

Vocal Health on Social Media after the COVID-19 Pandemic: An initial exploration of literature
on voice content creation

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PART ONE: INTRODUCTION, PLAN OF STUDY, & METHODOLOGY

INTRODUCTION

While the term “social media” was first used in 1994, it was the creation of the platform Facebook in 2004 that revolutionized how individuals used the internet - quickly bypassing MySpace, LiveJournal and other online community sites to become the most used social media platform in the world (Aichner et al., 2021; Hall, 2024). Instagram followed in 2010, and TikTok in 2016, with an estimated 5.41 billion social media users as of July 2025 (Bruner, 2016; Tidy and Smith Galer, 2020; Datareportal, 2025). Short-form video platform YouTube was founded in 2005, and as of 2023, it was estimated there were an approximate 14 billion videos on the platform - a number that continues to grow (BBC Bitesize, 2025).

With the average social media user spending upwards of 18 hours a week viewing social media content, including video, the algorithms that calculate what content to show what viewers hold immense power and can affect what kind of information - factual or not - is shown to users (Brady, 2023; Datareportal, 2025). After the COVID-19 pandemic in 2020, Tiktok saw an increase of health related content by more than 600% (Sattora et al., 2024). Topics as wide ranging as Type 1 Diabetes to dermatology to reproductive health are represented in short form content across platforms - sometimes from medical professionals such as doctors or nurses, but often also from laypersons (Szeto et al., 2021; Fernanda, Simões-Zenari and Nemr, 2024; John et. al, 2025; Maxwell et. al, 2025)

The rise of health information on social media is of particular interest to me as a voice teacher in the world of otolaryngology and vocal health. As casting directors and marketing teams push for actors and singers to use social media to promote themselves - in some cases, making it a requirement for getting casting appointments or due consideration - there is a healthy community of stage actors and singers utilizing social media to further their careers and potentially, gather information on how to promote themselves through these sites (Liroff, 2016; Boffone, 2023). A quick google search will show hundreds of blog articles describing what performers should or should not do on social media, how to grow their following, and how to leverage social media success into a performance career. There are also articles about influencers who became successful as actors or singers, following their social media rise to fame (Thomas, 2023).

This cross section of a high amount of health content on social media and a high number of performers utilizing social media to grow their careers means there is likely a large overlap of these performer-users accessing health information on these sites - specifically, vocal health information. Anecdotally, I've witnessed high school age students utilizing dialect techniques and vocal warmup practices they found on TikTok or Instagram, in addition to attempting to mimic singers and singing coaches they've seen online. Social media shapes slang, but it also shapes speech patterns, being dubbed "TikTok Voice" or "influencer speak" (Murashima, 2024). In working with young performers, particularly in the world of teaching Shakespeare to high school students, this cadence and rhythm of speech is extremely prevalent. On top of this, singers and performers are more likely than the rest of the general population to be uninsured, especially in the United States, raising the possibility of seeking health information in alternate channels (Paulson, 2020; Alter et al., 2024) and stigma regarding vocal health concerns may also increase the resistance towards seeking professional health for vocal concerns or injuries (Estes et al., 2023).

While researching extreme vocal effects for metal performers, I found that many singers with a desire to learn these effects were turning to the internet - particularly YouTube - due to lack of resources or information on how to find supportive teachers. This led me to exploring what voice related content exists on platforms like Instagram, YouTube, and TikTok and finding an extreme amount of it exists across all sites: reaction videos of voice teachers listening to extreme vocals or a particularly high musical theatre belt on YouTube, short form content of voice teachers providing guidance on how to obtain a certain vocal quality, or dialect coaches displaying the sound changes found region to region across a part of the country or world. YouTube Channel "The Charismatic Voice" has a video reacting to popular Swedish pop-metal band Ghost's performance of their song "Cirice" has, as of this writing, 713,000 views, and the channel has 2.1 million subscribers (Youtu.be, 2025). While Elizabeth Zharoff, the host and owner of the channel, holds a Masters Degree in Opera, she is not a fellowship-trained laryngologist or speech pathologist, nor a published scholar in the field of vocal health or pedagogy.

This paper will attempt to examine the existing research on vocal content on social media, in particular YouTube, Instagram, and TikTok for their focus on video formatted content, to explore who is creating the majority of voice related content on these platforms and the quality of the

information being dissipated by these creators. Additionally, this paper will also examine the phenomenon known as “influencer voice” and the intersection with vocal health.

PLANNED PROGRAM OF STUDY

AIMS & OBJECTIVES

Aims

- To evaluate literature on the creation of voice content on social media to see what research is currently being performed in this area
- To find areas of future research into how singers and actors engage with social media creators related to vocal health and technique content

Objectives

- To critically analyze existing research on vocal health content creators credentials and/or experience
- To synthesis findings and evaluate the potential methodological gaps

LEARNING OUTCOMES

I hope to discover the trends in social media regarding who is creating the majority of voice content on these platforms through this literature review. I also hope to find out what types of content - reaction videos, technique demonstrations, vocal health tips, etc - are the most popular. Finally, I hope to use the information I find in this research to provide a way forward in examining further, potentially with a participant study, the kinds of questions that need further fleshing out in regard to voice content on social media and the validity of the information being disseminated.

I have decided to undertake this “re-do” of Module 4 instead of the artifact creation of Module 5 because I believe that the theoretical research of an additional literature review will be more beneficial to my overall career goals and learning outcomes for this stage. All of my research till Module 4 has been in the particular area of college age and pre-professional performers and that is where my focus lies. In U.S. adults aged 18-29 (my target teaching demographic), 76% use Instagram, 93% use YouTube, and 59% use TikTok (Pew Research Center, 2024). I would like this literature review to be the starting point for further participant based- research into social media for voice content usage among this demographic and in order to do so, I must first have an understanding of the existing literature.

TIMELINE

As in the past, my full time work schedule requires me to break this research and work into manageable sections of time, with flexibility to allow for things to ebb and flow as my job requires. My deadlines for different aspects of this literature review are below:

1v1 with Course Tutor to discuss Research Question: September 1

Acquire all peer review source materials: September 15

Begin Component 2 and Analysis: October 5

Submit Draft: November 9

Submit Final: November 23

METHODOLOGY

After consulting Randolph's 2009 "A Guide to Writing the Dissertation Literature Review", I have decided to undertake a thematic narrative review of the literature in this subject, using a qualitative synthesis of literature, and being cognizant of my inherent biases within my search criteria. I will examine each piece of literature on its own merits and then in conjunction with each other, utilizing keyword searching for specific words. I will only be looking at material within the last five years - since the onset of COVID-19 and the way health information was affected. Other criteria for inclusion is that it must be related specifically to vocal health or hygiene content, and not simply health on social media or laryngology online. Also to be excluded are studies related to vocal health online, as opposed to social media specifically.

For peer review literature, I used the following search information:

- Voice health social media
- Vocal Health AND social media OR instagram OR TikTok
- Voice Teacher AND social media OR instagram OR tiktok
- Voice Teacher AND youtube

From those search terms, I found seven peer reviewed articles. From there, I narrowed this to three related specifically to vocal health content on social media, as opposed to a focus on otolaryngology residencies and medical education, or social media health information more generally. These three articles are all from 2024 and 2025, each focused on a different social media platform - TikTok, Youtube, and Instagram.

Social media is a constantly evolving, endlessly updating world, where platforms rise and fall with relative rapidity depending on interest and even governmental interests, such as the

restrictions on TikTok that came and went early in 2025 (Esat Dedezade, 2025). I believe this is part of the reason research into this area is relatively limited and new. Additionally, trends move so quickly on social media it can be hard to pinpoint where and how they started and why, with songs going viral years after release because of a moment on TikTok (Yglesias, 2019; Boffone, 2023). However, this also means it is an area ripe for researching further, if only to understand the ephemerality of any conclusions made - much like the live act of creation itself. I hope to be able to leave this assignment with a clearer understanding of this current moment in vocal health and technique on social media, and a plan to further explore what may come next in this area.

PART TWO: CRITICAL EVALUATION & REFLECTION

SOCIAL MEDIA AND THE THEATRE INDUSTRY

As discussed in part one, while “social media” as a term was first utilized in 1994, the rise of Facebook in 2004, followed by Instagram and TikTok years later revolutionized how the world accesses and disseminates information (Aichner et al., 2021). In the theatre world, what happens on social media affects what shows or entertainment entities can become sleeper hits, with marketing teams isolating soundbites in an attempt to go viral, or casts taking part in dance challenges, as Trevor Boffone discusses in his book, *Social Media in Musical Theatre*. Boffone also notes that social media has made theatre more accessible, in an age when ticket prices for commercial theatrical productions are soaring. He writes, “Musical theatre lovers today can engage with musicals in any number of ways on their phones, tablets, and computers, and, with each subsequent engagement, these fans influence how musicals are received, interpreted and produced” (Boffone, 2023).

Social media is about performance; as he writes in his book *Theatre and Social Media*, Patrick Lonergan notes:

“Social media platforms provide a space in which individuals and institutions offer performances of themselves for public consumption...it is sometimes the case that the self they portray is less inhibited than their offline persona. Some of those online performances may be authentic; others will be unashamedly fake, but most are likely to operate somewhere between those two states. It should be possible to claim, then, that social media involves the performance of identities” (Lonergan, 2024).

Successful theatre social media accounts have a persona or a “brand” that stands for the institution as whole (Lonergan, 2024) and this extends to the world of vocal content as well, with voice teachers and vocal content creators focused on niche. Being a “successful” vocal coach on social media can also have real world payouts, with Cheryl Porter, a voice teacher on social media, was cast as the Nurse in Broadway’s “& Juliet” (Levitt, 2025). Porter’s brand as “Mama Cheryl”, the supportive and brightly attired vocal coach to her audience of aspiring singers, made her a natural fit for the role of Juliet’s loving cheerleader, the Nurse. In an industry with high unemployment and inconsistent work, the money that can be made from going viral on social media can have financial payouts as well - new clientele, casting opportunities, as Porter experienced, and also an ability to monetize social media when you have a crossover viral

success with high following rates, such as Jodi Langel on her “raise your Ya Ya Ya” video (Major, 2025). But this can also go the opposite way, as a performer or vocal teacher with low engagement on social media may find their ability to reach new audiences extremely limited by their proficiency at marketing online, on these ever changing platforms. As Bree Hadley in her book *Theatre, Social Media, and Meaning Making* notes referencing Eytan Bakhsy et al. writes “...the hype about the strategies that influencers use to become superconnected, high status and high value is not necessarily backed up by concrete evidence of their ability to change minds” (Hadley, 2017).

SOCIAL MEDIA, HEALTH INFLUENCING, AND THE PANDEMIC

Tom Standage makes the argument in his book *Writing on the Wall*, that “social media” as a concept has been around since the Romans - with the circulation of letters between famous Romans, through the tracts of the Reformation, to the pamphlets of the Enlightenment (Standage, 2013). In his book *Theatre and Social Media*, Patrick Lonergan notes that this doesn’t even include the immense oral history that could be considered a “socially transmitted cultural form” (Lonergan, 2024). It is reasonable to suggest then, that if social media in some version has always been present in our world, then misinformation has also always been present. However, the rise of rapid communication before the current moment, where a person 3,000 miles away from another can communicate in real time, has made the spread of information faster and potentially, more harmful than before (Wang et al. 2021; Lonergan, 2024).

During the COVID-19 pandemic in 2020, the Director General of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus said “we’re not just fighting an epidemic, we’re fighting an infodemic” (Niemiec, 2020). The world rushed online to find information about COVID-19, with tweets about the pandemic numbering more than 500 million during March and April of 2020 (Wang et al., 2021). While online misinformation about health was not invented with the COVID-19 pandemic (Gesser-Edelsburg et al., 2018), conspiracy theories online about the vaccine led to hesitancy, with social media being the main driver of these theories in college aged (18-23) year olds (Federico and Esmaeli-Azad, 2021). In their article “Online misinformation and vaccine hesitancy”, Garrett and Young write, “A report from The European Centre for Disease Prevention and Control stated that digital social networks (e.g., social media) are primary factors affecting vaccine hesitancy because they allow the fast spread of rumors and myths regarding vaccination” (Garrett and Young, 2021). Confirmation bias, the tendency to

favor news that agrees with their existent opinions, has made it more difficult for people online to decipher false information (Singh et al., 2022; Farhoudinia, Ozturkcan and Kasap, 2024).

The internet and social media are a huge part of the distribution of health information and social media influencers can play a large role in that, with the conversational nature of their content and the parasocial relationships created with their audience (Kaňková, Binder and Matthes, 2024). The rise of anti-vaccine movements has been tied to social media and health influencers (Zou, Zhang and Tang, 2020) and on the opposite end, influenza vaccine campaigns from health influencers did cause an uptick amongst individuals who recalled seeing their content (Powell and Pring, 2023). With this research in mind, it is viable to assume that information being disseminated online to do with vocal health and vocal content may potentially be as powerful for the audiences that consume it as the information being viewed about COVID-19 - both factual and conspiracy.

Additionally, the pandemic created new opportunities for theatre to evolve on social media - with people “sheltering in place”, the internet became the way communities connected and created. Boffone notes in his book *Social Media in Musical Theatre*, the rise of “Bridgerton: The Musical” on TikTok - a concept album that went viral on the platform, the discourse on Twitter around the Sondheim 90th Birthday virtual concert, and October 2020’s *Ratatouille* the TikTok Musical. As he writes “The internet enables a form of collaboration that can only exist in a digital space”. Lonergan notes how theatres with strong social media presences prior to the COVID-19 pandemic were better equipped to stay in connection with their audiences - sharing links of archival footage and solicit financial assistance (Lonergan, 2024)

THE BACKGROUND ON VOCAL HEALTH & SOCIAL MEDIA

The earliest research I found when investigating vocal health content on social media began in 2024, though some research was previously done into the rise of otolaryngology medical residency programs and their online presences. For the sake of clarity and time, I decided to eliminate those articles and focus solely on the material related directly to my research topic, which left me with three articles to examine in depth - two from 2024 and one from 2025. The dates of this research (all post COVID-19 pandemic, and all within the last two years) have left me with the conclusion that this is an emerging area of research and a potentially hot area for study at the current moment.

For context, there has been research into the presence of otolaryngology programs on social media investigating the relationship between Twitter mentions and Academic Citations, similar to the investigation done by Souza de Cillo, Simões-Zenari and Nemr below on citations in vocal health topics (Deshpande, Crossley and Malekzadeh, 2021). However, this research does not go into the actual health topics, only the rise of social media participation in the academic medicine world. As this paper is focused on accessible vocal health and hygiene information on social media, the landscape of academic medicine is not of particular interest to this current literature review. That being said, it is interesting to note that social media has played a role in the recruitment of residents and fellows to otolaryngology training programs, which would impact future research into all areas of vocal health (Born, 2021).

VOCAL HEALTH VS VOCAL HYGIENE

Before beginning to investigate the three sources of this literature review, I want to make a note on the terms “vocal health” and “vocal hygiene”. While vocal health is inclusive of vocal hygiene, I would define vocal hygiene specifically as the actions taken (or avoided) in the care of the voice, whereas vocal health is the overall function and well-being of the vocal apparatus (Duke Voice Care Center, n.d.). Concerns around vocal health may include structural issues, vocal damage, injury, or illness; concerns around vocal hygiene may include lifestyle factors such as stress, sleep loss, diet, warmups, or overuse (Cornell.edu, 2025). In this paper, vocal health will be used to discuss the overall field of vocal wellbeing inclusive of injury and illness, and vocal hygiene will be used to discuss the lifestyle or career habits that can lead to or impede vocal health.

AN EVALUATION OF QUALITY, RELIABILITY, AND ACCURACY OF VOCAL HEALTH CONTENT ON TIKTOK - JOURNAL OF VOICE, 2024

To begin, this paper focuses on the accuracy of the information being created on TikTok specifically related to the voice. Addressing the barriers to accessing medical information and providers due to cost and insurance, it cites that current scholarship indicates upwards of 75% of individuals use the internet as a source of health information, and also discusses the previous research mentioned above about otolaryngology on social media and its focus on physician-patient interaction. Alter et al. also highlight the very important data that “singers are more likely to be uninsured than the general population, and report that their information about vocal health most commonly comes from fellow performers”. Additionally, they note laryngologists often refer performances to voice teachers, or highlight the importance of voice

teachers. I think this is of particular interest if we think about the cost and accessibility restraints that may be present limiting a singer or performer from being able to access a voice teacher or voice professional to consult, in the same way finances may limit their accessibility to healthcare. Therefore, it is not out of the realm of possibility to suggest that social media may fill these gaps for uninsured singers and performers.

In their examination of 146 TikTok videos, Alter et al. found that 94.5% were created by nonclinicians, 1.37% by otolaryngologists, 0.68% by a non-otolaryngologist physician, and 1.37% by a speech language pathologist. 2.05% were made by businesses or corporations. In these videos, they found overall poor performances on quality and reliability, with moderate accuracy. For the videos created by healthcare professionals (physicians and speech language pathologists), the accuracy increases, but they also noted no correlation between the popularity of videos in likes and comments and their accuracy. While they note that in the breadth of TikTok, this is a relatively small sample size with limited search terminology, further studies have also indicated that hashtag searching on Instagram for common laryngological diseases unearthed that less than 60% of videos or posts were made by healthcare professionals. They highlight not only the need for further research into who is making the content posted on social media around vocal health, but further evaluation into the actual content and information itself. As they note, “in the absence of abundant reliable and high-quality health-related content online, the vacuum will be filled with less accurate content produced by non-clinicians”.

In this article I would draw attention to the fact that laryngologists often refer singers to or suggest they have a voice teacher to assist with their vocal concerns, making clear there are areas where voice teachers can provide counsel or care that the physician may not be able to in terms of training for vocal health. However, these same voice teachers would be referred to as “laypeople” in the results of the study, with their teachings potentially written off in favor of clinical advice. While not trying to downplay the vital importance of medical clarity and information provided by physicians and speech language pathologists, I feel there is further room for exploration that does not divide the results so harshly between “accurate clinicians” and “non-accurate laypeople”. There is indeed a third option of trained, experienced vocal professionals without medical training but extensive vocal experience and knowledge that can fill the vacuum they suggest above. How this may be explored further in research is an area for growth. It is difficult as a voice teacher to think of how to engage with students and their social media consumption or know exactly what they are consuming. As discussed previously, the

algorithm of social media is simultaneously sensitive enough to know how to suggest similar videos, but not independently intelligent enough to decipher quality of content. For young students, they may seek out one type of material from verified vocal content creators, and end up being suggested less quality information. Discussing this with students may be a first step as a voice teacher, to ask them what sorts of content they see related to voice and how it makes them feel. Additionally, promoting these high quality voice teachers content and highlighting that work to students is another route. Being a voice teacher and being a content creator are two different skills - it is not realistic to think every voice teacher will want to be an online presence, but those that do can be assisted by their fellow voice teacher community and create a symbiotic relationship - quality content being highly available and the opportunity to engage with a new audience.

VOCAL HYGEINE: WHAT ARE PROFESSIONAL VOICE USERS SAYING ABOUT IT ON YOUTUBE? - JOURNAL OF VOICE, 2024

Unlike Alter et al., which focused on singers, this article by Souza de Cillo, Simões-Zenari and Nemr considers what professional voice users outside of performers may be affected by, such as clergy, teachers, politicians, etc, and also the platform of YouTube. With a focus on vocal hygiene including diet, smoking, hydrations, medications and more, it examined 45 videos found on the video platform related specifically to vocal health and hygiene and broke the 38 topics examined in these videos into the nine categories below:

- “A Foods considered to have a negative effect on the voice
- B Habits considered positive for the voice”
- C Habits considered negative for the voice”
- D Actions/behaviors and resources considered positive for the voice
- E Actions/behaviors and resources considered negative for the voice
- F Environmental conditions considered positive for the voice
- G Environmental conditions considered negative for the voice
- H Health conditions considered negative for the voice” (Souza de Cillo, Simões-Zenari and Nemr, 2024)

By breaking the content into these blocks, Souza de Cillo, Simões-Zenari and Nemr were able to make some discoveries about the type of information being disseminated on Youtube and its accuracy. First, category A had zero information that was from cited, scientific documentation and only supported anecdotally. Secondly, that most topics in the videos related to the “positive”

aspects of the voice, rather than the negative, suggesting that negative may not be as publicized or accessible - or, that prohibitive guidelines are not as helpful as positive ones. Third, The most common advice across all blocks were emphasis on indirect hydration, sleep quality, importance of vocal warmups and exercises, and avoidance of vocal abuse - all of which are cited and supported by peer reviewed literature. And lastly, the negative habits and activities, while not as popular in videos than some of the positive habits, were the most supported by peer reviewed literature of all topics. This may suggest that while these negative habits, such as alcohol abuse and smoking, may be examined considerably by the scientific community, they are not communicated as often by laypeople. However, this may also be due to the fact that individuals may believe more positively framed information is received better than negative, and driven by a desire for increased views rather than a lack of interest in communicating these negative habits. Additionally, as mentioned above, they touch upon research that suggests positive feedback is more effective than negative feedback, and therefore vocal content creators may wittingly or unwittingly be focusing on what they make being about what to do, as opposed to what not to do.

In examining who created the content, Souza de Cillo, Simões-Zenari and Nemr found that the most accurate and scientifically based videos were created by singing teachers who also work as singers, followed by singers who did not consider themselves teachers. While the sample size was extremely small considering the vast amount of information available on Youtube, I find this to be relevant, especially considering Alter et al. and their discovery about TikTok videos created by laypeople not being as accurate as those created by clinicians. While Souza de Cillo, Simões-Zenari and Nemr do not go into extensive examination of clinician created content, this furthers my belief that a more thorough examination into that layperson created content for accuracy is warranted - and a determination of what information is being disseminated by singers and actors who work as vocal teachers with extensive training, and what is created by an actual layperson or professional voice user with limited experience in vocal health. The practice related questions this study raises for me ties into social media literacy for students, particularly younger students - are they able to differentiate between content created by trained voice teachers compared to performers, or to clinicians? Is there an assumption among those consuming this type of content that a practitioner of a craft, such as a Broadway singer, is qualified to teach on the topic as well? A first step would be for a teacher to potentially begin conversations with their students regarding who they follow on social media for vocal content, and educating themselves on the vast number of creators.

#WHO: INVESTIGATION OF WHO CREATES LARYNGOLOGY CONTENT POSTED ON INSTAGRAM - JOURNAL OF VOICE, 2025

In this article from the current year, Del Rosario et al. note that there has been no research published regarding social media posts with laryngology-related hashtags and attempt to examine the types of accounts that create such content on Instagram. Beginning with a survey of laryngologists to determine the most common diseases and diagnoses, they used that data to query Instagram hashtags to categorize individuals creating content related to those search terms. This led to 23 hashtags and 260 posts that were examined.

In their results, fellowship trained laryngologists created 30.8% of the laryngological content on Instagram, surpassed by “other individuals” at 40.8%. Speech language pathologists were 19.2%, non-otolaryngology physicians at 6.1%, and vocalists at 3.1%. The most surprising discovery from these numbers for me was not that fellowship trained laryngologists were not the majority of content creators, but that vocalists were so low on the list. Considering that Alter et al. did not make any differentiation between “laypeople” and non-clinicians, and that Souza de Cillo, Simões-Zenari and Nemr found a great deal of singing teachers and singers creating content on Youtube, I would have also assumed the “other individuals” categories described by Del Rosario et al. would have also trended in a similar direction. However, Del Rosario et al. do not elaborate on what “other individuals” may mean, nor do they elaborate on how they determine who may fall into a vocalist category - for example, does an actor with extensive speech training get categorized as a vocalist, or are they considered “other individual” because they are not primarily a singer? I believe the vague categorization is leading to more confusion in this research, as the primary takeaway seems to be that vocal content should be created only by laryngologists, despite other fields potentially having relevant information to assist with vocal concerns. Going back to Alter et al. and their observation the laryngologists often tell singers to work with a voice teacher, and the research found by Souza de Cillo, Simões-Zenari and Nemr suggesting that the most accurate information on YouTube to be created by vocalists, I find this guidance shortsighted. While vocal teachers should always work with laryngologists and medical professionals on treatment for diagnoses, they often possess lived experience knowledge of professional voice use that laryngologists may lack.

Additionally, while surveying the laryngologists about conditions, they asked about the social media presence of the clinicians. While 17 out of 20 had social media of some kind, only 10 had

a professional account on any platform, with Instagram being the most popular (9 professional accounts), followed by Twitter (6 professional accounts), Facebook (3 professional accounts), and none of the clinicians had professional TikTok accounts. Considering the study by Alter et al., I find this information interesting, as TikTok is the least utilized by the laryngologists surveyed, and Alter et al. found clinician created content on the platform lacking. This might lead to a conclusion that it is not due to laryngologists not creating relevant content for the platform, but in fact, that they do not use it at all, that leads to a lack of clinician created information on Tiktok specifically.

CRITICAL REFLECTION: GIBBS' REFLECTIVE CYCLE

DESCRIPTION

My research from Module 5 was the inciting incident that brought this research area to the forefront of my mind, though my interest in the “social media voice teacher” has existed for a long time now. As someone with friends and colleagues actively working as voice teachers - as singing teachers in opera and musical theatre, accent and dialect coaches, and teachers focused on voice and speech - my social media feeds are often full of their marketing posts, show updates, and recordings of their students. Additionally, the algorithm on social media serves me additional content from a variety of teachers reacting to vocal performances or giving tips and tricks of their own. From the sheer volume of content being shown to those in the industry, I began to question - “who is making all of this content? What are the qualifications to call yourself ‘a voice teacher’ on TikTok/Instagram/Youtube?”

In Module 4, I examined rough vocal effects in metal singers and as part of that research, I briefly touched upon the work of Melissa Cross, the rock singer who created “The Zen of Screaming” and Elizabeth Zharoff, the singer turned YouTuber behind the channel “The Charismatic Voice”. In that module, I expressed concerns about how discussions regarding vocal health and extreme vocals online were not part of a peer reviewed, pedagogical assessment of technique, but often the first way many metal singers may encounter how to sing or perform rough effects. While I do note in that module and this one the barriers to vocal education - the United States has notoriously difficult to access healthcare, and the financial barriers of paying for a private voice teacher - there is also the compounding factor that voice injuries can cause concerns regarding stigma and make singers/actors seek alternate methods to heal before approaching a voice teacher or doctor (Murphy, Estes et al., 2024)

For Module 5 I decided to expand on this very briefly touched upon topic in my previous work through another literature, in the hopes that it would set me up for future research in my masters where I was able to further investigate the purpose and goals of voice teachers and their social media usage. In order to do so, I set out to review the current literature regarding social media and vocal health and found surprisingly little. Using the University of Wales Trinity St. David library research, I keyword searched and chained yet only found three peer reviewed articles I believe spoke to this topic in detail as opposed simply to health information and social media online. I wanted to provide further context into why I believe the validity of vocal health information online is of growing concern, and therefore looked into also the rise of health misinformation post COVID-19, as well as the gigantic growth of social media in theatrical productions over the last five years.

FEELINGS

I will admit to going into this research with a bias that I wanted to check. From a purely anecdotal standpoint, scrolling social media became an exercise in dodging the sheer volume of vocal health or technique content algorithmically presented that I knew to be false or ill-advised. In Module 4, learning that many metal singers feel too intimidated to seek training in vocal effects furthered my unease about the quality of information available to them online. Additionally, I was frustrated to find such limited peer reviewed information regarding the quality but also the creation of vocal health and technique content online. While my initial searching led me to believe there were at least a dozen studies or so, upon review, it turned out most were regarding the reputation of otolaryngology training programs and their academic reputation on social media, rather than vocal content. My reviews of grey literature led to more frustration, with a shocking lack of coverage surrounding “TikTok Vocal Coaches” that was unbiased in their review, but more interested in highlighting what goes viral, or what career those coaches are now pursuing thanks to their online fame.

However, one thing that did surprise me through this process was what I perceived to be an unfair focus on content created by “laypeople” in all three of the articles I reviewed.

Laryngologists are often the first to suggest that professional voice users, once diagnosed with a vocal condition, should seek the guidance of a trained voice teacher who works in the same field as the patient. But when reviewing vocal content, there was no differentiating between a layperson with no vocal training, and a voice teacher with years of pedagogical experience. While I started this research frustrated with the lack of transparency around voice teachers

qualifications on social media, I essentially “switched sides” when it came to the lumping of all non-clinician voice workers into one category by the peer reviewed literature - something I find unfair when considering the context and quality of online material.

Using Brookfield’s model of reflection, in considering the autobiographical and student’s lens (Brown, 2015), while I have examined my own biases in social media content creation as it pertains to vocal health, I have not brought those observations into my teaching at all, keeping them fairly siloed and apart. While I have encountered students who engage with vocal content on social media, it has not yet pedagogically informed the way I broach teaching voice and speech. I believe this may be in part because I do not want to have my opinions on social media content creation to influence how my students perceive my teaching - particularly in considering that most of the age groups I work with are high school or college aged and of a generation raised online. However, this research has actually been a boon in bridging this gap, as I find myself far more open to the non-clinician voice teacher’s content on social media than I was at the beginning of this research.

EVALUATION

In reviewing the three articles, the main takeaway from all three is that the majority of content on social media regardless of platform is not made by vocal health clinicians, but beyond separating into laryngologists and speech language pathologists for the category of clinician, less research was done into who was in the layperson category - though the last study did specify between singers and singing teachers. Additionally, there was not a lot of information surrounding what exactly made content “accurate” or “not accurate” in the eyes of the researchers - it may have been the limitations of the studies themselves, but there was a lack of clear criteria or biases listed in any of the papers to help get a better picture of the researchers perspective going into the research.

It is also important to note the very small sample size of not only this literature review, but the amount of content that the researchers themselves were able to consume. The evaluations and analysis presented are based on three papers, each of which had under 150 pieces of content they evaluated to draw their conclusions. Considering the large scope of social media, with new content being created on an extraordinarily fast and large scale, these studies should be considered extremely small in scope, and similarly for this literature review. Combined with the

fact that this is a very new area of research, there are still many questions left to be answered through further research and further standardization.

ANALYSIS

As touched upon above, I was able to conclude that further research must be done into vocal content created by what the researchers may call “laypeople”. My concerns regarding vocal content on social media were never in regard to clinician vs. other, where all studies have currently focused until this point, but rather around the massive range of experiential differences between a layperson with little to no vocal pedagogy training, and voice teachers with extensive training. The difference between a Linklater designated voice teacher who has studied for many years under the direct one to one guidance of a Linklater teacher before needing to pass two intensive evaluations at least a year apart, and an actor teaching their own vocal warmups with no oversight are stark. There is no governing body deciding who may and may not call themselves a voice teacher - nor should there be, as ideas about vocal technique are often fraught with contradictory opinions and no one organization should claim a right to name themselves such and deem others less. Additionally, all students seeking voice information online must do their own due diligence to make sure the information they are applying is based in fact. But for students with limited experience, determining what is legitimate information and what is not may present more of a challenge.

Additionally, the bias of the researchers performing these reviews must be taken into account as well. If the scientists are laryngologists themselves, they may be less interested in drilling down into that layperson category - or open to voice ideas that do not fall within strictly medicinal treatments. Voice lessons for both singing and voice and speech can span the physical into the emotional and even spiritual. Performing, and acting specifically, requires the performer to stretch mentally as well as physically and ensuring vocal health in those circumstances can require techniques that may go beyond exercises or treatments recommended by medical clinicians. Voice teachers with experience in these areas can be a great benefit, but their strategies may seem odd or “woo-woo” to those focused purely on vocal health content from a medical standpoint. The grey area is quite large and not having more information about how these scientists determined what is or isn’t “accurate” content leaves a lot of room for interpretation of their results.

Lastly, while the papers examined did not allude to any information on this, I am curious about how the algorithm of the various platforms may have affected what content was shown to the researchers, even within the studied hashtags or phrases. As the algorithms of TikTok, Instagram, and YouTube all aim to show users content specifically aligned with what they previously have viewed, I would be interested to know if this was considered at all in the selecting of what material they reviewed - it was not touched upon in any of the sources. What I view under the hashtag “vocal health” on social media may be very different than another person’s suggested posts and while I do not have an answer on how to standardize this search, it is another factor to consider in the potential bias of material selected.

CONCLUSION

In her book *Theatre, Social Media, and Meaning-Making*, Bree Hadley notes social media users “produce and perform their beliefs, attitudes and behaviors for specialist networks of people or for more generalized networks of people. They do this well, do this poorly, or make mistakes that cause unexpected hurts, harms, controversies or crises within the networks of fellow users they connect with.” When it comes to vocal content on social media, these “unexpected hurts, harms” can cause real lasting damage if not treated with caution or awareness of who is creating the content. However, the grey area in regards to what is accurate material and who can create accurate material is extremely large in this particular area of research. I found the lack of information currently available to study vocal content on social media extremely thin and frustratingly unspecific. Additionally, my own biases and judgement of voice content creators was up-ended through this research, where I started with the assumption that the majority of people putting out vocal content were ill informed. While I still believe there needs to be increased scrutiny on vocal content creators to make sure they are responsibly creating content as opposed to making things they think will go viral, I now think that voice teachers have an important place on social media, just as they do in the vocal health team of any professional voice user. When considering that the majority of laryngologists do not have professional social media profiles on major platforms such as TikTok, voice teachers may be filling an important gap in providing knowledge to those who cannot access it in other ways. That being said, there are definitely further areas for improvement and research into the accuracy and quality of vocal health content on social media, but at this current time, there is not enough research to suggest how to define accuracy and quality in regards to it.

ACTION PLAN

In the immediate, I would like to focus my work on identifying vocal content creators who are engaging with current research and embedding that into their content. While I am not currently teaching in a studio or coaching on a specific production, moving forward I believe that social media literacy will be of vital importance in my interactions with students - particularly with high school or college aged students. I have already begun to further interrogate my own social media usage and how I can become more sensitive to potential misinformation or biases in content. The added complexity of the massive rise in AI created content is another area of further exploration and also concern. Anecdotally, since the beginning of this module, the launch of the platform Sora and increase in AI created content across all social media platforms has skyrocketed.

In my research, my next step will be to perform further research into the motivations of vocal content creators on social media - whether they be actors, singers, voice teachers, or dialect coaches. I am interested in how they present themselves and their work, what platforms they find the most fruitful, and how they define success; are they looking to go viral? Book more clients? Get performing jobs? I am also interested in how they present their training or credentials and if they think presenting this background makes them intimidating or off-putting to potential students, or if they find it lends them gravitas and makes them stand out amongst a landscape of content creators. I hope to undertake this research as the final part of my Masters degree in Module 6 and tie it to Brookfield's reflective model mentioned above, with a focus on "Colleagues' views" - a part of this reflection I am unable to flesh out at this current moment due to a lack of data. It would be interesting to use the reflections from this upcoming research to create learning communities based around social media content creation for the voice as a way for teachers, performers, and clinicians to discuss as the modality and technology continually evolves.

From there, it would be interesting to know from the consumer's standpoint what makes certain content stand out on these variety of platforms. While we have some basic information, such as views and like counts, there isn't demographic information presented in these numbers. What is popular with singers may vary from people who simply enjoy music, or seeing people perform vocal feats. This literature review has left me with more questions than answers and I believe the topic will continue to evolve and grow as social media continues to shift as well.

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