    | -0.267    | 0.21     | —         |        |           |        |
| <b>SVT</b>       | 0.192   | 0.083  | 0.141     | 0.267     | -0.21    | -1.000*** | —      |           |        |
| <b>SVS</b>       | 0.104   | -0.247 | 0.372     | 0.144     | -0.522** | -0.247    | 0.247  | —         |        |
| <b>LSch</b>      | 0.264   | 0.192  | 0.114     | -0.219    | 0.216    | -0.12     | 0.12   | 0.065     | —      |
| <b>LCol</b>      | 0.184   | 0.228  | -0.015    | -0.061    | -0.077   | 0.228     | -0.228 | 0.037     | 0.158  |
| <b>LPro</b>      | 0.167   | -0.289 | 0.098     | 0.463*    | -0.081   | -0.289    | 0.289  | 0.234     | 0      |
| <b>LCom</b>      | -0.281  | 0.104  | -0.435*   | -0.149    | 0.496**  | 0.104     | -0.104 | -0.422*   | 0.02   |
| <b>CSch</b>      | 0.3     | -0.058 | 0.410*    | 0.216     | -0.275   | -0.058    | 0.058  | 0.234     | 0.133  |
| <b>CPro</b>      | 0.158   | -0.228 | 0.216     | 0.537**   | -0.256   | -0.228    | 0.228  | 0.283     | -0.158 |
| <b>CCom</b>      | -0.272  | 0.247  | -0.372    | -0.613*** | 0.522**  | 0.247     | -0.247 | -0.212    | 0.104  |
| <b>CSpc</b>      | 0.116   | -0.022 | 0.256     | 0.083     | -0.511** | -0.312    | 0.312  | 0.793***  | 0.219  |
| <b>CMed</b>      | -0.133  | -0.058 | -0.098    | -0.185    | 0.146    | -0.058    | 0.058  | -0.171    | 0.133  |
| <b>CNo</b>       | -0.013  | 0.068  | -0.185    | -0.098    | 0.409*   | 0.365     | -0.365 | -0.677*** | -0.158 |
| <b>DxDys</b>     | 0.04    | -0.21  | 0.465*    | 0.299     | -0.32    | -0.21     | 0.21   | 0.522**   | 0.135  |
| <b>DxInj</b>     | -0.013  | 0.068  | 0.015     | 0.22      | -0.422*  | -0.228    | 0.228  | 0.603**   | -0.158 |

## Appendix L: Interview Transcripts

### **Vocal Injury Study** Interview #1

May 10, 2025, held via Zoom  
Zoom transcription service  
J. Scott Kovacs, **Researcher**  
Participant ID: **VIQ16**

1 00:00:03.930 --> 00:00:08.460

**Researcher:** Alrighty! Let me. I've got 2 things to bring up here.

2 00:00:08.670 --> 00:00:14.670

**Researcher:** Make sure that I have all the correct information and the correct human being for the study.

3 00:00:15.240 --> 00:00:16.690

**Researcher:** All right.

4 00:00:18.290 --> 00:00:39.460

**Researcher:** Good morning. I am here on May 10, th 2025, at 1029 Am. With Dr. **[name redacted]**, who is participant number VIQ16. For the purposes of this study, will you confirm that that is who you are please?

5 00:00:39.460 --> 00:00:41.209

**VIQ16:** Yes, I am, [redacted].

6 00:00:41.520 --> 00:00:56.190

**Researcher:** Nice to meet you. So, [name redacted], we'll begin with just a few confirming some demographic information. So everything lines up in the study correctly. And then, basically, I just want to hear your story

7 00:00:56.330 --> 00:01:12.056

**Researcher:** for 20 or 30 min, and I'll ask some. Follow up questions throughout the interview, just to get a little bit more in depth. Information. Are you familiar with zoom tools? And if I I mean we're not in a group situation. You don't need to raise your hand. You can.

8 00:01:12.870 --> 00:01:28.909

**Researcher:** All of those things. All right. Good. So you're familiar with Zoom. So let's I also want to record that I have assigned consent. Form from **[name redacted]** on file, dated May 10th 2025.

9 00:01:29.050 --> 00:01:31.570

**Researcher:** And let's see what are the other details here?

10 00:01:32.310 --> 00:01:36.142

**Researcher:** Alright so, [name redacted], let me just confirm

11 00:01:37.970 --> 00:01:42.519

**Researcher:** Why don't you go ahead and give me a little bit of your demographic information?

12 00:01:42.960 --> 00:01:48.210

**Researcher:** Age, gender pronouns, all of that good stuff.

13 00:01:49.220 --> 00:01:54.750

**VIQ16:** All right. So you know, I'm [redacted]. My age is 55.

14 00:01:54.980 --> 00:02:13.926

**VIQ16:** I go by, she her and I was born female, although both of my kids are trans. One M to F, and the other is non-binary. And so I like to to say, I'm batting a hundred percent, anyway. So I, of course. Am she her

15 00:02:14.720 --> 00:02:18.320

**VIQ16:** What else did you need to know? I've already forgotten. I'm sorry, my.

16 00:02:18.320 --> 00:02:24.209

**VIQ16:** that I had when I had my tracheotomy. My accident was a critical brain injury, so my memory is terrible.

17 00:02:24.440 --> 00:02:46.610

**Researcher:** Then, thanks for that. Thanks for that help in understanding how I need to cue throughout the interview, and I'll hope to do that for you. Don't hesitate to remind me that I need to be thoughtful about making sure that you're cued through the interview. Can you tell me a little bit about your profession, and or how you spend your time when you're not singing.

18 00:02:47.560 --> 00:03:12.400

**VIQ16:** So I'm a psychologist. I mean, I have a PsyD. I'm not currently working as a psychologist because of my critical brain injury. However, I just recently got a job at [redacted] as a school counselor, so I'm going to be doing it again. I know I'm kind of nervous, but I haven't actually seen any clients yet, so I haven't. So they have this

19 00:03:12.900 --> 00:03:13.550

**VIQ16:** this

20 00:03:15.270 --> 00:03:33.219

**VIQ16:** app. I don't. What do you call it on the computer. They have a program that you're supposed to take all these notes in. And it's so detailed because they're a client of the counts of the county, I guess so. They have to take all these detailed notes way more than I ever did in my private practice. But, anyway, so

21 00:03:34.050 --> 00:03:38.390

**VIQ16:** supposedly I won't have to worry about my memory, because I'll be taking great notes.

22 00:03:39.290 --> 00:03:50.129

**Researcher:** I'm happy for you to be back. Back, doing, doing work that you are, that you're apparently quite happy to be doing so.

23 00:03:51.650 --> 00:03:57.120

**Researcher:** All right, [name redacted], so I've already heard you say the word tracheotomy.

24 00:03:57.530 --> 00:04:03.099

**Researcher:** Why don't you tell me a little bit about that part of your journey?

25 00:04:04.410 --> 00:04:10.540

**VIQ16:** Well, because I had a critical brain injury. I have no memory of any of this. I don't have any memory of

26 00:04:10.820 --> 00:04:36.539

**VIQ16:** the 2 decades before the accident or since the accident. I don't make new memory very well, so I don't remember anything. Apparently they had to do an emergency tracheotomy, because I was literally not breathing at all, so they had to do an emergency tracheotomy, which I guess is the same chamber as your vocal cords. So it harshed my voice. So for a few months I couldn't speak at all.

27 00:04:36.600 --> 00:04:53.720

**VIQ16:** and then I've been. My voice has been coming back, and I used to be like a soprano soloist and high soprano. I used to be very, very good singer, but now I'm just a kind of good singer. I can. I can't really hit the high notes anymore because of my vocal injury.

28 00:04:53.720 --> 00:04:55.190

**Researcher:** How long ago was your injury.

29 00:04:55.190 --> 00:04:59.750

**VIQ16:** 3 years almost exactly.

30 00:05:01.200 --> 00:05:04.020

**VIQ16:** It was March 27.th

31

00:05:09.220 --> 00:05:12.600

**Researcher:** I'm taking a couple of notes as I go, just to help remind me of.

32 00:05:12.600 --> 00:05:20.759

**VIQ16:** That was my injury. I don't actually know when the tracheotomy was because it was an emergency trach when I was in the hospital, so I have no memory of that period.

33 00:05:20.760 --> 00:05:30.200

**Researcher:** Yeah, yeah. So tell me about harsh my voice. What kind of care do you get for your voice?

34 00:05:33.780 --> 00:05:40.229

**VIQ16:** It's I'm I think, after I was recovering from the

35 00:05:40.460 --> 00:05:43.589

**VIQ16:** accident and the tracheotomy, I think I had some

36 00:05:43.980 --> 00:05:48.209

**VIQ16:** vocal therapy in the hospital, but I honestly have no memory.

37 00:05:48.310 --> 00:05:58.470

**VIQ16:** and I'm certainly not getting any therapy now. I mean I drink hot drinks when I can. I mean, I regularly drink hot drinks.

38 00:06:00.100 --> 00:06:03.639

**VIQ16:** but I don't know of any other care that I'm getting.

39 00:06:04.520 --> 00:06:16.659

**VIQ16:** And now, as you know, I sing in the [choir redacted] like I said, I can't really hit the high notes anymore. And I'm certainly not a soprano soloist anymore. But I can sing mostly.

40 00:06:16.860 --> 00:06:19.319

**Researcher:** What voice? And you're singing which voice part right now.

41 00:06:19.320 --> 00:06:22.510

**VIQ16:** I am singing soprano, but I can't hit the high notes.

42 00:06:25.240 --> 00:06:27.710

**VIQ16:** and when I get a cold it

43 00:06:27.970 --> 00:06:32.829

**VIQ16:** so affects me so like I had a cold 2 months ago that is still making my voice

44 00:06:32.980 --> 00:06:39.199

**VIQ16:** extra extra horse that the cold was minor.

45 00:06:40.020 --> 00:06:41.650

**VIQ16:** It's crazy.

46 00:06:52.260 --> 00:06:56.660

**Researcher:** That's an interesting thing, have you? What about Covid, have you?

47 00:06:56.660 --> 00:06:57.200

**Researcher:** I was not.

48 00:06:57.700 --> 00:07:16.109

**VIQ16:** I was actually, I will answer that in a moment I was talking to somebody else who actually also had a critical brain injury, and also had a tracheotomy, and she is having the same experience that when she has a cold she gets like laryngitis for for days, and then can't really speak with her full voice for months.

49 00:07:16.260 --> 00:07:26.159

**VIQ16:** so that was good to know of somebody else that had a similar experience. So you asked me. Yes, I've had Covid once only recently, so I went from being Novid.

50 00:07:26.160 --> 00:07:27.779

**Researcher:** Good to Covid. Yeah.

51 00:07:27.780 --> 00:07:32.250

**VIQ16:** Yeah, about. I don't know. 6 or 7 months ago.

52 00:07:32.250 --> 00:07:34.059

**Researcher:** Was the recovery similar?

53 00:07:34.580 --> 00:07:39.220

**VIQ16:** I barely knew I was sick. I only knew I had Covid because I tested positive.

54 00:07:39.220 --> 00:07:41.659

**Researcher:** Awesome. Okay. Alright. Good to know.

55 00:07:41.660 --> 00:07:43.950

**VIQ16:** So so I had basically no symptoms.

56 00:07:44.110 --> 00:08:04.989

**Researcher:** Good, good, and when we're done with the interview portion, I'll just touch Base with you on a couple of things as I'm hearing that I just want to reflect back to you that I hope are helpful. I don't ever want people to come out of these interviews feeling like they've been picked apart, and then not given the support that, or some help, or some things.

57 00:08:04.990 --> 00:08:05.520

**VIQ16:** Don't worry.

58 00:08:05.520 --> 00:08:07.500

**Researcher:** That might be, that might be supportive.

59 00:08:07.660 --> 00:08:10.200

**VIQ16:** As a psychologist I totally understand interviews.

60 00:08:10.200 --> 00:08:37.560

**Researcher:** Yeah, yeah. And and this is these interviews. Just for awareness, since you're a mental health professional? There were 2. There are 2 sets of interviews. One was a focus group, and that was much, much more structured. And then, of course, the questionnaire is highly structured with both qualitative and quantitative approaches to data collection. And then these are just sort of free flowing to go back to see where the

61 00:08:37.720 --> 00:08:45.149

**Researcher:** we're just sort of drawing a triangle between the 3 data collection methods as a way to

62 00:08:46.590 --> 00:08:50.670

**Researcher:** validate and create a little bit of rigor in the in the study.

63 00:08:50.990 --> 00:08:53.750

**Researcher:** Tell me about the word harsh.

64 00:08:54.040 --> 00:08:55.609

**Researcher:** What does that mean for you?

65 00:08:56.410 --> 00:08:56.760

**VIQ16:** Well.

66 00:08:56.760 --> 00:08:57.649

**Researcher:** My voice.

67 00:08:59.110 --> 00:09:04.220

**VIQ16:** So for a few months after the tracheotomy I had no voice at all.

68 00:09:04.620 --> 00:09:07.380

**VIQ16:** It gradually started coming back.

69 00:09:07.932 --> 00:09:23.929

**VIQ16:** I only started singing with the [choir] again. This most recent project, however, I did go back and sing with [name of choir redacted], which I had been, which is an audition choir in [city] that I was singing with before the accident.

70 00:09:23.930 --> 00:09:25.169

**Researcher:** [recalls name of conductor/redacted]. Yeah, yeah.

71 00:09:25.170 --> 00:09:34.388

**VIQ16:** Yes, [redacted]. So I went and signed with her for one project after the accident, which I don't have any memory of now, really. But

72 00:09:36.050 --> 00:09:45.309

**VIQ16:** I sang alto at that point. Which was difficult, because I've always sung soprano, so it was hard to get used to singing the middle part.

73 00:09:45.750 --> 00:09:51.270

**VIQ16:** anyway. I'm sorry you said harsh. You want. You want.

74 00:09:51.270 --> 00:09:53.599

**Researcher:** Yeah, I'm interested in hearing up.

75 00:09:57.240 --> 00:10:05.249

**VIQ16:** So I just easily have a harsh hoarse voice. Now you're frozen, I think.

**[NOTE: at this point, video/internet stream freezes for just over one minute.]**

76 00:10:06.350 --> 00:10:07.350

**VIQ16:** Hello!

77 00:10:24.370 --> 00:10:25.21

**0VIQ16:** Oh.

78 00:10:25.440 --> 00:10:46.839

**Researcher:** Good, you're back. Okay? All right. Good. We just. I think we had an Internet glitch. Interestingly enough, this is a little bit unprofessional, but I'll share it with you. One of the things that in the methodology of this study are the effects of technology on method.

79 00:10:47.200 --> 00:10:47.520

**VIQ16:** Okay.

80 00:10:47.520 --> 00:10:51.850

**Researcher:** Method, including Internet, stopped for 5 seconds

81 00:10:52.710 --> 00:10:55.770

**Researcher:** like we were talking about harshed.

82 00:10:55.880 --> 00:11:02.989

**Researcher:** You went back toto sing all the alto part.

83 00:11:03.320 --> 00:11:09.530

**Researcher:** and that was you started talking about how that was a little bit harder than you were expecting.

84 00:11:09.530 --> 00:11:19.120

**VIQ16:** That was difficult, because I never have sung a middle part before, so it was just difficult to find my place in the music, because I'm used to soprano, which I always get to sing the highest note it's easy to find.

85 00:11:19.690 --> 00:11:26.729

**VIQ16:** anyway, so my voice easily gets hoarse, so I guess mostly that's what I mean by harshed.

86 00:11:32.440 --> 00:11:40.330

**VIQ16:** Well, since in the last year or so before that I really my voice was a lot more affected.

87 00:11:42.420 --> 00:11:44.110

**Researcher:** Alright! Alright!

88 00:11:45.053 --> 00:11:48.860

**Researcher:** Let's talk a little bit about wire.

89 00:11:50.340 --> 00:11:53.760

**Researcher:** This injury, isn't it? Isn't a singing related injury.

90 00:11:54.020 --> 00:12:06.770

**Researcher:** It is a trauma. It is a surgical trauma. But let's talk a little bit about what it means to be in a choral ensemble with a voice injury.

91 00:12:07.150 --> 00:12:17.359

**Researcher:** What are you noticing? What do I need to know about that experience as a pedagogist working with choral singers

92 00:12:17.680 --> 00:12:19.130

**Researcher:** who experience injury.

93 00:12:19.990 --> 00:12:24.200

**VIQ16:** Well, I guess what I notice is that

94 00:12:24.520 --> 00:12:40.010

**VIQ16:** especially after I've had a cold, and I can't hit the high notes. It's very odd for me to be skipping notes like I said I used to be like a soprano soloist and a very strong soprano, and I used to sing everything, and I used to be very good. And now I'm not.

95 00:12:40.110 --> 00:12:43.610

**VIQ16:** So that's hard to get used to, and

96 00:12:45.470 --> 00:12:51.619

**VIQ16:** trying to figure out like how to look like I'm singing when I'm not actually singing for a concert or something

97 00:12:52.090 --> 00:12:59.129

**VIQ16:** is sort of odd. I don't really have feedback for you as a specialist.

98 00:13:00.910 --> 00:13:06.949

**Researcher:** Well, let me see if I can reframe the question. What kind of support do you wish you had, that you're not currently receiving.

99 00:13:12.680 --> 00:13:15.699

**VIQ16:** I don't feel like I'm lacking support.

100 00:13:21.170 --> 00:13:23.500

**VIQ16:** I'll be one of the

101 00:13:24.728 --> 00:13:39.510

**VIQ16:** symptoms of my voice. Injury is like I'll trying to sustain a note, it'll suddenly break out on me and stuff like that. So that's just me. It's not like you could support me, I mean, that's just me trying to get my voice better

102 00:13:39.660 --> 00:13:41.390

**VIQ16:** in better shape.

103 00:13:43.510 --> 00:13:44.830

**VIQ16:** Also.

104 00:13:45.200 --> 00:14:02.710

**VIQ16:** one of the things that I notice is that it's more easy for me to hit a pitch out of tune without like I I have really good pitch, so I can hear that it's out of tune. But my! I can't control my voice because it will, it will think out on me and stuff

105 00:14:06.250 --> 00:14:10.839

**VIQ16:** again. I have no idea how you could support me in that. It's just something I notice.

106 00:14:14.280 --> 00:14:18.010

**Researcher:** And, to be honest, I would not expect a choral director

107 00:14:18.490 --> 00:14:36.950

**Researcher:** to have the kind of in depth knowledge to support somebody who had a surgical injury to their voice. That's pretty pretty far out for for a choral conductor, even for [redacted] So I'm.

108 00:14:36.950 --> 00:14:37.990

**VIQ16:** Both are wonderful.

109 00:14:37.990 --> 00:14:42.350

**Researcher:** Yeah, they're great. Yeah, they're both friends and both colleagues, and I appreciate them both greatly.

110 00:14:44.502 --> 00:14:48.210

**Researcher:** let me just kind of go back over your

111 00:14:49.890 --> 00:14:52.460

**Researcher:** your responses. I just want to see if there's anything else.

112 00:15:06.600 --> 00:15:09.850

**Researcher:** let's talk about a little bit about specialists.

113 00:15:10.250 --> 00:15:10.640

**VIQ16:** Okay.

114 00:15:10.932 --> 00:15:14.740

**Researcher:** That, you see. So what are the kinds of specialists that you see.

115 00:15:20.310 --> 00:15:44.170

**VIQ16:** Currently, I'm seeing a specialist for my vision because my injury caused double vision. So, and next week I have an appointment, a virtual appointment with a doctor, because there's a condition on my lip that they think might be pre-cancer might even be cancerous. So I have appointments with a dermatologist. But that's not the kind of specialist you're talking about, is it?

116 00:15:44.590 --> 00:15:45.240

**VIQ16:** Okay?

117 00:15:45.240 --> 00:16:07.369

**Researcher:** Well, no, this is important. No, but it's important, because, you know, even when we, when we have an injury, especially a particularly traumatic set of injuries as you've had. There are. There are always ramifications sequelae that come about, and it's important.

118 00:16:07.660 --> 00:16:18.710

**Researcher:** or any voice specialist to be aware of the entire team that is engaging in the work of care with the individual. We're one person

119 00:16:18.920 --> 00:16:24.150

**Researcher:** in a much, much larger mechanism of care and support.

120 00:16:24.280 --> 00:16:39.109

**Researcher:** and some of that care and support does not stop at the voice. Most of the care and support does not stop at the voice, and that there are other aspects of people's health that are critical to the

121 00:16:39.640 --> 00:16:44.750

**Researcher:** well well-being of that of that individual. And we're just one part.

122 00:16:44.920 --> 00:16:52.230

**Researcher:** But what about an ent? How much, how much experience, or do you? Or do you recall having.

123 00:16:52.230 --> 00:16:53.899

**VIQ16:** She is a brain scan.

124 00:16:53.900 --> 00:16:56.470

**Researcher:** Ent is an otolaryngologist?

125 00:16:56.470 --> 00:16:57.160

**VIQ16:** Oh.

126 00:16:58.140 --> 00:17:20.860

**VIQ16:** I don't recall that I probably did so. The accident that I had was on a motorized scooter, you know, like a thing. So I went over the handlebars and hit my head on the pavement, and I was wearing the kind of helmet that they recommend for scooters. My parents get on me because I wasn't wearing a motorcycle helmet, I would bring a scooter helmet. My goodness, that's what they tell you to wear.

127 00:17:21.050 --> 00:17:25.890

**VIQ16:** I broke the occipital cortex, the bone around the eye and

128 00:17:26.500 --> 00:17:32.499

**VIQ16:** So I had brain bleeds all over, including on my brain stem, which means that I'm always dizzy

129 00:17:32.710 --> 00:17:34.849

**VIQ16:** because my balance is impaired.

130 00:17:37.560 --> 00:17:38.880

**VIQ16:** But.

131 00:17:38.880 --> 00:17:42.720

**Researcher:** And then she just I'm sorry to interrupt any changes to your hearing.

132 00:17:44.160 --> 00:17:47.020

**VIQ16:** As far as I know, my hearing is exactly the same.

133 00:17:47.340 --> 00:18:07.239

**VIQ16:** and I, on the recommendation of my physical therapist, who I no longer see, because I'm no longer on Medicare, because I'm 2 years out from my accident. So they switched me over to Medicaid, which doesn't cover her anyway, or it's the opposite Medicaid to Medicare. I don't remember. Anyway. My point is, I go for a 2 mile walk every day.

134 00:18:11.100 --> 00:18:14.010

**VIQ16:** which my little dog Foxy just loves.

135 00:18:14.530 --> 00:18:30.250

**VIQ16:** She's a little 20 pound so cute, half Pomeranian, half Skipper Key. When my mom and I were after the accident, my mom helped me look online to find a dog. And we found she's like we need to find a small dog who can't pull you over because my balance issues.

136 00:18:30.370 --> 00:18:39.109

**VIQ16:** So we found this darling dog at [name of pet rescue], and we adopted her, and I'm so happy

137 00:18:39.480 --> 00:18:46.710

**VIQ16:** I don't know how I'll ever replace her. I don't know. It must be very hard to find half Skiprocky, half Pomeranian.

138 00:18:48.120 --> 00:18:52.370

**Researcher:** So. How long were you seeing a counselor after your injury?

139 00:18:53.150 --> 00:18:54.179

**VIQ16:** What kind of counselor.

140 00:18:54.180 --> 00:19:05.840

**Researcher:** Were you seeing mental health care? Professional at all? Yeah, yeah. How how long were you seeing your mental health care professional after your your accident, or how long were you able to given the constraints of your insurance.

141 00:19:06.560 --> 00:19:13.030

**VIQ16:** I don't remember. It wasn't the insurance that ended it. I mean, my understanding is that

142 00:19:13.340 --> 00:19:34.009

**VIQ16:** he just ended it. I mean, he thought I was fine. One thing, so I've always been a very happy person, if anything, my injury has made me happier, and I'm more level and and even keeled kind of person, and so I think he decided that there was really nothing to work on in therapy.

143 00:19:34.892 --> 00:19:39.550

**Researcher:** What did you talk about? Your voice at all? In mental, in in your.

144 00:19:39.550 --> 00:19:42.459

**VIQ16:** I have no memory. This is online therapy.

145 00:19:42.460 --> 00:19:43.710

**Researcher:** Oh, yeah. Yeah.

146 00:19:43.710 --> 00:19:46.240

**VIQ16:** 2 years ago, and I don't remember anything.

147 00:19:46.240 --> 00:19:47.560

**Researcher:** Okay. Fair.

148 00:19:47.840 --> 00:19:50.490

**VIQ16:** Lucky that I remember that I actually saw a therapist.

149 00:19:50.490 --> 00:19:55.349

**Researcher:** You bet you bet! [redacted], is there anything else you want me to know?

150 00:19:56.171 --> 00:19:58.129

**VIQ16:** No, I don't think so.

151 00:19:58.130 --> 00:19:59.670

**Researcher:** Okay, I'm gonna stop the recording.

152 00:19:59.670 --> 00:20:00.639

**VIQ16:** Right. You could hear that.

153 00:20:00.640 --> 00:20:12.819

**Researcher:** Can. And I'm gonna I'm gonna I'm gonna check in with you about a couple of things. But I'm gonna go ahead and stop the recording, and we can check in about a couple of things. Okay, as soon as I can find the stupid there. Where's the button? Where's the button? Where's the button?

154 00:20:12.930 --> 00:20:14.530

**Researcher:** Oh, no.

155 00:20:17.300 --> 00:20:19.639

**VIQ16:** Did it disappear when we kept recording.

156 00:20:19.640 --> 00:20:21.620

**Researcher:** Thank God. Thank God. Yeah.

### **Analysis:**

#### **Participant profile:**

55 year old woman. Mental health professional (PsyD). School counselor. Member of local community chorus.

#### **Values, Beliefs, and Attitudes:**

Made clear that both her kids are trans, "battling 100% for my kids". Related that her skills as a psychologist helped her understand the interview method.

#### **Health, Habilitation, and Tone:**

Vocal injury resulting from a tracheotomy/intubation subsequent to critical brain injury. Reports poor memory and is worried about being able to maintain screen time at work while managing complex tasks. Has no memory of the accident that left her with TBI. Emergency tracheotomy was performed to assist in breathing. Three years since the date of the accident.

Describes her voice as "harsh." Suspects she received voice therapy while in hospital but does not remember. Prefers hot beverages to help vocal symptoms. Not currently receiving any formal support for vocal symptoms. Reports loss of range (high notes) and "certainly not a soprano soloist anymore" Has remained in the soprano section but just doesn't sing high notes.

Reports that colds/resp. infections linger, taking longer to recover. Symptoms persist when illness has clearly past, including laryngitis that lasts for days, and then can't speak fully for months. Similar reaction to COVID. (Poss. Increased susceptibility to viral VF Paresis.)

Reports feeling vocally supported (not lacking support) but complains that sometimes her “voice just gives out.” Was seeing a physical therapist but funding (Medicare) ended, so now walks two miles a day. Recently adopted a dog.

## **Discussion:**

Useful to speak with a non-professional singer (in this case a psychologist) who was able to use their professional skills to engage the interview process with high intention. Note: two of the OFG participants who were professional singers are also medical professionals.)

Noting participant understands the changes to her voice have limited her participation through loss of range and quality; however, after changing sections (per examples in survey) went back to Soprano but does leave out notes she can't sing (also in survey). “That was difficult, because I never have sung a middle part before, so it was just difficult to find my place in the music, because I'm used to soprano, which I always get to sing the highest note it's easy to find.” While this might be about vocal identity, cognitive function (able to hear the highest part) is a likely contributor.

Note that there was a brief (1 – 2) minute interruption in the interview due to internet slowdown. We waited it out, and came back.

Re: choral milieu: it would be unreasonable to expect a choral director to understand how to support the habilitative, tonal, and singing health needs of this singer.

Researcher notes that the kinds of support necessary for vocal health described by participant are far beyond ent/slp/voice specialist, but range to physical therapist, walking, and dog.

## Vocal Injury Study Interview #2

May 10, 2025, held via Zoom

Zoom transcription service

J. Scott Kovacs, **Researcher** & Interviewer

Participant ID: **VIQ19**

1 00:00:00.000 --> 00:00:00.850

**Researcher:** Cloud.

2 00:00:04.090 --> 00:00:27.629

**Researcher:** Good morning. I think it's still morning. Yeah, it's still morning. It is Saturday, May 10, at 1132 AM. I am with [redacted], whose ID number is VIQ19. And we are here for a participant interview. I have a signed consent. Form on file

3 00:00:27.630 --> 00:00:47.199

**Researcher:** for VIQ19 and that includes consent to record and transcribe this interview. I just need to get some confirming information from you, including your name, and your age. And where are you sitting.

4 00:00:48.030 --> 00:01:02.090

**VIQ19:** Okay, excuse me. let's see, you asked for my name, [name redacted]. My age is 73, and I sing with [name of choir].

5 00:01:02.350 --> 00:01:07.759

**Researcher:** And tell us a little bit about your gender identity and voice part.

6 00:01:08.930 --> 00:01:15.790

**VIQ19:** I identify as a cishet and my voice part is soprano.

7 00:01:17.030 --> 00:01:41.920

**Researcher:** Thanks for that. Appreciate that. The structure. So, [redacted], I keep looking this way. Just that. You know I've got field notes because I do take field notes as I go just to help keep keep track of the important parts of the conversation that I wanna go back and make sure that I that I touch on VIQ19, why don't we? This is a very, very free form, kind of

8 00:01:42.040 --> 00:01:45.520

**Researcher:** time. Why don't we sort of start with

9 00:01:45.720 --> 00:01:50.800

**Researcher:** your experience of vocal injury? What? What happened? What does that?

10 00:01:50.960 --> 00:01:52.810

**Researcher:** What's your? What's the story.

11 00:01:52.930 --> 00:01:58.359

**VIQ19:** I was singing at the time I was taking voice lessons and also singing with [name of choir].

12 00:01:58.530 --> 00:02:06.490

**VIQ19:** and I found that increasingly I could not reliably phonate or hold a note

13 00:02:06.740 --> 00:02:25.540

**VIQ19:** and and so my voice teacher at the time recommended that I probably should see an ENT, which I did the recommended ENT. I don't remember. His name is at the [name of voice clinic] He was not available for months.

14 00:02:25.780 --> 00:02:40.689

**VIQ19:** many, many months, and I didn't. I didn't want to wait for him. So instead, I identified [name of ENT] at [voice clinic] as an ENT that specializes, among other things, in vocal performers.

15 00:02:40.830 --> 00:02:47.570

**VIQ19:** and and I was able to see her pretty quickly she scoped me.

16 00:02:48.483 --> 00:03:02.236

**VIQ19:** It's my 1st experience being scoped. It was very interesting and and then she she saw that my cords were inflamed and were not coming together reliably, and so she

17 00:03:02.930 --> 00:03:18.099

**VIQ19:** gave me some options for treatment, and together we decided that I would work with a speech therapist for a few months, and see if exercises could help to correct

18 00:03:18.330 --> 00:03:19.780

**VIQ19:** the situation.

19 00:03:20.140 --> 00:03:20.830

**Researcher:** Did you?

20 00:03:21.430 --> 00:03:28.779

**VIQ19:** And I stopped singing with the choir. I took some time off with the choir, and took some time off from voice lessons as well during this period.

21 00:03:29.554 --> 00:03:31.065

**VIQ19:** Excuse me. The

22 00:03:32.520 --> 00:03:43.210

**VIQ19:** The exercises that the therapist gave me were, primarily warm up type exercises.

23 00:03:43.410 --> 00:04:03.149

**VIQ19:** phonation exercises. She gave me some speech exercises as well spoken speech exercises, and she gave me some physical exercises, you know, jaw, massage, neck massage tracheal massage.

24 00:04:03.250 --> 00:04:17.270

**VIQ19:** and those kinds of things, and I was diligent because I love to sing so, and I saw her about every 2 weeks, for I want to say 3 or 4 months, and then had a follow-up with the ENT, where she scoped me again.

25 00:04:20.529 --> 00:04:26.101

**VIQ19:** I had a few more sessions with the speech therapist after that, and

26 00:04:27.520 --> 00:04:40.148

**VIQ19:** The 3rd time I went for a follow up she the one that doctor scoped me, she said. Well, everything looks fine and they've never figured out kind of what the

27 00:04:40.640 --> 00:04:58.459

**VIQ19:** what the problem was, I should add, because I almost forgot this before I saw [name of doctor]. I did see an ENT that are as part of my PPO. And he is not a specialist in vocal performance.

28 00:04:59.513 --> 00:05:08.406

**VIQ19:** He thought that possibly the problem could be non!

29 00:05:10.479 --> 00:05:16.629

**VIQ19:** what's the word I'm looking for? no, not a non-symptomatic reflux.

30 00:05:17.210 --> 00:05:18.612

**VIQ19:** And so he

31 00:05:19.230 --> 00:05:22.610

**VIQ19:** He suggested that I start taking Famotidine

32 00:05:28.010 --> 00:05:30.029

**VIQ19:** which I did, and I still do

33 00:05:31.660 --> 00:05:39.160

**VIQ19:** so, and then he's the one that suggested that I find an ENT. That was a vocal performance specialist.

34 00:05:43.260 --> 00:05:46.630

**VIQ19:** Once. Once the ENT said I was

35 00:05:46.790 --> 00:05:51.890

**VIQ19:** good to go. I started seeing again with the [name of choir]. I started taking voice lessons again.

36 00:05:53.790 --> 00:05:58.130

**VIQ19:** My voice teacher has been really good about

37 00:05:58.260 --> 00:06:02.284

**VIQ19:** helping me evaluate ways that I can

38 00:06:03.442 --> 00:06:15.460

**VIQ19:** engage my body to be more supportive of my voice, and she has also over the years since I had this experience. She's given me feedback

39 00:06:15.770 --> 00:06:41.449

**VIQ19:** about how she feels my voice is doing. She has recently said several times, it's funny that I'm hoarse today when I'm talking about voice injury. She has said several times recently that she feels my voice is stronger now than it was before my vocal injury and and also we both agree that my range is higher.

40 00:06:41.880 --> 00:06:49.110

**VIQ19:** which is interesting to me, because generally, from what I've read as we get older, our range gets lower.

41 00:06:53.700 --> 00:06:54.899

**Researcher:** Why do you think that is?

42 00:06:56.090 --> 00:06:57.550

**VIQ19:** That my range is higher now?

43 00:06:57.789 --> 00:07:02.329

**Researcher:** And that you have, you have a stronger voice and a higher range. Why do you think that is?

44 00:07:02.330 --> 00:07:10.729

**VIQ19:** I wish I knew I don't, maybe it's because the exercises that I was given by the speech therapist

45 00:07:10.870 --> 00:07:16.750

**VIQ19:** sort of helped me improve the way that my cords operate.

46 00:07:17.110 --> 00:07:17.990

**VIQ19:** Possibly

47 00:07:18.900 --> 00:07:26.799

**VIQ19:** I still, you know, I especially tracheal massage. I still do that on a pretty regular basis, and once in a while. I, you know, do the whole, you know.

48 00:07:27.760 --> 00:07:30.605

**VIQ19:** court stuff. I also think that.

49 00:07:33.140 --> 00:07:38.470

**VIQ19:** I wonder to what extent the whole experience

50 00:07:40.780 --> 00:07:45.480

**VIQ19:** really emphasized for me that the importance of warmups

51 00:07:46.800 --> 00:07:50.719

**VIQ19:** and I feel like I have to warm up more as I get older.

52 00:07:51.820 --> 00:07:57.720

**VIQ19:** And and I know that because if I don't, if I just warm up

53 00:07:58.190 --> 00:08:08.238

**VIQ19:** like a a sort of a standard amount for a average singer, then I I hear it in my voice. I hear it in the

54 00:08:09.090 --> 00:08:14.310

**VIQ19:** less control in my voice

55 00:08:14.420 --> 00:08:23.769

**VIQ19:** when I'm singing that, you know I have less less control over vibrato, and and just less

56 00:08:23.900 --> 00:08:31.270

**VIQ19:** steadiness, and held notes, those kinds of things. So when I warm up more that goes away.

57 00:08:39.210 --> 00:08:40.659

**Researcher:** What kind of warm ups do you do?

58 00:08:43.360 --> 00:08:45.290

**VIQ19:** What kind of warm ups do I do?

59 00:08:45.910 --> 00:08:48.258

**VIQ19:** Well, that's a really good question.

60 00:08:49.234 --> 00:09:04.995

**VIQ19:** you know, I have a set of warm ups that my voice teacher gave me that we recorded, and they're mostly the just phonation starting. And trills, I mean, you know, stuff like that and

61 00:09:05.870 --> 00:09:08.480

**VIQ19:** and so I I

62 00:09:08.710 --> 00:09:17.481

**VIQ19:** generally go do phonation in both directions. It might be scales, it might be chords

63 00:09:18.260 --> 00:09:24.100

**VIQ19:** and different different syllables.

64 00:09:24.942 --> 00:09:27.150

**VIQ19:** To sing, and then

65 00:09:28.120 --> 00:09:32.979

**VIQ19:** not every time. But once in a while I just start singing a song that

66 00:09:33.477 --> 00:09:53.759

**VIQ19:** I've identified with my voice teacher among several that are good warmups, you know, are good. They are might be in the middle of my range, for example, and just give me an opportunity to sing. I do find that middle of my range can can be challenging sometimes.

67 00:09:55.450 --> 00:10:01.280

**Researcher:** Let's so let's talk a little bit about your experiences with injury and choral singing. Specifically.

68 00:10:01.280 --> 00:10:01.694

**VIQ19:** Okay.

69 00:10:02.110 --> 00:10:02.920

**Researcher:** Show.

70 00:10:04.214 --> 00:10:11.940

**Researcher:** What, for example, what? What are some coral specific

71 00:10:12.280 --> 00:10:17.130

**Researcher:** things that you encountered as a person experiencing vocal injury.

72 00:10:20.890 --> 00:10:21.850

**VIQ19:** I'm thinking.

73 00:10:21.850 --> 00:10:22.650

**Researcher:** No, no.

74 00:10:25.480 --> 00:10:31.139

**VIQ19:** Oh, I would say a big one was shame!

75 00:10:31.860 --> 00:10:33.490

**VIQ19:** That's a choral singer.

76 00:10:36.760 --> 00:10:45.170

**VIQ19:** One of my underlying goals in singing, and especially in choral singing is not to be that person. That

77 00:10:46.030 --> 00:10:48.890

**VIQ19:** is it, that whose intonation is off.

78 00:10:50.960 --> 00:10:59.670

**VIQ19:** And so I. So when I was experiencing the impacts of injury, I felt like

79 00:10:59.820 --> 00:11:04.719

**VIQ19:** I was. I was embarrassed to not be able to

80 00:11:06.200 --> 00:11:12.489

**VIQ19:** hold up my end of the bargain as a choral singer. If that makes any sense to you and

81 00:11:13.690 --> 00:11:16.570

**VIQ19:** and frustration, because I do love to sing.

82 00:11:17.080 --> 00:11:21.333

**VIQ19:** and choral singing is is my favorite way to sing because

83 00:11:21.920 --> 00:11:26.559

**VIQ19:** solo singing. I I just kind of freeze up with solo singing sometimes.

84 00:11:27.262 --> 00:11:38.570

**VIQ19:** Which voice lessons have helped me overcome to some extent, but I just am much more comfortable with the community, feel of singing chorally

85 00:11:41.850 --> 00:11:45.219

**VIQ19:** and so frustration, and not being able to

86 00:11:46.080 --> 00:11:48.200

**VIQ19:** participate and be a part of that

87 00:11:50.390 --> 00:11:53.930  
**VIQ19:** when I'm singing. Well, I there's

88 00:11:55.698 --> 00:11:57.739  
**VIQ19:** I feel I feel joyful.

89 00:11:59.070 --> 00:12:04.490  
**VIQ19:** and when I'm not able to sing well, I feel sad.

90 00:12:06.080 --> 00:12:08.900  
**VIQ19:** I don't know if that got at your question at all.

91 00:12:08.900 --> 00:12:21.809  
**Researcher:** Great. Yeah, no, the point of this particular part of the data collection. It's, you know, the there's been a different kinds of structures throughout the throughout the

92 00:12:21.980 --> 00:12:30.260  
**Researcher:** process. The 1st was sort of a very semi-formal focus group, where the questions were a little bit more specific. And then, of course, we got the

93 00:12:30.390 --> 00:12:35.359  
**Researcher:** the questionnaire in the middle, which is very specific sort of

94 00:12:35.937 --> 00:12:51.769  
**Researcher:** thematic quantitative kind of data stuff with some narration. But this is a little bit more stream of consciousness looking for what's coming up in the minds of participants. So there's a little less need to be

95 00:12:52.290 --> 00:12:54.170  
**Researcher:** specific. It's more.

96 00:12:54.690 --> 00:13:00.430  
**Researcher:** Here's what I encountered. Kind of stuff and it should be individual. It should be individual.

97 00:13:00.820 --> 00:13:07.834  
**VIQ19:** Well, I can just add that I think the fact that I enjoy singing so much. It's so much a part of my

98 00:13:08.710 --> 00:13:16.900  
**VIQ19:** well-being. You know my feeling of a purpose that I was motivated

99 00:13:17.240 --> 00:13:22.130  
**VIQ19:** if, finding that I had a vocal injury, I was motivated to actually

100 00:13:22.320 --> 00:13:27.529  
**VIQ19:** get it treated and get back to singing. I don't know that everybody would feel that way.

101 00:13:28.520 --> 00:13:46.130

**Researcher:** Go back. Yeah, yeah, no, certainly. I want to go back a little bit to the diagnosis if we can. I just want to clear up one thing, and then I've got one other question for you before we conclude. Did you ever receive a formal diagnosis in etiology and origination of your injury?

102 00:13:46.130 --> 00:13:52.820

**VIQ19:** Right. No, there wasn't 1 the doctor said

103 00:13:53.100 --> 00:13:58.530

**VIQ19:** when in my last visit with her, she said, you know

104 00:13:59.060 --> 00:14:04.559

**VIQ19:** we just there's no evidence that there was any particular

105 00:14:05.880 --> 00:14:14.100

**VIQ19:** event that engendered this. She said. It could have been a bad cold. It could have been some kind of an infection that we will never know what it is.

106 00:14:17.400 --> 00:14:25.130

**Researcher:** And do you know if the ENT that you saw at the voice clinic at [clinic] was a laryngologist

107 00:14:25.310 --> 00:14:28.039

**Researcher:** or just otolaryngologist?

108 00:14:28.690 --> 00:14:29.340

**VIQ19:** Yeah.

109 00:14:29.340 --> 00:14:32.360

**Researcher:** Yeah, but no specialty in laryngology. Okay?

110 00:14:33.180 --> 00:14:39.649

**VIQ19:** She? Maybe maybe she was. I I can look her up. She's no longer there. She moved out of town.

111 00:14:39.650 --> 00:14:43.930

**Researcher:** It's all right. I just just just curious. There are. There are some.

112 00:14:44.050 --> 00:14:49.590

**Researcher:** There are some highly specialized, and I suspect that that's who you were trying to get in to see originally.

113 00:14:50.690 --> 00:14:51.639

**Researcher:** See? At [clinic]? Yeah.

114 00:14:51.640 --> 00:14:52.300

**VIQ19:** That's it. Yeah.

115 00:14:52.300 --> 00:14:59.389

**Researcher:** Those those folks are highly specialized, and it can take months and months and months to get in to see them. So.

116 00:14:59.390 --> 00:15:01.300

**VIQ19:** And I just didn't want to wait. Months and months and months.

117 00:15:01.300 --> 00:15:03.130

**Researcher:** Yeah, good for you. Good for you.

118 00:15:07.740 --> 00:15:14.539

**Researcher:** Speaking of well-being and purpose, and shame that you were experiencing.

119 00:15:15.020 --> 00:15:16.900

**Researcher:** did you seek any support for that.

120 00:15:18.900 --> 00:15:24.639

**Researcher:** What kind of what kind of help? And or let me let me rephrase the question, what kind of help and support

121 00:15:24.760 --> 00:15:29.760

**Researcher:** did you get for your emotional well-being. While you were recovering from your injury.

122 00:15:32.598 --> 00:15:45.250

**VIQ19:** From my voice, teacher, a lot of a lot of support, a lot of empathy. She has dealt with a number of students of hers who have had to overcome vocal

123 00:15:45.460 --> 00:15:48.329

**VIQ19:** injury. And so she was

124 00:15:49.032 --> 00:15:56.119

**VIQ19:** able to be supportive and empathetic during that time, even when I wasn't taking lessons.

125 00:15:56.340 --> 00:15:57.570

**VIQ19:** So that was nice.

126 00:15:57.810 --> 00:16:03.500

**VIQ19:** It's nice to have that that kind of support. I believe

127 00:16:03.740 --> 00:16:08.910

**VIQ19:** if I recall correctly, my spouse was as supportive as he could be. He doesn't.

128 00:16:09.200 --> 00:16:11.080

**VIQ19:** seeing himself other than

129 00:16:11.430 --> 00:16:22.519

**VIQ19:** you know when we're trying to remember the lyrics to pop songs from the seventies and stuff but he has observed how much

130 00:16:22.730 --> 00:16:26.890

**VIQ19:** I enjoy singing, and he's commented on it

131 00:16:26.990 --> 00:16:32.830

**VIQ19:** about being in the audience and watching me sing, and just watching the expression on my face as I'm singing

132 00:16:33.976 --> 00:16:38.280

**VIQ19:** and so he provided some support. But a lot of the time I felt like

133 00:16:40.650 --> 00:16:45.030

**VIQ19:** I mean, I was very motivated to do the exercises that I was given

134 00:16:46.960 --> 00:16:51.190

**VIQ19:** but I did find it depressing not to be able to sing.

135 00:16:53.580 --> 00:16:55.489

**Researcher:** Is there anything else you want me to know?

136 00:16:58.220 --> 00:16:59.569

**VIQ19:** Let's see.

137 00:17:01.020 --> 00:17:06.569

**VIQ19:** Can't think of anything else right now. But if I do think of anything, how about if I I don't know, send you a note or something.

138 00:17:06.579 --> 00:17:20.989

**Researcher:** You're always welcome to do that. You're always welcome to do that. And if you have any questions about my research, if you have any other thoughts or ideas. Don't, don't hesitate to reach out and let me know what's on your mind.

139 00:17:22.569 --> 00:17:23.169

**Researcher:** Sure.

140 00:17:23.170 --> 00:17:27.619

**VIQ19:** I mean, can you tell me what you intend to do with the results.

141 00:17:27.829 --> 00:17:33.499

**Researcher:** Sure.

142 00:17:33.889 --> 00:17:44.849

**Researcher:** So, as I mentioned, there's 3 points of data collection there. There's the Injury focus group that started, and then there was the survey which just closed.

143 00:17:45.543 --> 00:18:00.859

**Researcher:** And now these last 3 or 4 really 3 interviews, and the final 3 interviews are what are called a purposeful sample, meaning that I'm going after folks with vocal injury. I'm interviewing people that have

144 00:18:01.019 --> 00:18:10.819

**Researcher:** 3 very different sets of experiences. 3 very different profiles. To see how

145 00:18:10.949 --> 00:18:15.239

**Researcher:** your responses form a thread

146 00:18:15.409 --> 00:18:23.065

**Researcher:** through the data and across to the other parts of the data. So what we're looking for is some sort of

147 00:18:23.629 --> 00:18:39.729

**Researcher:** recurring themes like, Oh, yeah, this comes up here. It shows up here, and it's here. We know that if we draw a line to any point we can. We can validate these themes that have come up. Or here are some things that we just

148 00:18:39.859 --> 00:18:41.029

**Researcher:** didn't predict.

149 00:18:41.855 --> 00:18:53.410

**Researcher:** And here are some things that we thought we'd see but but didn't. So the next phase of the research is this, data analysis is to look at the data.

150 00:18:53.600 --> 00:19:09.249

**Researcher:** and that'll be the entire month of well, what's left of May. As we look at the data, we'll also do some quantitative analysis of the responses, and then the in

151 00:19:09.840 --> 00:19:15.619

**Researcher:** June I'll be writing up my conclusions and my conclusions.

152 00:19:16.100 --> 00:19:22.160

**Researcher:** All of that then, gets compiled into a dissertation.

153 00:19:22.520 --> 00:19:29.650

**Researcher:** and that will be presented for defense in so in September.

154 00:19:30.040 --> 00:19:30.760

**VIQ19:** Oh, good!

155 00:19:31.765 --> 00:19:37.500

**Researcher:** The outcome of this study

156 00:19:37.720 --> 00:19:43.590

**Researcher:** has a lot to do with my overall.

157 00:19:44.344 --> 00:19:52.419

**Researcher:** Sort of grounding in my research, which is coral pedagogy. It is the application of science based

158 00:19:53.528 --> 00:20:07.580

**Researcher:** voice pedagogy or evidence-based voice pedagogy in the choral 1 million, the choral environment, and that includes how voice teachers support choral singers.

159 00:20:09.498 --> 00:20:14.050

**Researcher:** We operate in a slightly different social environment.

160 00:20:14.340 --> 00:20:29.259

**Researcher:** Then it's largely different. Social environment. The kinds of experiences that choral singers get are very hard to

161 00:20:30.035 --> 00:20:35.740

**Researcher:** qualify as one kind or another. There, you can't really get a

162 00:20:36.160 --> 00:20:40.519

**Researcher:** homogeneous sample of choral singing because it just doesn't exist.

163 00:20:40.830 --> 00:20:44.457

**Researcher:** And so we have to be pretty clear about

164 00:20:45.100 --> 00:21:14.089

**Researcher:** living in the field of many people, but finding themes and finding structures that help guide choral conductors into being better pedagogists at the podium and voice teachers into being. Better choral coaches in the studio, because the tonal demands on choral singers are different than they are for solo singers. You have to be able to sing a slightly straighter tone

165 00:21:14.560 --> 00:21:19.129

**Researcher:** for some music and a slightly more vibrant tone for other kinds of music

166 00:21:19.280 --> 00:21:21.634

**Researcher:** it there are different.

167 00:21:24.270 --> 00:21:30.710

**Researcher:** Idiomatic considerations, 20th century music. You don't treat the same way as you treat

168 00:21:35.500 --> 00:21:38.330

**Researcher:** 19th century Brahms, right?

169 00:21:39.323 --> 00:21:46.410

**Researcher:** So what I've done, VIQ19, is. I've created a framework that includes the health of the choral singer.

170 00:21:47.250 --> 00:21:50.469

**Researcher:** The habilitation or the training of the choral singer

171 00:21:50.700 --> 00:21:56.710

**Researcher:** and the tonal demands of the choral singer. So there's just a sort of there are 3 bubbles, and they all overlap.

172 00:21:57.140 --> 00:22:03.979

**Researcher:** And so what choral, what excellent choral conductors know about the acoustics?

173 00:22:05.360 --> 00:22:12.500

**Researcher:** Vocal acoustics, what choral Directors excellent choral Directors know about

174 00:22:13.560 --> 00:22:20.980

**Researcher:** teaching appropriate skill in singing, straight tone or non vibrato. Right?

175 00:22:21.510 --> 00:22:26.541

**Researcher:** What excellent choral conductors know about, for example,

176 00:22:28.100 --> 00:22:35.010

**Researcher:** what they're hearing when they encounter a singer who's having a vocal injury.

177 00:22:35.190 --> 00:22:36.910

**VIQ19:** And kind of going. Oh.

178 00:22:37.040 --> 00:22:38.270

**Researcher:** I think I need to

179 00:22:38.660 --> 00:22:45.770

**Researcher:** 0 in with this person, and talk a little bit with this person about what's going on, but being able to do it in a supportive and compassionate way.

180 00:22:46.240 --> 00:22:47.060

**Researcher:** Right?

181 00:22:47.570 --> 00:22:57.470

**Researcher:** So that's the ultimate goal is to introduce a little bit more pedagogical rigor into the choral profession.

182 00:22:57.750 --> 00:23:10.930

**Researcher:** And so I'm sort of straddling the world of voice, pedagogy, and choral, conducting with what I'm doing, and I'm happy to say that there are. I'm not the only person like me that there are others out there who are, who are also doing the work.

183 00:23:10.930 --> 00:23:11.570

**VIQ19:** Oh, good!

184 00:23:11.990 --> 00:23:15.930

**Researcher:** So this stuff gets published, and hopefully people read it.

185 00:23:16.070 --> 00:23:20.080

**Researcher:** and they think about how they can incorporate it into their into their world.

186 00:23:20.080 --> 00:23:20.780

**VIQ19:** Practice.

187 00:23:20.780 --> 00:23:21.460

**Researcher:** Director.

188 00:23:22.050 --> 00:23:24.250

**VIQ19:** Well, thank you for your time and your work, Scott.

189 00:23:24.250 --> 00:23:34.309

**Researcher:** Oh, you're welcome, thank you for yours and I appreciate your vulnerability and the care you've given in your responses today. And with that I'm going to stop the recording.

190 00:23:34.310 --> 00:23:35.509

**VIQ19:** Okay. Great.

### **Analysis:**

#### **Participant profile:**

73 year old Female, retired, auditioned community choir singer (soprano) and violist.

#### **Values, Beliefs, and Attitudes:**

Participant was diligent in her therapy because “she loves to sing”

Reports that shame was a big part of her experience as a choral singer, because “intonation was off” and “didn’t want to be “that” singer.” Was embarrassed by the impacts of the injury

Injury was a motivation to seek habilitation and improvement for quality of participation in choral singing.

#### **Health, Habilitation, and Tone:**

Reports that concurrent with participation in voice lessons and choral singing could not “reliably phonate or hold a note.” VT referred for exam by an ENT, was able to get into a performing voice clinic. Rec’d Dx (unspecified here) including inflammation (indicates use injury). ENT referred to speech therapy.

Participant stopped singing in that choir and took some time off from voice lessons during this period. Therapist gave warm-up exercises, phonation exercises, some facial massage exercises. Reports being diligent in her therapy “because she loves to sing”

Returned to ENT for follow up, who said the problem had been resolved, “they’ve never really figured out what the problem was.”

A third ENT posited it could be non-symptomatic acid reflux (silent reflux), Px Famotidine. Participant returned to choir and voice lessons. Participant reports a more body-aware approach in the voice studio was undertaken, and that she feels more resilient than before, and improvement in range. Note: participant was experiencing hoarseness during interview.

Participant owes an increased range to the exercises of the speech therapist. Emphasized the importance of Wampus, including SOVT

“When I’m not able to sing well, I feel sad.”

#### **Discussion:**

This participant, a retired 73-year-old female auditioned community choir singer, highlighted the social and personal emotional impacts of their vocal injury in a way we’ve seen throughout the research project when she said, “When I’m not able to sing well, I feel sad.” She cites her vocal injury as the catalyst for not only seeking treatment and recovery, but improving her skills and habits overall. Indeed, she reports that through the work with her SLP and Voice Teacher, she

has not only recovered her participation satisfactorily, but improved her singing range and resiliency. While the etiology and diagnosis were never formally introduced, a combination of voice therapy and medication, in this case for “silent” reflux (Laryngopharyngeal Reflux) was suspected on a third ENT visit. The combination of medical and vocal supports for the participant resulted in their continued participation in choral singing, something they value as important to their identity.

The two driving factors for success in this story were the motivation of the singer (partly fueled by their identifying with choral singing so strongly) and the team that helped give her the therapies to acquire relative vocal health and then to acquire improved vocal habits and hygiene, including warmups. On a personal note, I have experienced many singers in their retirement years (65+) who are engaging in vocal health journeys to ensure they can sing in choirs for as long as possible, and this participant is among those. As I have indicated elsewhere, our attention to aging voices in the choral setting needs to be an ongoing priority for research and application of sound pedagogical practice

### Vocal Injury Study Interview #3

May 12, 2025, held via Zoom  
Zoom transcription service  
J. Scott Kovacs, **Researcher**  
Participant ID: **VIQ18**

1 00:00:03.660 --> 00:00:16.439

**Researcher:** Hi, good morning. I'm here with **VIQ18**, who is study ID VIQ18. 1, 8. Can you confirm that you are. In fact, **VIQ18**?

2 00:00:17.240 --> 00:00:18.049

**VIQ18:** I sure can.

3 00:00:18.050 --> 00:00:21.950

**Researcher:** Okay. Great **VIQ18**, do I have a signed consent form from you? Yet.

4 00:00:22.490 --> 00:00:24.259

**VIQ18:** I thought I had sent it in to you.

5 00:00:24.260 --> 00:00:35.150

**Researcher:** Okay? just in case I don't have that on hand here. Do I have your verbal consent to proceed? With the with the interview.

6 00:00:35.320 --> 00:00:35.889

**VIQ18:** Yes, you do.

7 00:00:35.890 --> 00:00:37.219

**Researcher:** Okay. Great. Thank you.

8 00:00:37.820 --> 00:00:38.310

**VIQ18:** Alright.

9 00:00:38.310 --> 00:00:44.489

**VIQ18:** and if I signed it I probably scanned it and sent it in so I'll try to send it in again if I see it.

10 00:00:44.670 --> 00:00:55.639

**Researcher:** Great thanks. Yeah, that would be that would be helpful. Yeah, I'll I'll go back out and look for it again. But I just you know I know that you've signed it, and I have your verbal agreement that the consent form has been signed. So

11 00:00:56.505 --> 00:01:05.134

**Researcher:** alright, I have. My eyes will be over here sometimes, because I'm I've got guide sheets and and field notes over here that I'm following.

12 00:01:05.489 --> 00:01:07.349

**VIQ18:** Don't worry you. You've never looked shifty to me.

13 00:01:07.671 --> 00:01:16.358

**Researcher:** That's a good thing, **VIQ18**. I'm glad for that. Alright. I wanna 1st thanks for taking the time to participate. **VIQ18**. I appreciate it. There's

14 00:01:16.980 --> 00:01:22.440

**Researcher:** You are the last bit of your last interview.

15 00:01:22.640 --> 00:01:39.459

**Researcher:** So I'm looking forward to hearing more from you about your circumstances. So, **VIQ18**, why don't we start with the usual sort of demographic information a little bit. Your age, your gender preferences, pronoun preferences, gender identity, all of that good stuff.

16 00:01:39.770 --> 00:01:44.249

**VIQ18:** Okay. So I am a 65 year old.

17 00:01:46.447 --> 00:01:48.300

**VIQ18:** Gay Cis, male

18 00:01:49.559 --> 00:01:58.929

**VIQ18:** born originally on the east coast in Florida, and have having lived in other parts of the world and moved to Seattle 1988.

19 00:01:59.420 --> 00:02:00.140

**Researcher:** And, **VIQ18**, what do you?

20 00:02:00.140 --> 00:02:02.480

**Researcher:** Your current professional circumstances.

21 00:02:03.318 --> 00:02:06.250

**VIQ18:** My current ones are that I'm

22 00:02:07.000 --> 00:02:19.299

**VIQ18:** directing 2 choirs. One is a local music school music center of the Northwest, and the other one community choir the Market Street singers and doing freelance, accompanying piano accompanying.

23 00:02:20.010 --> 00:02:21.000

**Researcher:** Thanks so much.

24 00:02:21.230 --> 00:02:26.750

**Researcher:** Well, why don't we just start with it with the, with the the big question, tell me about your vocal injury.

25 00:02:28.570 --> 00:02:35.070

**VIQ18:** Okay, so this is something. I came into choral conducting, not as a singer.

26 00:02:35.830 --> 00:02:54.870

**VIQ18:** I've had limited experience as a singer, mostly as a choral singer, but very little prior training a little bit, but nothing that was really, as I could say, that grounded me in good use of my voice and vocal technique

27 00:02:56.110 --> 00:03:02.560

**VIQ18:** along the way, I've noticed that I am different from other choral conductors. In that.

28 00:03:02.890 --> 00:03:12.500

**VIQ18:** in my case I tend to direct groups with people who are on the side of unskilled singers.

29 00:03:13.216 --> 00:03:20.040

**VIQ18:** Unskilled singers, very little experience, or if they've had experience, they've never been trained very well.

30 00:03:20.830 --> 00:03:28.840

**VIQ18:** And so they don't sing very well and because it's always been my

31 00:03:29.050 --> 00:03:36.570

**VIQ18:** passion to help people, no matter what their level is to sound like a million bucks when they do sing oral music.

32 00:03:36.700 --> 00:03:48.000

**VIQ18:** and also to coach singers. It's always been my passion to try to do my best to help them. I noticed over time that I relied on a technique

33 00:03:48.786 --> 00:03:52.020

**VIQ18:** peculiar to me of demonstration.

34 00:03:52.940 --> 00:04:04.830

**VIQ18:** and over the years my voice has gotten a whole lot better than it was when I was younger, and mostly through experience, and mostly through observing

35 00:04:05.110 --> 00:04:08.060

**VIQ18:** vocal lessons from very good teachers.

36 00:04:08.530 --> 00:04:37.289

**VIQ18:** And so, seeing those vocal lessons, I applied what I was learning to my own situation, and therefore, when I demonstrate, you know, I try to tell the singers about palate, height and those breathing and breathing before you sing, and you know, breathing before you phonate things like that that are key to helping even the most amateur inexperienced

37 00:04:38.213 --> 00:04:49.260

**VIQ18:** would be choral singers to do better at what they do. So that demonstration technique has worked for me very well for many decades.

38 00:04:49.730 --> 00:04:56.110

**VIQ18:** But in the last decade I would say this was coming in about 2,010.

39 00:04:57.590 --> 00:05:06.690

**VIQ18:** 2 things were happening, and one was I was. I was increasing my number of jobs. At 1 point I I was directing 5 groups

40 00:05:07.570 --> 00:05:20.770

**VIQ18:** and the other thing was, I was myself not really engaging what I know would be a vocal technique

41 00:05:21.400 --> 00:05:29.409

**VIQ18:** that would preserve my own voice. I wasn't even thinking about it. I was in the moment. And so basically, it was kind of a

42 00:05:30.326 --> 00:05:32.950

**VIQ18:** a case of self-destruction.

43 00:05:33.924 --> 00:05:42.469

**VIQ18:** And so the more I demonstrated I wasn't aware of the fact that my voice was increasingly raspy.

44 00:05:43.247 --> 00:05:47.720

**VIQ18:** I was having. I had cases of acid reflux

45 00:05:48.355 --> 00:05:58.910

**VIQ18:** which just made it worse. And I just wasn't doing the self-care I needed to do as someone who is going through their forties and fifties.

46 00:06:00.406 --> 00:06:08.089

**VIQ18:** To do all that I was demanding. My voice to do this kept getting worse.

47 00:06:08.520 --> 00:06:30.679

**VIQ18:** and but I managed to keep it in balance, you know I managed to, you know, if I noticed it I'd back off. I increasingly was taking the kind of antacids you take Omeprazole to reduce acid reflux.

48 00:06:31.930 --> 00:06:38.379

**VIQ18:** And then I got the job teaching the so-called choir at

49 00:06:38.480 --> 00:06:42.239

**VIQ18:** South College, which was a group of 40 kids.

50 00:06:42.450 --> 00:06:47.689

**VIQ18:** 40 college students who were taking that course.

51 00:06:48.080 --> 00:07:01.489

**VIQ18:** and the thing that had changed the paradigm that had changed at South College. They went from a situation where most of the people coming into that class had had choral background.

52 00:07:01.490 --> 00:07:19.140

**VIQ18:** and they were able to do pretty extraordinary things, and they had a extension class for adults which often joined them. And the repertoire was pretty advanced, and but literally like overnight and night and day it went from that

53 00:07:19.160 --> 00:07:22.820

**VIQ18:** to complete people with no experience

54 00:07:22.890 --> 00:07:30.849

**VIQ18:** nearly whatsoever. I was lucky to get 2 or 3 people in the class who had had any kind of singing experience at all.

55 00:07:31.480 --> 00:08:00.969

**VIQ18:** and so, therefore, the teaching of this course was far, far more difficult. I didn't think it was going to be so far over my head, but it was. And the the hardest problem was, we're getting the sopranos and the altos to sing, and to be less fearful about singing, and to sing higher, and to sing and head voice, and to. I couldn't demonstrate that for them my falsetto was not very good.

56 00:08:02.020 --> 00:08:11.010

**VIQ18:** and before 2 quarters of that were over I noticed that my voice in general was really, really deteriorating.

57 00:08:11.380 --> 00:08:18.959

**VIQ18:** And I was having a lot of trouble. And I finally went to ears, ears, ear, note, and throat specialist.

58 00:08:19.120 --> 00:08:29.229

**VIQ18:** And she just basically said, you, you know you, you have really overworked your voice. You need vocal therapy, if not speech therapy

59 00:08:29.844 --> 00:08:32.049

**VIQ18:** and that's when I came to you.

60 00:08:32.640 --> 00:08:34.980

**VIQ18:** But by the time I came to you

61 00:08:35.120 --> 00:09:01.120

**VIQ18:** that whole thing fell apart. I was terminated. No, I wasn't terminated. I really wasn't terminated. I quit after a particularly horrific review by somebody in the Faculty Advisor's office, and it was one of the most one of the most vicious personal attacks that I have ever gotten in a workplace.

62 00:09:02.078 --> 00:09:04.770

**VIQ18:** She accused me of abusing immigrants

63 00:09:05.020 --> 00:09:17.049

**VIQ18:** who, interestingly enough, were my best students, and whom whom I got along with better than anybody. I just suddenly realized I was in over my head

64 00:09:17.727 --> 00:09:26.590

**VIQ18:** and I resigned myself from that job, and that created a complete moral collapse on my part

65 00:09:27.139 --> 00:09:31.930

**VIQ18:** it was it was I started. I had to start seeing a therapist

66 00:09:32.485 --> 00:09:41.809

**VIQ18:** the work that I did with you was very helpful. The discussions I had with you was very helpful. I had to climb myself back from normalcy.

67 0:09:42.170 --> 00:09:45.720

**VIQ18:** and I was on the way of that. And then the pandemic hit.

68 00:09:46.460 --> 00:09:52.499

**VIQ18:** and so there wasn't anything I could do at that point. There were. There were no lessons available.

69 00:09:53.223 --> 00:09:53.846

**VIQ18:** The

70 00:09:55.220 --> 00:10:07.230

**VIQ18:** no therapy available, and I think my ability to continue therapy during those years. Well, that's that's about my recovery. But I'm just basically telling you.

71 00:10:07.870 --> 00:10:09.902

**VIQ18:** And the thing that

72 00:10:10.900 --> 00:10:31.459

**VIQ18:** I see through all this, which is probably the most important, is as my voice was was, as my vocal health was deteriorating, so was my mental security. I became extremely fragile and vulnerable.

73 00:10:31.750 --> 00:10:35.609

**VIQ18:** And I went through a period of my life

74 00:10:35.710 --> 00:10:42.209

**VIQ18:** when I was really really down and depressed, and

75 00:10:42.320 --> 00:10:52.530

**VIQ18:** wondering if I had chosen the wrong profession if I could ever climb my out of this situation, not only the mental part of it, but the physical part of it

76 00:11:01.320 --> 00:11:05.870

**VIQ18:** was that answer in line with what you we're trying to.

77 00:11:06.700 --> 00:11:07.460

**VIQ18:** Okay.

78 00:11:07.460 --> 00:11:09.530

**Researcher:** Very much, very much.

79 00:11:10.480 --> 00:11:13.360

**Researcher:** **VIQ18,** did you ever receive a formal diagnosis.

80 00:11:15.390 --> 00:11:23.690

**VIQ18:** If I did, I no longer have access to it. She, the the person who who looked at it.

81 00:11:24.020 --> 00:11:40.090

**VIQ18:** you know I was. I was thinking that they would have found nodes or something like that, and they didn't. But she said, You know, this is really really rough you. We we look down there, and we can just see nothing but irritation and inflammation, and.

82 00:11:40.090 --> 00:11:42.559

**Researcher:** Yeah, yeah, that's well, that explains the hoarseness. Right? Yeah.

83 00:11:43.040 --> 00:11:50.980

**VIQ18:** And she said, you need to basically do some kind of vocal therapy, whether it's speech or singing.

84 00:11:51.880 --> 00:11:54.100

**VIQ18:** you. You need to do this.

85 00:11:54.920 --> 00:11:55.390

**Researcher:** But.

86 00:11:55.390 --> 00:11:57.709

**VIQ18:** Then, all of a sudden, none of that was available.

87 00:12:03.120 --> 00:12:11.180

**Researcher:** Great were there any permanent changes to your voice?

88 00:12:11.720 --> 00:12:12.880

**Researcher:** As a result.

89 00:12:13.310 --> 00:12:13.990

**VIQ18:** No

90 00:12:17.940 --> 00:12:25.740

**VIQ18:** When the pandemic was winding down, and I was going back more increasingly back into the work!

91 00:12:26.304 --> 00:12:50.369

**VIQ18:** I was becoming extremely much more vigilant of being self observational. I suddenly had a job, and I mean, and the big surprise about this job I didn't know it was part of the job before I went into it, was solo singing from the piano as a singing leader, which I never would have agreed to if I'd known

92 00:12:50.845 --> 00:12:54.629

**VIQ18:** I mean, they didn't tell me until literally the morning I started

93 00:12:55.908 --> 00:12:59.390

**VIQ18:** they just didn't think it was since a significant detail.

94 00:12:59.830 --> 00:13:05.860

**VIQ18:** and I told them. It's a very significant detail, and I don't know if I can get used to this.

95 00:13:05.990 --> 00:13:28.109

**VIQ18:** because here I'm trying to lead. And I'm also trying to read the score and trying to read the words, and and every week was a challenge, and and the vocal damage that I had went into this, for I don't know. 4 months, and every single week I was sitting at the piano practicing, trying to preserve my voice while I did

96 00:13:29.016 --> 00:13:34.140

**VIQ18:** this activity, and then, all of a sudden, kind of out of the blue, it got better.

97 00:13:34.710 --> 00:13:40.490

**VIQ18:** and by the time I ended that job a year later, I was feeling totally comfortable.

98 00:13:42.120 --> 00:13:51.559

**VIQ18:** I don't know how it happened other than my really really trying to be much more aware of what I was doing with my voice and anything that could harm it

99 00:14:08.430 --> 00:14:12.450

**VIQ18:** these days. I'm pretty pleased with what comes out.

100 00:14:21.960 --> 00:14:23.720

**Researcher:** **VIQ18,** is there anything else you want me to know

101 00:14:24.190 --> 00:14:26.470

**Researcher:** that you think I should know for the study.

102 00:14:32.560 --> 00:14:33.940

**VIQ18:** I don't know

103 00:14:37.080 --> 00:14:43.130

**VIQ18:** how much the very short wheats we had before the pandemic hit.

104 00:14:43.560 --> 00:14:53.510

**VIQ18:** I don't know to what extent that helped me through my problem vocally, but I do know

105 00:14:53.700 --> 00:14:59.689

**VIQ18:** that the discussion that you and I had about my mental state.

106 00:15:00.710 --> 00:15:06.230

**VIQ18:** combined with the therapy that I was getting on the side by somebody who doesn't understand singing at all.

107 00:15:06.835 --> 00:15:13.240

**VIQ18:** But understand? Understood human psychology enough to know that I was coming from a very, very bad place.

108 00:15:13.700 --> 00:15:19.480

**VIQ18:** a place of incredible fragility and little resilience.

109 00:15:20.100 --> 00:15:23.670

**VIQ18:** I do know that helped.

110 00:15:23.770 --> 00:15:28.640

**VIQ18:** and I do know that when I did have the chance

111 00:15:28.920 --> 00:15:34.349

**VIQ18:** to demonstrate again, and to sing, to lead, sing. And what have you

112 00:15:34.880 --> 00:15:39.999

**VIQ18:** the knowledge that I had the knowledge in there somewhere?

113 00:15:40.380 --> 00:15:46.140

**VIQ18:** Having observed, I don't know how many vocal lessons I must have played I don't know

114 00:15:46.270 --> 00:15:48.729

**VIQ18:** over the years. 500 vocal lessons

115 00:15:49.878 --> 00:15:54.740

**VIQ18:** with some excellent teachers, and some bad ones, too, but excellent, mostly excellent.

116 00:15:55.848 --> 00:16:03.260

**VIQ18:** that, you know, the learning was something that had never stopped. I needed to continue

117 00:16:03.788 --> 00:16:17.680

**VIQ18:** learning that. And so my future is if I want to continue this technique as a director of demonstration for the people who've come to me and pay me to help them do choir.

118 00:16:18.616 --> 00:16:22.269

**VIQ18:** I must take a lot better care of myself.

119 00:16:22.500 --> 00:16:26.459

**VIQ18:** self-care, and remember the concepts.

120 00:16:27.049 --> 00:16:30.640

**VIQ18:** That I have learned through those teachers and through you

121 00:16:31.686 --> 00:16:35.870

**VIQ18:** and through the psychological psychotherapy

122 00:16:36.784 --> 00:16:46.930

**VIQ18:** that's put it this way. This is my arsenal for continuing into the future. Now that I've reached age 65. My voice is not going to improve

123 00:16:47.899 --> 00:16:56.720

**VIQ18:** and you know I will. I will watch my voice develop the way. Other people I know, between ages 65, and 70, whatever.

124 00:16:56.960 --> 00:17:08.559

**VIQ18:** I'm expecting it. But I also have optimism that if I continue putting self-care in front of all of the other needs.

125 00:17:09.075 --> 00:17:14.300

**VIQ18:** That I have a good chance of getting what I need to get. As I continue this career.

126

00:17:14.908 --> 00:17:18.790

**VIQ18:** Not knowing when I will feel the need to step out of it.

127 00:17:20.259 --> 00:17:20.959

**Researcher:** Beep.

128 00:17:21.209 --> 00:17:22.089

**Researcher:** Alright.

129 00:17:22.719 --> 00:17:41.689

**Researcher:** **VIQ18**, thanks for your time. Appreciate you making the making yourself available for this is enormously helpful to the study. It helps me ensure that the themes that I was observing at the beginning of the project and through the questionnaire are also present at the end.

130 00:17:42.228 --> 00:17:44.199

**Researcher:** So appreciate that very much. Yeah.

131 00:17:44.200 --> 00:17:48.779

**Researcher:** it's gratifying to know that I could be helpful. Because you've certainly helped me.

132 00:17:48.830 --> 00:18:17.689

**VIQ18:** And the entire area, you know, is watching your progress as you complete your degree and whenever I run into people who need the kind of thing you can provide. I'm you know, the 1st to recommend it. And what have you? And I also appreciate your helping me come over from the dark side into a career that I'm again enjoying.

133 00:18:18.400 --> 00:18:21.709

**Researcher:** Grateful to hear that appreciate hearing that, **VIQ18**. It makes a difference in my day

134 00:18:21.880 --> 00:18:26.149

**Researcher:** makes a huge difference in my day, while I'm coding these long

135 00:18:26.310 --> 00:18:33.589

**Researcher:** doing these long transcripts and and and putting this data together for this study. So I appreciate hearing that very much.

136 00:18:33.860 --> 00:18:35.170

**Researcher:** And I wish you all the best on that.

137 00:18:35.170 --> 00:18:38.670

**Researcher:** All right, friend, thank you so much. Appreciate your time. And with that I'm going to end the recording.

138 00:18:38.820 --> 00:18:39.420

**VIQ18:** Okay.

139 00:18:39.870 --> 00:18:40.680

**VIQ18:** Take care.

140 00:18:40.900 --> 00:18:41.940

**Researcher:** You too. Take care!

**Analysis:**

**Participant profile:**

65 YO male, choral director, accompanist,

**Values, Beliefs, and Attitudes:**

Is passionate about helping unskilled singers sound their best! “No matter what their skill level is, to sound like a million bucks when they sing choral music!”

**Health, Habilitation, and Tone**

Experienced his injury as a choral conductor (note, studies about professional voice users that are not singers). Reports not having much training as a singer, and so tends to conduct choral groups that comprise unskilled singers. Reports relying on demonstration as a primary tool for teaching technique in the choral rehearsal.

As an accompanist for a conservatory, has observed countless voice lessons, absorbing technique and habilitation from those studio sessions. Th

First noticed his vocal habits were deteriorating in 2010 consistent with high work stress, and describes this lack of attention to skills as “self-destructive.” Voice became increasingly raspy, noted acid reflux as a co-morbidity, was using PPI to reduce the undesirable effects of the AR.

Was asked to teach a community college choir class of unskilled singers, and reports feeling “in over his head.” Due to voice changes including loss of M2, was unable to demonstrate for higher voices. Voice quality continued to deteriorate over two semesters, leading to ENT referral. Hoarseness following use was a regular occurrence.

ENT cited overuse as etiology of changes and recommended speech and vocal therapy. Sought support from an SVS (this researcher). Unfortunately, participant lost this job, and the pandemic followed almost immediately, and singing voice support ended as a result.

Participant makes clear the connection to his mental health and voice. “As my voice deteriorated, so did my mental health. I became extremely fragile and vulnerable.”

**Discussion:**

There is a spirit of deep care and love for the choral profession in this participant that cannot be denied. Where the pedagogist in me initially connected the participant’s lack of vocal training to his desire to work with untrained singers and judged that inappropriate or risky, the narrative that followed shows that this singer and choral director has obtained an enormous amount of process and practical knowledge about voice pedagogy by accompanying voice students at a performing arts conservatory. While there may be gaps in his knowledge (and who among us does not have those?) he feels qualified to lead a vocal ensemble that lowers barriers to access and gives people with less experience a place to sing and perform choral music. While he admits to being “over his head” during extreme circumstances (a largely English as Second Language group of naïve choral singers), the participant sought out treatment and support for their vocal injury and continued to do so until the pandemic.

While it is not possible to know in this situation whether the onset of the participant's mental health symptoms was caused by his vocal symptoms or the other way around, the interplay of the two and the downward spiraling effect that was caused was evident for this participant. In describing difficult inner dialogue, he experienced as "wondering if I had chosen the wrong profession, if I could ever climb out of this situation," and then further describing those effects as both physical and mental is confirmation that singers' identity is enmeshed with their voice. He was in a place of "incredible fragility and little resilience," which is why I promote resilience as a core principle in my studio practice.

**Appendix M: Workplace Permission Notice**



**Arcadia Arts & Studio 323**

20323 19<sup>th</sup> Ave NE #A102  
Shoreline, WA USA 98155

RE: James Scott Kovacs, Student ID # 2219396

November 8, 2024

Dear UWTSD,

With regard to Mr. Kovacs' research proposal, *Choral Singers' experience with vocal injury*, I confirm that I approve of the research proposed by Mr. Kovacs, Student ID # 2219396 occurring between December 15, 2024, and July 31, 2025 in his voice studio.

Sincerely,

Handwritten signature of J. Scott Kovacs in blue ink.

J. Scott Kovacs  
Principle & Owner  
Arcadia Arts & Studio 323