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Acceptance and Commitment Coaching (ACC) for singers who are recovering from a vocal disorder: Case study research to trial ACC aiming to increase singers psychological flexibility and reduce music performance anxiety symptoms (MPA).

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PROJECT PROPOSAL: MODULE 6

INTRODUCTION

Context

I am a Singing Teacher and a Vocal Rehabilitation Coach and also a vocal consultant in a multi-disciplinary team in a voice clinic who assess and diagnose singers vocal problems. Singers come to me with a wide variety of voice disorders, some directly affecting the vocal folds commonly classified in the literature as 'organic vocal disorders' (OVD) and others which are 'non-organic' commonly called 'Functional Voice Disorders' (FVD) where there is no biological reason for the vocal disorder (Baker, 2007). Voice clinics in the UK are more likely to use an over-arching diagnosis of Muscle Tension Dysphonia (MTD) which can be the primary cause of a FVD or a secondary cause of an OVD. Research suggests that FVD's are multifactorial with strong links to an individuals behavioural response such as muscle tension, and negative thoughts, feelings and emotions due to stress (Baker et al., 2012; Dietrich & Verdolini Abbot., 2014; Helou et al., 2013) and people with OVD's demonstrate dis-regulation of salivary cortisol production also indicating a stress response which can negatively affect wound healing to the mucosa and immune system particularly when symptoms are chronic (Bosch et al., 2007).

Justification

In sports medicine research there is a growing body of empirical evidence stating that stress and anxiety will impact on how successfully an athlete returns to sport and that physical and psychological healing do not necessarily occur in tandem (Ford et al, 2017). Psychological support provision is standard protocol in the US when working with singers who demonstrate emotionally reactive behaviours beyond the scope of the 'Singing Voice Specialist's' skill set according to Ledda Searce (2016). From my experience, psychological support for singers in the UK isn't always readily available apart from through charitable organisations and occasionally the NHS. In which case, some singers diagnosed with MTD who come to me for vocal rehabilitation have a definite need beyond the scope of my skill set but are not keen to seek psychological support due to lack of time and money.

Being prepared to listen to singers concerns which may be inhibiting attainment of vocal rehabilitation goals are important. Musicians can be highly self critical which is often internalised, where they experience high levels of anxiety and panic attacks (Kenny,

Driscoll & Ackerman, 2012) so it would be advantageous to a VRC to be able to provide a singer with self help tools to address the symptoms of performance anxiety as they struggle to regain self efficacy.

In this study, I wanted to explore whether singers suffering from vocal disorders would benefit from addressing Music Performance Anxiety symptoms in vocal rehabilitation (VR) sessions that may speed up recovery. Hill and Oliver (2019) developed Acceptance and Commitment Coaching (ACC) which can be easily adapted to a variety of 'populations' (Skews & Palmer, 2016) and so singing teachers have found it to be an effective coaching strategy in non-clinical settings to reduce MPA symptoms in students (Shaw et al., 2020; Mahony et al., 2022). ACC is derived from a therapeutic approach: Acceptance and Commitment Therapy (ACT) which aims to change an individuals negative thoughts, emotions, beliefs and behaviours to more positive ones. This isn't to inhibit them by pushing them down or even necessarily reframing them but by accepting them as they are, using techniques which encourages focusing on the present moment, commonly known as 'mindfulness'. This reduces their power over an individuals mind and encourages them to move towards desired goals, motivated by personal values (Hayes et al, 2012). Hayes et al coined the phrase 'psychological flexibility' to describe this skill of separation from negative thoughts and emotions. There is a fast growing evidence base demonstrating how ACT promotes positive change in psychopathology, physical health and social environments (Hayes, 2019). ACT techniques have also been shown to enhance singers performances with significant positive results (Juncos, et al., 2017, Juncos & de Paiva e Pona, 2018; Clarke et al., 2020). In this exploratory study, ACC will be incorporated into VR sessions to identify MPA symptoms and encourage reframing a singers negative perspective towards their voice and performance.

Intended impact

- To investigate whether MPA symptoms is an appropriate psychological construct to address when singers present with a vocal disorder in the voice studio.
- To help singers reframe their situation in highly positive ways
- Contribute to evidence based research to share with other health professionals who work in vocal rehabilitation.
- To see how the literature in vocal rehabilitation supports ACC as a viable approach to help people suffering from FVD.

- Develop and modify ACC strategies and resources to use in vocal rehabilitation sessions.
- Continue to develop my understanding of FVD's which has been one of the main themes throughout this Masters degree.
- To achieve a deeper understanding of my clients lived experience by analysing the qualitative data from interviews, dialogue in coaching sessions, diaries
- Quantitative data from questionnaires will give me insights into the maladaptive psychological processes a singer may experience
- Exploring how vocal discomfort and pain is linked to stress and anxiety using raw data from the singers first hand descriptions of their experiences and quantitative data from questionnaires.
- To investigate to what extent a singer suffers shame, stigma and loss of identity due to experiencing a vocal disorder.

RESEARCH METHODOLOGY

Philosophical research considerations

ACT is rooted in pragmatism and contextualism (Biglan & Hayes, 1996) so does not adhere to an ontological paradigm to explore the cause and nature of a phenomenon. Pepper (1942) described four world views, one of them being 'contextualism' which he characterised with the root metaphor: 'act in context' which meant that in any situation a person is inextricably linked to the present moment and to the past. As part of the rehabilitation process, time is given to developing a non-judgemental relationship with the singer so that the researcher can interpret the singers 'lived experience' which can be linked to past negative experiences. Therefore, the methodology used in this study will be done from a hermeneutic phenomenological perspective (Lincoln & Guber, 1985; Denzin & Lincoln 2000) to uncover deeper meanings from a singer's own personal narratives. By increasing their awareness of the meaning and significance of present and past behaviours using phenomenology (Husserl, 1980; Drummond, 2018), it is hoped it will impact positively on the voice to release muscle tension in and around the larynx by increasing their 'psychological flexibility' to enable them to reframe out of date maladaptive behaviours. I have been trained by David Juncos, who co-authored 'ACT for Musicians' with Elvire de Paiva e Pona (2022). Therefore, I have practiced ACT skills 6 months prior to commencing this study and David Juncos is supervising me throughout the research period.

Experimental methods

My research will consist of a number of case studies trialing this novel intervention to establish a “proof of concept” (Carding, 2017., p12) and see whether ACC would be a feasible coaching strategy to use in vocal rehabilitation. Case studies are commonly used by health care practitioners working in a clinical setting or out in the ‘field’ (Morgan & Morgan, 2009,) and seems an appropriate way of studying closely individual singers in the voice studio. Also, by using a mixed methods design, I will be able to triangulate data with the literature review to increase validity and reliability of my results (Greene, Caracelli & Graham, 1989) reflexively identifying anticipated concepts and constructs or perhaps unexpected ones too.

Research period and location

The research period is 3 months and will involve between 4 to 6 rehabilitation sessions per participant depending on their needs and availability. Rehabilitation sessions will be a mix of online and face-to-face.

Resources

I will use established resources commonly available in the public domain in Acceptance and Commitment Therapy (ACT) and develop some resources too when introducing singers to the principles of psychological flexibility skills which participants can practice at home and in vocal rehabilitation sessions within the 3 month research period.

Participants

3-5 participant singers who have received a diagnosis of primary or secondary MTD from a NHS voice clinic or have self-referred to me experiencing symptoms of vocal discomfort and muscle tension with a history of a vocal disorder.

Other inclusion criteria:

- Must be 18 years old or over
- Perform professionally or is a student on a professional training course.
- Is not currently receiving psychological help from a mental health professional

Data collection

Baseline measurements will be before initiating the intervention (AAC), repeated in the middle and at the end of the 6 week rehabilitation period and then once more at the end of the 3 month research period to capture changes in behaviours.

Qualitative data:

Semi-structured interview to establish case history and presenting issue. All coaching sessions will be recorded and transcribed for analysis.

Quantitative Data:

Voice assessments/questionnaires:

- Singing voice handicap index-10 (Cohen et al 2009)
- Vocal range
- Maximum phonation time (MPT)

ACT questionnaires :

- Musician's Acceptance & Action Questionnaire (MAAQ) (Juncos et al, 2023)
- Philadelphia Mindfulness Scale (PHLMS) (Cardaciotto et al, 2008)
- Believability of Anxious Feelings and Thoughts (BAFT) (Herzberg et al., 2012).
- Experiential Shame Scale (ESS) (Turner 2014)
- Social Comparaison Scale (SCS) (Allan & Gilbert, 1995)

Ethical considerations and avoiding insider researcher bias.

As a work-based, insider researcher:

- I will uphold a professional relationship with my clients
- Professional colleagues will analyse performances to avoid bias
- Reduce procedural bias as much as possible and record vocal sessions
- Write a reflective journal noting any researcher presuppositions as they occur
- Participants will sign a consent form before the beginning the research which will outline in detail what is involved
- Participants are aware that their anonymity will be adhered to at all times
- Participants can withdraw from the research knowing all data will be destroyed.
- Participants will be able to see the data at the end of the research period.

Personal learning outcomes

- Embracing the opportunity offered through the voice study centre to learn ACT skills from an expert clinical psychologist 1-1.

- Developing my coaching skills in vocal rehabilitation sessions
- Increase my knowledge of the psychological aspects of vocal disorders
- Gaining a deeper understanding of what it is like to have a vocal disorder from the singers perspective
- Gaining insights into why some singers continue to experience vocally disordered symptoms and behaviours long term.
- Learning to use ACT in my own life and grow in confidence in Acceptance and Commitment Coaching
- Increase confidence in writing academically and presenting to enable to share my work in the future with others.
- Deepening my understanding of quantitative and qualitative data collection and how to calculate quantitative results.
- Communicating ideas in a presentation will be challenging due to my performance anxieties and therefore can use ACC skills learned.
- Formulate ideas in how to structure and incorporate ACC approach into my singing teaching and vocal rehab work long term.

Timeline

Task	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Project proposal									
Developing resources									
Baseline measurements									
Literature review									

Task	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Data collection and coaching									
Data analysis									
Results and conclusions									
Draft assignment submission & 2 minute presentation									
Final submission									

Acceptance and Commitment Coaching (ACC) for singers who are recovering from a vocal disorder: Case study research to trial the ACC model aiming to increase singers psychological flexibility and reduce music performance anxiety symptoms (MPA).

Project Report

Introduction

This project follows on from my previous studies in this Masters of professional practice in voice pedagogy where I have focused upon vocal disorders and my role as a Vocal Rehabilitation Coach (VRC) initially comparing the singing teacher and VRC role, then studying how Primary Muscle Tension Dysphonia (MTDp) impacts singers and what approaches can be used by VRC's, followed by a case study of vocal rehabilitation of a singer diagnosed with vocal fold nodules and then a literature review in systems theory within the context of voice disorders. One outstanding theme that emerged from my studies is a personal interest to develop my skills further to facilitate singers learning in

how to deal with the psychosocial issues of a voice disorder without breaching professional boundaries. Over my career I have always tried to continue my professional development in this area and integrate what I have learned into vocal rehabilitation sessions. However, I have questioned how effective I am in challenging some clients 'core self evaluations' (Judge, Locke & Durham, 1997) which hold them back from making a full recovery.

Many adults lack perceived control of their voice problem (Misono et al., 2018) and this lack of self-efficacy has been observed in singers I have worked with in vocal rehabilitation. Some find it very difficult to recognise how negative emotions impact their voices but aren't in a financial position to be able to seek psychotherapeutic help independently unless they are receiving funding from charitable organisations or through NHS referral. Even if they were getting psychological support outside vocal rehabilitation, surprisingly, connecting emotions to their voice disorder were not always alluded to in their therapy sessions. Learning how stress impacts the voice negatively such as the increasing allostatic load (McEwen, 1998), cortisol levels (Jansen et al, 2015) and muscle tension in and around the larynx (Baker, 2008, Baker et al, 2013, Dietrich & Verdolini Abbott, 2012; Helou et al, 2013) has really helped me explain mind-voice connections and when I was introduced to the ACT (Acceptance and Commitment Therapy) approach to help musicians and singers suffering from Music Performance Anxiety (MPA) by the American psychologist, David Juncos (Juncos, Paiva e Pona, 2022), I could see that MPA symptoms may also be experienced by voice disordered singers in vocal rehabilitation sessions, particularly those with a functional voice disorder (FVD). Empirical evidence indicates that ACT and Acceptance Commitment Coaching (ACC) reduces MPA symptoms in singers (Juncos et al., 2017, Shaw, et al., 2020, Clarke, et al., 2020, Mahoney, Juncos & Winter, 2022) and therefore it seems feasible that using an ACC approach in vocal rehabilitation would be a way of providing singers with self-help tools to address psychological issues they may have, not only due to experiencing a voice disorder but also because MPA is a recognisable problem shared by all performers.

Aims of study:

- To assess whether singers who have experienced a vocal disorder also develop Music Performance Anxiety (MPA) with standardised assessment protocols and explore the relationship between voice disorders and MPA.

- To conduct a pilot project to use the ACC model to see if it is a feasible strategy to help singers understand psychological issues related to their vocal disorder within the context of vocal rehabilitation sessions.
- To provide singers who have experienced a vocal disorder self-help tools to use after vocal rehabilitation has completed when they have negative thoughts and feelings or spiral down into old maladaptive behaviours related to singing and ongoing vocal issues. If still troubling them.

Personal learning outcomes

- To achieve a greater understanding of vocal disorders to inform my work
- Practice ACT skills to improve my attentional abilities in vocal rehabilitation sessions
- To reduce MPA when presenting my work so that I can share my work to a wider audience with confidence
- Structure an ACC course within the context of one-to-one vocal rehabilitation coaching sessions and develop resources to use with clients in the future
- To learn how to statistically analyse the assessment data

Literature review methodology

Purpose:

The main aim is to develop a theoretical understanding of ACT and ACC and how it would support my choice as an intervention in vocal rehabilitation sessions. An integrative literature review (Torraco, 2016) will be used to synthesise new concepts and meanings with a primary focus upon ACT and the relationship of MPA and psycho social aspects of voice disorders.

Search and Selection Criteria

Due to the multi-factual nature of vocal disorders and there being a plethora of theories and studies in the literature, only relevant themes linked to this study looking at voice disorders from a psychological perspective will be searched for. I will use 'purposeful sampling' (Cooper, 1998) that represents current theoretical thinking. I will also select recent studies of related psychotherapies to compare ACT from other perspectives (Randolf, 2009) so that I can build a more robust theoretical picture of why ACC is an appropriate intervention in vocal rehabilitation. MPA studies of interest would be in the context of the performing arts and sports arenas where individuals have to perform in

front of an audience. A balance will be sought when searching the literature between theory, method and practice (Hart, 1998).

Literature Review

Introduction

Singers are considered to be vocal athletes so they are at high risk of vocal injury (Searce, 2014, Kwok & Eslick, 2019) and whether they are singing professionally or training, suffering a vocal disorder can threaten their careers and professional aspirations (del Mar et al, 2018). In one study they reported that almost 50% of patients out of 25.000 diagnosed with a clinical voice disorder had mental health conditions such as depression, anxiety and stress (Jordan et al, 2020). Psychologist Luke Aldridge-Waddon and colleagues (2023) in their meta-analysis of psychological characteristics of people with and without voice disorders suggest that professionals involved in the care of voice disordered patients should learn more psychotherapeutic skills and that the psychologist be an important part of diagnosis and care of voice patients.

What are organic and functional voice disorders?

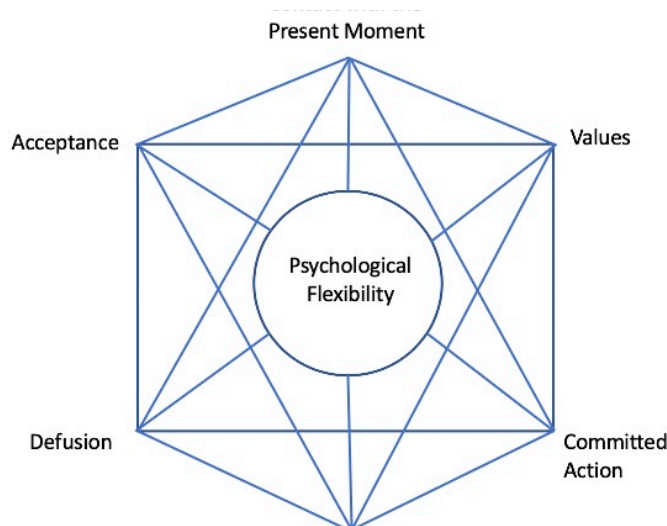
A voice disorder caused by structural or neurological changes to the vocal folds and cartilages are commonly referred to as an Organic Voice Disorder (OVD). Psychosocial features will often be an integral part of the diagnosis. Vocal dysphonia or aphonia that is non-organic is commonly called a Functional Voice Disorder (FVD) where vocal problems occur with no apparent cause. FVD's have two distinct sub-categories: Muscle Tension Voice Disorder (MTVD) and Psychogenic Voice Disorder (PVD) and both are described as having recognisable psychological aetiologies that may contribute to the cause and perpetuation (Baker et al, 2007). According to Aldridge-Wadden's (2023) review of studies of Voice Disorders, research has not demonstrated any consistent diagnostic differences between psychological characteristics of FVD and OVD and looking through a biopsychosocial lens, terms such as 'functional' 'psychogenic' and 'organic' are not meaningful. Also, causality can't be proven so only recognisable psychological associations can be observed. FVD in voice clinics in the UK commonly are referred as primary Muscle Tension Dysphonia (pMTD) (Van Houtte et al, 2011, Belafsky et al., 2002).

Psychological treatments of voice disorders (Clinical vs non-clinical)

Trait and state anxiety, neuroticism and depression are prevalent in the vocally disordered population (Aldridge-Waddon, 2023) and Cognitive Behavioural Therapy (CBT) is a favoured psychotherapeutic approach to help patients with a voice disorder (Butcher, Elias & Cavalli, 2007). CBT is considered an efficacious treatment for anxiety disorders (DSM-V) and ACT has also been identified as a possible alternative intervention due to its focus on increasing individuals 'psychological flexibility' and 'self efficacy' to address negative thoughts and feelings (Aldridge-Waddon et al, 2023). A fundamental difference between CBT and ACT is that CBT skills are taught to change negative thought patterns to reduce emotional distress, referred to as 'cognitive restructuring' whereas ACT teaches to accept unwanted thoughts and not change them.

ACT has strong empirical support in a variety of clinical and non-clinical contexts (Hayes et al, 1999 & Hayes, Strosahl & Wilson, 1999) which supports the inclusion of ACT skills when coaching (Hill & Oliver, 2019). Acceptance and Commitment Coaching (ACC) enables the coach freedom and creative licence when collaborating with the 'coachee' (De Haan et al 2013) and increases individuals awareness of "the need to change" and "commit to action" (Bacon, 2003) . Research so far supports the efficacy of ACC as a viable approach in the voice studio with vocally healthy singers who suffer from Music Performance Anxiety (MPA) where singing teachers and psychologist, David Juncos reported significant reduction of MPA symptoms and improved performance ratings (Juncos et al., 2017; Juncos & Markman, 2015; Mahony, Juncos & Winter, 2022). Non-clinical one-to-one coaching is considered to be effective, improving 'performance, well being, coping mental health, stress and goal achievement and increased perceived control (Bond et al. 2008, Lloyd et al, 2013).

In the sports rehabilitation literature studies indicate that ACC is an effective approach to teach injured athletes psychological skills to cope with their anxiety and help them through the painful process of adhering to rehabilitation exercise protocols (Gardner & Moore, 2004, Mahoney & Hanrahan, 2011). ACT studies have shown that musicians who avoid practising due to acute pain are more likely to develop chronic pain (Stanhope & Weinstein, 2020) and acceptance of pain is a significantly more effective strategy in coping with pain (Vowels, et al., 2007). Individuals suffering from pMTD can experience pain in the upper back (trapezius muscle), the jaw and a feeling of lump in the throat (Jamsen et al, 2015).



ACT Hexaflex Model

Theoretical underpinning of ACT

ACT evolved and developed from Relational Frame Theory (RFT) in the 90's suggesting that cognition and language combines in the brain creating relational frames of meaning (Hayes, Barnes-Holmes & Roche, 2001). From a behaviourist perspective, a relational frame (RF) is a 'single operant unit' consisting of stimulus (S), response (R), stimulus (S) occurring almost all at the same time (Hayes et al, 2001, Gross & Fox, 2009). An RF isn't stored in specific areas of the brain and body but will be continuously triggered as we interact with the environment (Perez et al, 2021). We assign symbolic meanings to everything when learning language so a 'verbal event' according to RFT is an 'operant' (Hayes et al., 2001). RF's become increasingly more complex as a child grows, building networks of meanings, actions, contextual associations, thoughts and emotions surrounding the initial RF. For example, a singer who was criticised in a performance at school for singing too loudly in choir will build an RF around that performance which could lead to internal negative emotions such as shame and self-stories such as 'I hate the sound of my voice' or 'I must sing high notes quietly' causing vocal tract constriction when approaching high notes as an adult particularly when singing with others. Also a variety of stimuli/contexts according to Gross et al (2009) can trigger the same response so that a singer will perhaps feel the same shame response if singing in a choral context or in a high stake audition. ACT has been used to treat substance abuse where feelings of shame are commonly felt by users and proven to be an efficacious treatment (Luoma et al, 2012, Gul & Aqeel 2020) and also Music Theatre Students who suffered MPA and

experienced high levels of shame after performances, significantly reduced experiential shame scores along with MPA symptoms (Mahoney et al, 2022).

Psychological ‘flexibility’ and predictive brains

The main aim of ACT and ACC is to develop and maintain ‘psychological flexibility’ which could be thought of as simply being able to respond to situations flexibly rather than in a fixed way, aligning actions with personal values and goals (Hayes et al. 2004). Conversely, from an ACT perspective the model of ‘psychological inflexibility’ can be overly identifying with the ‘storied self’ such as ‘I am not good enough’ or ‘I’m stupid’. How true personal preconceptions, feelings, thoughts and sensations are always questioned when practising ‘Hexaflex’ skills and in time, will reduce power over an individual.

From a neuropsychological perspective, brains are described as ‘prediction machines’ where bottom up somatosensory information travel through the exteroceptive, interoceptive and proprioceptive nervous systems of the body reaching the brain where top-down comparisons of stored memories/feelings or somatosensory information is made. Continual re-evaluation of generative models of lived experiences, questioning what is real or not. Old models (posteriors) are replaced by reframing perspectives and narratives as prediction errors are generated. Past memories are revised and new memories are formed (Friston et al, 2010). In MRI studies of singers with pMTD, faulty somatosensory programming and auditory processing in the brain are suggested to perpetuate MTD symptoms where prediction errors were not being updated (Kryshtopava et al, 2017, Ziethe et al, 2019). Researchers suggest to use strategies that ‘re-boot’ the brain to update altered motor schemas (Kryshtopava et al, 2017, Arbeiter et al, 2018). This is highly relevant in vocal rehabilitation where the principles of motor learning is used in exercises (Bergan, 2010) and somatosensory re-mapping and acoustic strategies are commonplace to develop mind-body awareness. However, to extend the top-down rebooting approach in vocal rehabilitation, it is proposed in this study that from a psychosocial perspective, ACC offers self-help exercises to address out of date negative cognitions and emotions which will contribute to the restoration of laryngeal muscular balance.

How does ACT/ACC reduce maladaptive behaviours?

A diffusion exercise such as a 'labelling' - "I am having the thought that I am not good enough" from an RFT perspective encourages distance from the thought to recognise how out of date the RF has become so psychological power is reduced (Hayes et al., 2006). According to Hayes and colleagues, the way language is processed in the brain is actually the 'root of human suffering and psychopathology' due to individuals not being able to change these negative reoccurring thoughts and feelings (Hayes et al 2001). ACT studies demonstrate that psychological inflexibility can be reduced using acceptance skills motivating individuals not to alter unwanted internal private events but instead to make space for them (Arch & Craske, 2008). Conceptually accepting emotional or physical suffering is counterintuitive and the natural reaction would be to try to numb, control and escape from the feeling of discomfort. A study exploring ACT as a viable intervention for individuals suffering from 'maladaptive (clinical) perfectionism' where acceptance of imperfection is of course problematic to sufferers as they impose unrealistic high standards upon themselves. The study demonstrated clinically significant improvements of clinical perfectionism using ACT processes where participants high standards remained but were not rigidly adhered to as they were previously (Stoeber & Otto, 2006).

Mindfulness

One of the main ACT skills to practice is 'mindfulness'. As a concept it is akin to the Buddhist traditional practices of meditation where they practice pure attention so not dwelling on the content of thoughts and feelings but just "paying attention in a particular way; on purpose, in the present moment and non judgementally" (Kabat-Zinn, 1994). Bishop et al (2004) broke this down into more detail identifying the behavioural act of attention (awareness) as having the ability to be focused totally on the present experience whatever that may be and the attitude in which one practices this is acceptance. It isn't a passive experience as although there is no attempt to make judgments, interpret or avoid the experience, energy is used to be more in touch with the experience. Research evidence suggests that people suffering from anxiety disorders benefit from training in skills of focused attention and acceptance (Levitt et al, 2004, Eifert & Heffner, 2003). Studies isolating focused attention without an attitude of acceptance results in 'experiential avoidance' (Plumb et al 2004, Hayes et al, 2006).

In a recent study using mindfulness to relieve participants stress response who have a vocal disorder, the participants reported that laryngeal tension and pain reduced but there

was no statistical significance in voice Handicap Index (VHI) scores and the researchers surmise that this may be due to the heterogeneity of participants (Brown et al, 2023). There were only 3 singers in this study and their scores increased in the Mindful Attention Awareness scale (MAAS), however, the Perceived Stress scale (PSS-10), VHI and SVHI scores negatively increased indicating voice and related psychological symptoms were worse. The researchers suggest that “performance stress and illness” impacted on the results and participant feedback said that they would have preferred to have been in a group of only singers so that they could share their experiences of their voice disorder (Brown et al, 2023).

Music performance anxiety (MPA) versus vocal disorders

MPA according to the psychologist Dianna Kenny (2016) is multifaceted. Sufferers will experience emotional, cognitive, somatic and behavioural symptoms triggered by a variety of performance situations, particularly where there is a feeling of increased perceived threat to the performer. Why musicians can become so worried about the audiences opinion according to Kenny is to do partly with childhood attachment separations from primary caregivers so they become insecure (attachment reference) which is related to why performers have severe MPA symptoms. Kenny advocates this can be addressed in the therapeutic process. If a singer does exhibit increased MPA symptoms, singing teachers are encouraged to get some professional psychological support (Juncos & Pave e, 2022). Performing in front of an audience according to Kenny can trigger ‘unconscious desires, wishes and conflicts’ where the performer regards the audience as a significant person remembered in childhood, albeit “real or imagined” (Kenny et al. 2014, Kenny et al, 2016). Baker (2016) also suggests that individuals with FVD’s commonly have insecure attachment profiles which interact with a challenging social situations resulting in reduced trust of others and fear of rejection. From a singers perspective, not being able to trust their singing voice as well as possibly unconsciously regarding the audience as a threat to their self-worth may have a huge impact on the speed of recovery.

The construct ‘conflict over speaking out’ (COSO) (Andrews and House, 1988) described how individuals will suppress what they want to say due to worrying that there will be a negative reaction particularly in relationships where they have an emotional investment such as a marriage or employer/employee relationship and according to Andrews & House increases laryngeal muscle tension. This common theme was identified in a non-

random case control study exploring 'Life Events and Difficulties' (LEDS) with people diagnosed with FVD and OVD, 12 months prior to diagnosis and then repeated with individuals with MTVD and PVD (Baker et al, 2013.). This analogy suggests could be extended to how singers are emotionally invested in unconscious relationships with an audience who the singer perceives to be highly judgmental, increased anxiety may follow suggesting that a COSO situation could be a performance for a singer.

According to Kenny, musicians may only experience performance anxiety in the context of music making or they may also suffer from other anxiety disorders particularly social phobia (Kenny & Ackermann, 2015). They feel humiliated regard an event as dangerous or life threatening (Brown et al 1995). COSO situations and an individuals feelings of being 'powerless in the system' (PITS) has been related to FVD's (Baker et., 2013). Also, individuals who suffered traumatic experience(s) such as sexual abuse, violence or strangulation can develop a VD (Baker et al 2013).

The overlapping physiological and psychological symptoms of MPA and voice disorders is a compelling argument to address MPA symptoms in vocal rehabilitation sessions. People with voice disorders demonstrate 'high stress reactivity' and increased 'extrinsic laryngeal muscle activity" (Demmink-Geertman and Dejonckere, 2008). People may have feelings of vocal fatigue, a sensitive throat with sensations of globus and a feeling of needing to cough. (Baker, 2016). Kenny reports that one of the main symptoms of a case study with a singers severe MPA symptoms was 'hysterical globus', a feeling of having something stuck in the throat which resolved after being able to express the feelings of anger (Kenny,). Patients with PVD present with a disordered somatosensory system (Abbass, 2008) Abbass describes a conscious physical defence mechanism against emotional pain where an individual responds by repression so increased tension is triggered in the striated muscles evident in panic, fibromyalgia, pain or hyperventilation and then more unconscious repressive 'defensive' reactions in the smooth muscles such as the stomach causing symptoms such as nausea or reflux which is linked to migraine or irritable bowel syndrome. Voice disorders will often be accompanied with reflux symptoms and anxiety disorders trigger 'nausea and abdominal distress' (World Health Organisation, 2023). Abbass also observed that the striated muscles will be relaxed so a person doesn't appear overtly anxious (Abbas, 2005) and very occasionally extreme symptoms can result in a 'conversion' (Abbass, Lovas & Purdy, 2008).

Ontology and Methodology

This research study sits well within the pragmatic tradition exploring the practical use of novel coaching strategies in the real world situation and by using a functional contextualist approach (Hayes et al., 1988) the data can be measured on its usefulness where actions are inextricably linked to a 'context' (Morgan, 2014); the context being an individual's lived history of interactions with the environment. Throughout the study a hermeneutic phenomenological perspective is taken (Lincoln & Guber, 1985; Denzin & Lincoln 2000) and time given for reflection, encouraging researcher reflexivity which will lead to new interpretations. A mixed methods case study design (Creswell & Plano Clarke, 2018) will be used to collect and analyse qualitative and quantitative data and then triangulate with the literature review. This will enable a deeper understanding of the complexity of participant experience and how effective the intervention will be. Permission was given by the university. **(Appendix 2)**

Participants

Initially, 7 singers were invited to trial a new approach in vocal rehabilitation. A detailed explanation of what would be expected of them was given **(Appendix 1)**. The singers were either starting vocal rehabilitation for the first time or had been regularly having sessions up to a year prior to the start of this study. One singer declined due to other commitments and 6 accepted and gave consent **(Appendix 3)**. 4 singers completed the study and 2 singers were excluded during the study. 1 singer was receiving psychotherapy occasionally which hadn't been divulged at the beginning of the study so didn't complete the study. The other singer's health issues were complex and had been referred for psycho-therapy during the study.

Participants	CASE HISTORY SUMMARY
SINGER 1	Age: 60's. Classical singer and teacher. She sang professionally for many years before contracting pneumonia and was eventually diagnosed with Bronchiectasis. 4 months prior to this research study she was diagnosed with MTD predominantly in the singing voice. Vocal quality was breathy and constricted in the low and mid range. The upper range was non-existent above D5 due to excessive laryngeal and vocal tract muscular tension. She had received one initial VR session prior to the study. Vocal rehabilitation aims were to explore 'top down' strategies, breath and body connection using a multi-sensory approach to singing.
SINGER 3	Age: 20's. Student about to start her final year of a performance degree in musical theatre. She had surgery due to a Vocal fold bridge on her right vocal fold 11 months prior to the start of the study resulting in vocal fold scarring. She received SLT support throughout the study and occasionally went for a vocal massage and had one initial VR session prior to study. Her singing and speaking voice sounded moderately breathy, strained and hoarse . She struggled to sing above B5 where the vocal quality deteriorated into falsetto with pitch breaks and excessive muscular laryngeal constriction.
SINGER 4	Age: 40's. Folk singer. Has had vocal rehabilitation prior to this study due to problems managing breath when singing after abdominal surgery and laryngeal muscle tension and has sensory impairments. She gigs at weekends and sings in a choir. She regularly practices meditation for pain management. Her breath control has improved although she still can experience vocal tract tension when stressed and was interested to link her meditation skills to performance anxiety she experiences.

Participants	CASE HISTORY SUMMARY
SINGER 5	Age: 30's. Singer, Actor and Teacher was diagnosed with vocal nodules 15 years prior to this study when at university and continued to have vocal issues with her singing voice although the nodules had resolved. She has had some vocal coaching in the past year prior to starting this study with the researcher. Targets in vocal sessions have been to explore vocal technique in more depth in different vocal styles and address excessive muscle tension holding patterns in her upper register.

ACC combined with voice work

The researcher created a basic structure for 6 weekly 1 hour sessions which was based upon Hill & Oliver's (2019) suggested course structure (p.120.) **(Appendix 10)** but then had to be adapted it to each singers needs and busy schedules. It was important to ensure that ACC combined with vocal coaching as quickly as possible. For example, Singer 3 sometimes would be seen twice in one week where she did ACC on-line for 30 minutes and then face-to-face for vocal work for 30 minutes. Singers were encouraged to practice skills in context such as in the practice room, when performing or teaching as well as in everyday life. At the end of the study, each participant answered a short questionnaire created by the Researcher to gain insights and feedback on the ACC approach and what improvements could be made.

ACC training and supervision

Training in ACC commenced 6 months prior to the beginning of this study with the researcher taking 2 group online courses with the Psychologist David Juncos, Author of 'ACT for Musicians (Juncos & de Paiva e Pona, 2022). Also during the research period, the researcher had 3 one-to-one Supervision sessions with David Juncos to advise on issues arising in sessions and guidance in calculating quantitative data.

Data collection and analysis

Participants were assessed before the first session with the researcher present and then did the questionnaire independently in the middle of the research and at the end of the research apart from singer 4 who needed support in all assessments.

Self-assessments

Each participant filled in 4 questionnaires prior to the first ACC session, the middle and end of the 3 month research period. The initial data collection point was online done with the researcher. The mid and final data collection point were done independently by the participants and emailed to the VRC. They were:

- Singing voice handicap index-10 (SVHI-10) (Cohen et al 2009)
- Musician's Acceptance & Action Questionnaire (MAAQ) (Juncos et al, 2023)
- Philadelphia Mindfulness Scale (PHLMS) (Cardaciotto et al, 2008)
- Believability of Anxious Feelings and Thoughts (BAFT) (Herzberg et al., 2012).

Also the Social Comparison Scale (SCS) was done twice at the start and end of the study and singers filled in the Experiential Shame Scale (ESS) after performing at different times in the study.

Believability of anxious feelings and thoughts questionnaire.

The BAFT questionnaire is considered a good, robust assessment of the ACT construct "cognitive fusion" and provides insight into how anxiety disorders start and are maintained with behaviours such as experiential avoidance in clinical and non-clinical populations (Herzberg et al, 2012). There are 16 statements asking how valid or believable they are at the moment of reading. A seven point Likert scale is used where '1' is rated as 'not at all believable' and '7' is 'completely believable. The BAFT's 3 factor sub-scales: 'somatic concerns', 'emotional regulation' and 'negative evaluation' are considered by Herzberg and colleagues to be useful too when exploring in more detail the interaction between factors that anxious individuals may exhibit.

Musicians's Acceptance and Action Questionnaire (MAAQ)

The MAAQ aims to measure how psychologically flexible musicians are when practicing their instrument and performing. It can predict outcomes in student performances flow experiences and avoidant behaviours and predicts any psychopathology linked to MPA (Juncos et al, 2021). It consists of 7 statements with the same 7-point Likert scale as in the BAFT and is used in this study to determine if vocally disordered singers reduced psychological flexibility may be why maladaptive voice related behaviours are maintained.

The Philadelphia Mindfulness Scale (PHLMS)

PHLMS is used to monitor participants present moment awareness and acceptance. The questionnaire was developed by Cardiacotto and colleagues (2008) using 160 mixed psychiatric patients and 763 non clinical samples. In the questionnaire, the two sub-scales, awareness and acceptance, are considered not to be correlated but make up the construct of 'mindfulness' (Bishop et al, 2004). There are 20 statements in total and a 5 point Likert scale is used: 1=never, 2= rarely, 3=sometimes, 4=often and 5=very often. Respondents are asked to rate how much they have experienced each state or action within the last week.

Philadelphia Mindfulness Scale (PHLMS).

Acceptance and Awareness sub scales are not correlated to one another and therefore are analysed separately. PHLMS can be used to monitor an individuals 'progress in mindfulness based treatments" and acceptance could predict outcomes of treatments and how much an individual is vulnerable (Cardaciotto et al, 2008). Increased levels of acceptance in a psychiatric population was a sign that individuals were less likely to ruminate or be anxious. Previous studies of singers with MPA practising ACT skills demonstrated significant improvement on the 'Acceptance' sub scale (Juncos & Markman, 2015; Mahoney, Juncos & Winter, 2021).

Experiential Shame Scale (ESS)

The emotion of shame involves being painfully self-judgmental (Tangney et al 2014) and is a common symptom experienced by performers with MPA (Daubney & Daubney, 2017, Gonzalez, et al., 2017)). Studies indicate that ACT and ACC are efficacious approaches to reduce its power over singers who experience MPA when performing and was measured

using the Experiential Shame Scale (ESS) (Turner, 2014, Juncos et al 2017, Mahoney et al, 2022). The ESS is a numeric comparison rating scale between 1 and 7 which highlights how performers experience shame physically, emotionally and socially.

Social Comparaison Scale

The social comparison scale (SCS) (Allan & Gilbert, 1995) is a 10 point scale comparing yourself to others. For example how much do you feel inferior or superior. A high score indicates a more positive assessment of the self compared to others. Significant positive change was observed in a group of Music Theatre Students of SCS scores after ACC (Mahoney, Juncos and Winter, 2021).

Singing Voice Handicap index-10 (SVHI-10) (Cohen et al, 2007)

The SVHI-10 provides a short assessment to measure how vocal problems can impact on singers. It is considered an appropriate tool to screen vocally dysphonic singers (Sobol et al, 2019). It is commonly known that singers will judge their singing voice harshly in comparison to their speaking voice (Murry et al., 2009). The SVHI-10 aims to differentiate between singers with mild to severe problems by measuring how they perceive their singing voice is vocally, physiologically and socially 'handicapped' (Cohen et al., 2009). Although the SVHI-10 is used in voice clinics, singers perceptions of their voice score much higher than the mean even if the voice isn't dysphonic. A recent study to establish a much needed normative value to clarify severity identified a mean of 9.13 (SD=5.15) for healthy singers (Goochman et al 2023) which is near the original mean of 8.38 (Cohen et al, 2009). However, they suggest that the normative value they found in their study of 19.4 is a useful guide for clinical interventions and recommend that if a singers perception of their voice is 20 or more, it should be considered 'abnormal' (Goochman et al, 2023).

Qualitative data collection

All singers had already received at least one VR session before the start of the study and so background information was taken from case histories at the initial session and added to in the study as well. Conversations were recorded in all vocal rehabilitation sessions and then transcribed. A questionnaire was emailed to the singers with the same 6 questions at the end of the study. Two singers emailed back their answers two answered them on Zoom.

Insider Research

Although this study was not controlled for insider research bias, by using a mixed methods approach it was hoped this would safeguard subjectivity to a large extent. The Researcher was aware that the qualitative nature of some of the data would still be biased and endeavoured to maintain professional boundaries throughout and interpreted verbal data as objectively as possible by being continually self-reflexive and interpretations being compared and supported by published research in the literature.

Ethical considerations.

As this study dealt with some sensitive personal stories, some content is excluded and names are changed to protect participant privacy and anonymity. Participants understood that they could leave the study at any point and all their information would be destroyed and they were given information and consent form to sign before the start of the study. Ethical approval was given (**Appendix 12**). Data protection and client confidentiality was adhered to throughout the study and the Researcher made sure the participants had information in how to access professional help if they felt they needed professional psychological support.

DATA ANALYSIS AND FINDINGS

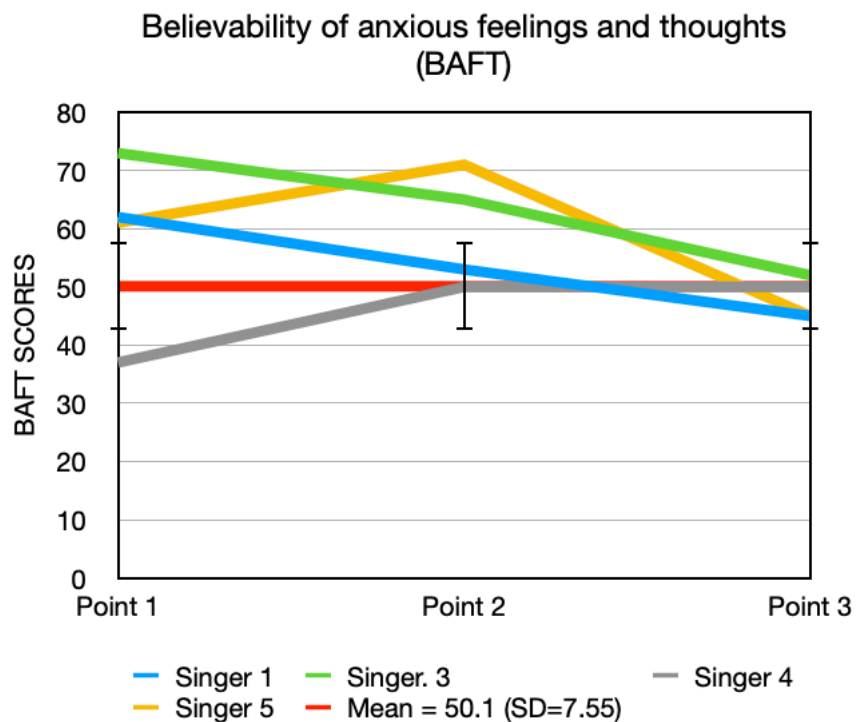
QUANTITATIVE DATA

All quantitative data from questionnaires taken at the start, mid and end point of the study were collated and calculated using the Reliable Change Index (RCI) equation (Jacobson et al., 2004, Christensen & Mendoza, 1986.) The Standard Error and Standard Difference of each questionnaire were initially calculated using the mean, Standard Deviation and Cronbach Alpha rating. The RCI scores demonstrating reliable significant improvements so were considered 'psychometrically sound' (Jacobson & Truax, 1991) are highlighted in red.

Questionnaire scores and graphs

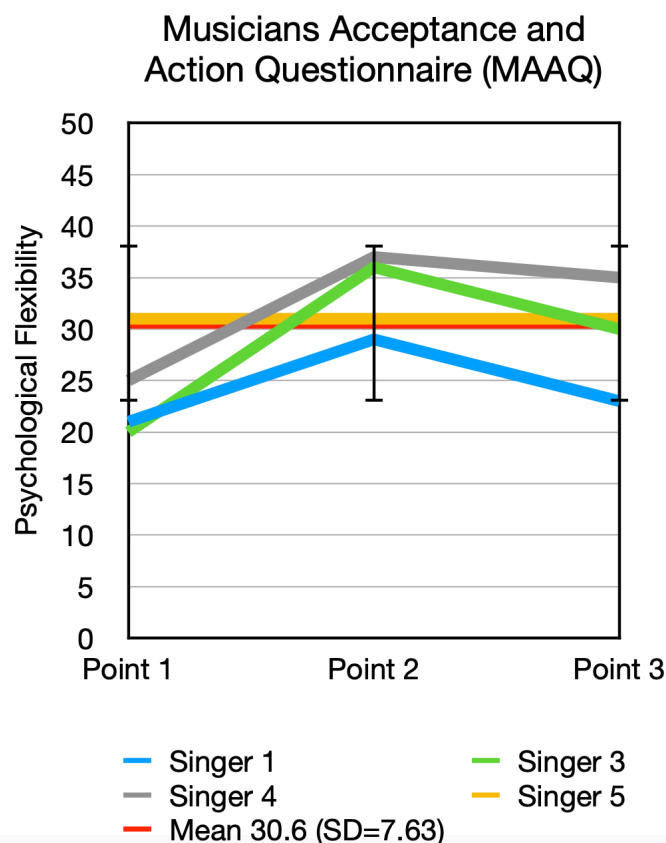
Reliable change index = > 1.96 or < -1.96	BAFT M= 50.1 SD = 7.6 Sdiff=7.552	MAAQ M = 30.6 SD = 7.6 Sdiff=4.02	PHILMS Acceptance M = 30.2 SD = 8.0 Sdiff=3.504	PHILMS Awareness M = 34.7 SD = 6.8 Sdiff=3.486	SCS M=64.67 SD=11.65 sdiff=4.94	ESS M=3.9 SD=.73 Sdiff = 0.546	SVHI-10 M = 9.13 SD = 5.15 SDIFF = 1.78
SINGER 1	62-53-45 RCI = 2.5	21-29-23 RCI = 1.1	25-29-28 RCI = 0.86	35-35-34 RCI = -0.31	59-64 RCI = 1.01	4.9-4.3 RCI=-1.1	37-31-31 RCI=-3.37
SINGER 3	73-65-52 RCI = 2.8	20-36-30 RCI=2.48	17-24-23 RCI = 1.71	34-39-36 RCI = 1.43	57- 0	4.8-0	26-19-20 RCI = -3.37
SINGER 4	37-50-50 RCI - no	25-37-35 RCI=1.3	31-35-26 RCI = 1.43	43-39-39 RCI = -1.14	64-54 RCI=2.2	2.8-4.1 RCI=2.38	28-14-8 RCI = -11.23
SINGER 5	61-71-45 RCI = 2.1	31-31-31 RCI = 0	26-23-32 RCI = 1.71	40-39-36 RCI = -1.14	57-67 RCI=2.02	4.1-3.5 RCI=1.09	14-9-13 RCI = -2.8

Believability of anxious feelings and thoughts (BAFT)



The BAFT has excellent internal consistency, coefficient alpha = 0.90. The non clinical mean is 50.1 and the maximum score for the BAFT questionnaire is 112. The higher the score, the more an individual believes and is controlled by their anxious thoughts and feeling (cognitive fusion). Overall, singers 1, 3 and 5 scores had a clinically significant increase in cognitive diffusion by the end of the study and singer 4 didn't although singer 4's score was consistently under or level with the mean all the way through the study period. BAFT sub-scale scores (**APPENDIX 5**) highlighted certain vulnerabilities some singers had such as singer 1 was much more likely to fuse with her emotions and struggle to control them and singer 3 frequently fused with negative evaluations of her anxious thoughts and feelings.

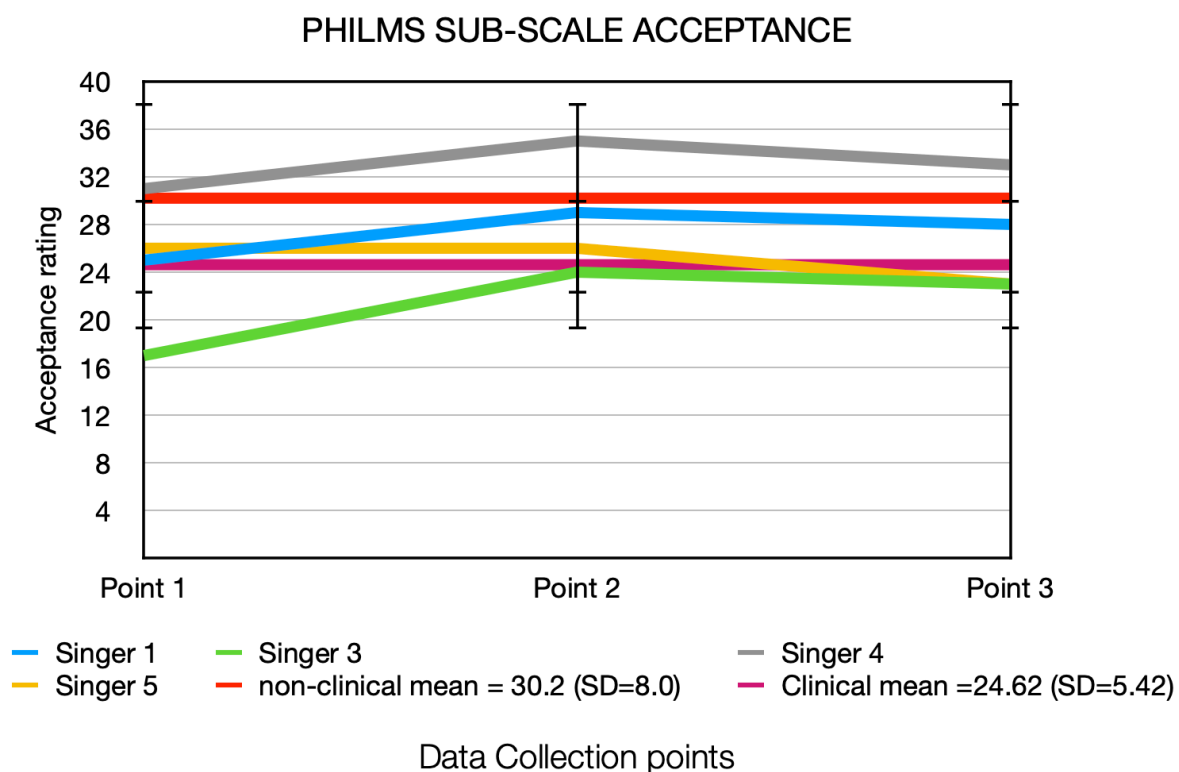
Musicians Acceptance and Action Questionnaire



The MAAQ is considered to have good internal reliability (.84), construct and discriminant validity (Juncos et al., 2022). It aims to illustrate how much psychological flexibility musicians have in relation to practice and performance. Lower scores indicate

psychological inflexibility indicating that the singers in this study cannot so easily disengage from negative thoughts, emotions and sensations when performing. Questions and scores were calculated (**Appendix 7**). S1 had the lowest total score although did improve mid point to just below the mean. Overall, her scores suggest she is continually overwhelmed by negative evaluations which hinder her singing and performing. Singer 3 and 4 scores were low at baseline but did improve to above the non-clinical mean mid point and singer 3's scores demonstrated reliable change by the end of the study. Singer 5's total scores remained at the mean throughout the research which could reflect psychological inflexibility generally as improvement would have been expected practising ACT skills.

Philadelphia Mindfulness Scale (PHLMS).

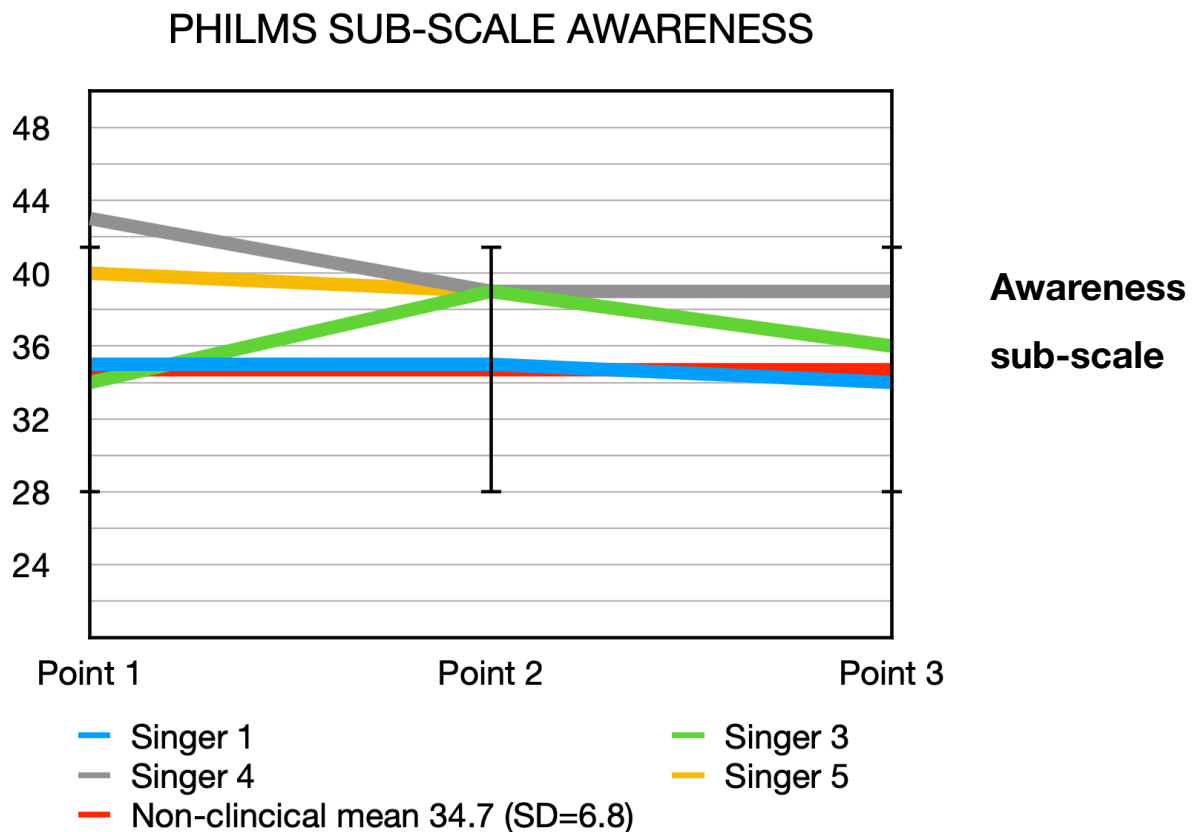


Acceptance sub-scale

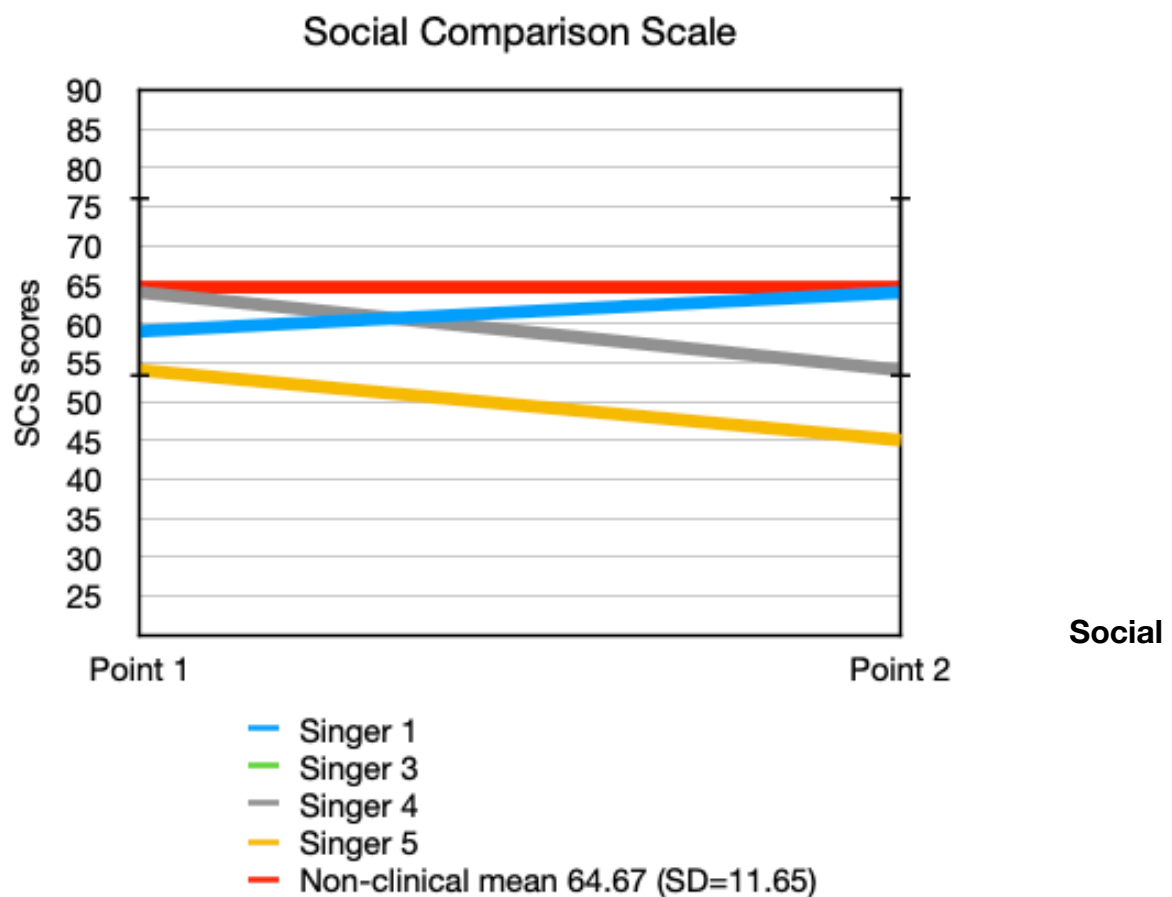
The acceptance sub-scale's non-clinical mean is 30.2 (SD=8) and the internal reliability is excellent (Cronbach's alpha = .91) (Cardaciotto et al., 2008). S1, 3 and 5 had low scores below the non-clinical mean (30.2). Higher scores indicated increased acceptance demonstrating "less thought suppression and rumination" (Cardaciotto et al., 2008) and the only singer demonstrating increased levels of acceptance was S4 scoring 35/50 at the

2nd data point. **(Appendix 6)** S3's scores were below the SD of the clinical mean pre-intervention and then rose to just under the clinical mean. S5's scores were only just above the clinical mean and then dipped under it at the end. No singer demonstrated a reliable change.

Low acceptance scores indicated high levels of rumination and worry. S3 who had the lowest acceptance scores was referred to a psychotherapist post research.

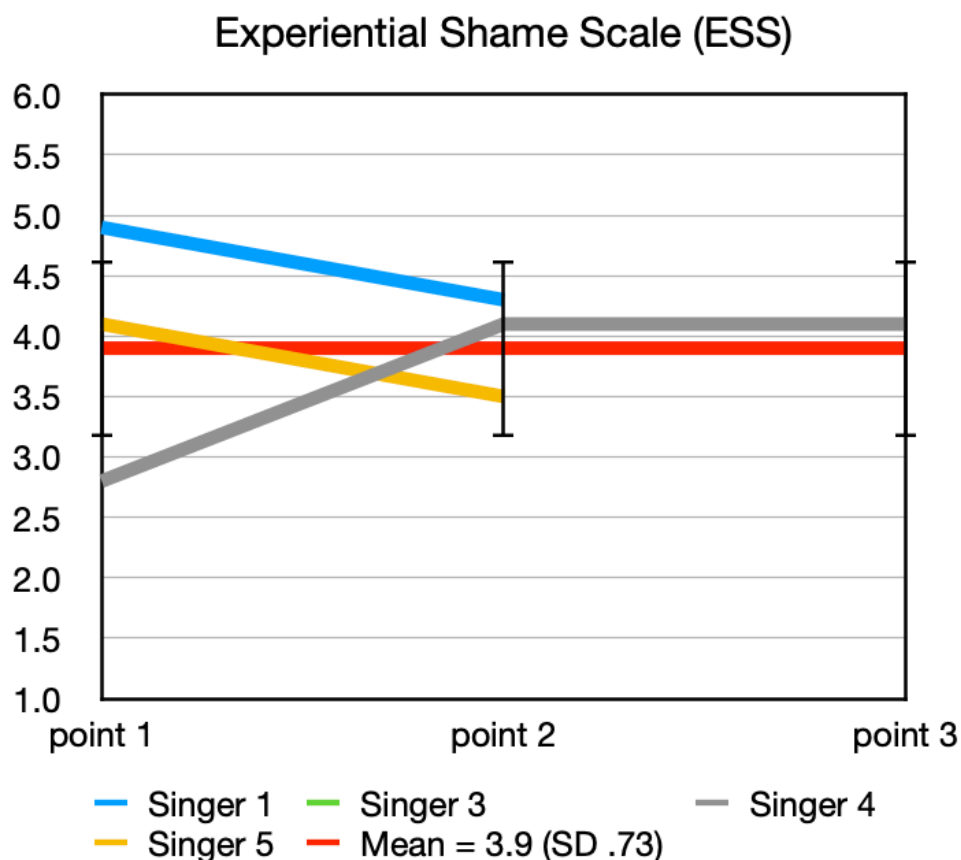


The Awareness sub-scale has good/adequate internal consistency (Chronbach's $\alpha=.86$) where higher scores meant increased awareness **(Appendix)**. S3, 4 and 5 stayed above the non-clinical mean (34.7) within the SD (6.8) and S1 remained consistently by the mean. None of the singers demonstrated reliable clinical change throughout the research period.



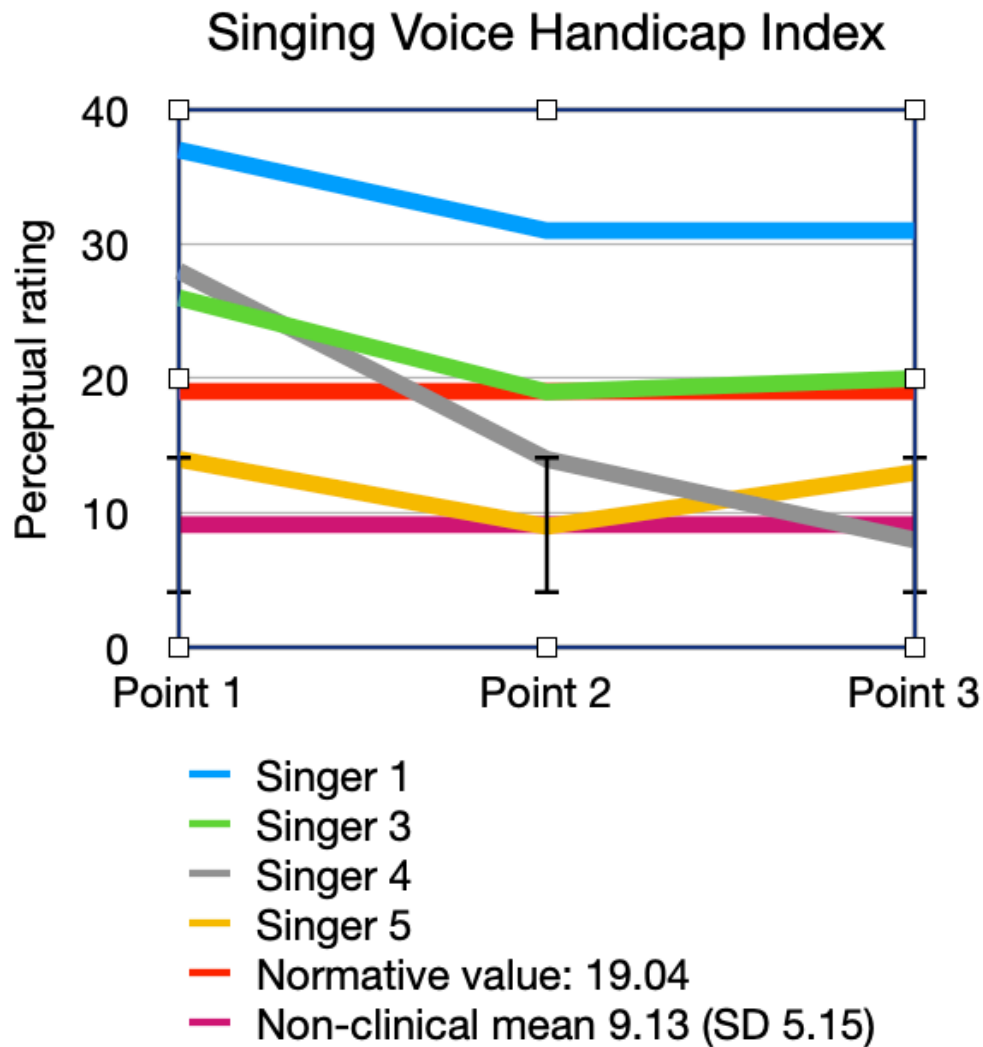
Comparison Scale (SCS) and Experiential Shame Scale (ESS)

The SCS depicts how a person compares themselves with others and has excellent internal reliability, cronbach alpha of 0.91 and non clinical mean of 64.67 (SD: 11.65) (Allan. & Gilbert, 1995). High scores correlate with increased social confidence and self worth (**Appendix 8**). Singer 1,4 and 5 did the questionnaire twice, once near the start of the study and once towards the end and all rated themselves the majority of the time below the non-clinical mean and S4's significantly changed for the worse. S5 scored well below the clinical mean at the 2nd data collection point when comparing herself with other performers she was rehearsing with at the time of the study. S1's scores improved to the mean. S3 only completed one questionnaire at the start of the study scoring 57.



Experiential Shame Scale (ESS)

The ESS was demonstrated to have adequate internal reliability in a validation study (Turner, 2014) with a Cronbach's alpha of .81. Lower scores indicate reduced feelings of shame. Student vocalists practising ACT skills reduced significantly their feelings of shame of their MPA symptoms after performances (Juncos et al 2017, Mahoney, Juncos & Winter, 2022). In this study, questionnaires were done by participants straight after performances but as performances were in different contexts therefore variables were not controlled, scores cannot be classified as clinically significant (**Appendix 9**). Shame levels were above the non-clinical mean for S5 who performed in a recording studio and then in the theatre dropped to below the mean and S1 who performed in an initial assessment in front of the VRC and then in a choir demonstrated feelings of increased shame singing solo in front of the VRC although stayed above the mean. It must be noted that S4's shame levels significantly improved to just above the mean between the first and 2nd. She was performing in front of an audience in the 1st data collection point and 2nd/3rd time was in front of the VRC. S3 didn't do this assessment unfortunately as was so busy in her course.



Singing Voice Handicap Index - 10 (SVHI-10)

In the SVHI-10 (**Appendix 4**) singers 1, 3 and 4 rated themselves having severe perceptions of their vocal issues at the beginning of this study scoring well above 20 and made a reliable clinical improvement by the end of the study. In contrast, S5 scores demonstrated her experiencing vocal issues similar to the rest of the population and made clinical improvement of her ratings in the middle of the study. S3 scores reduced significantly but would still be regarded as abnormal at the end of the study hovering around the normative value and singer 4 scores dropped clinically significantly to just below the mean by end of the study. S1 scores were still a cause of concern by the end of the study.

Qualitative data collection and thematic analysis

Transcriptions were made of the recorded discussions within VR sessions, initial and post research interviews. The transcriptions were then scrutinised in detail being read through several times by the researcher (**APPENDIX 11**). A reflexive approach was used throughout data collection (Braun & Clarke, 2019).

The transcription was coded to provide the 'building blocks' for thematic analysis (Braun, Clarke & Wheate, 2016). All participant utterances were considered important and so were not excluded from the coding process and all researcher assumptions were continuously questioned by the researcher to see how they influenced choices and whether this mattered (Trainor & Bundon, 2020). It is accepted that research bias is an unavoidable part of the process (Finlay, 2002b) so the researcher continually compared reflexively her judgements within the wider context in the literature when transcribing data. Themes emerged during rather than prior to data analysis and coding was flexibly done so they could be recategorised if deemed conceptually pertinent. Final patterns of similar codes emerged to form themes and categories which illuminated concepts and ideas related to the research question (Braun & Clarke, (2014).

Themes and categories:

1. Negative thoughts, emotions and maladaptive behaviours

- Perceived control of symptoms
- Emotional disconnect
- Vocal technique and perfectionism
- Performance context and MPA
- Experiencing physical pain and discomfort

2. ACC intervention

- Coping strategies
- ACC skills

3. Integrating ACC into VR sessions

- Session structure and content
- Coach/Coachee collaboration

Qualitative and Quantitative data analysis

1. Negative thoughts, emotions, sensations and maladaptive behaviours

‘Perceived control’ of symptoms

In a study of 50 singers comparing their perceptions between their speaking and singing voice after completing the Voice Handicap Index-10 (VHI-10) and the SVHI-10, will judge their singing voice more severely and will be more aware of the smallest change when singing than when speaking (Renk et al, 2017). Levels of ‘perceived control’ of 23 individuals with a voice disorder were explored and it was identified that vocal symptoms and emotional responses increased when ‘perceived control’ reduced (Misono et al, 2018). Singers 1, 3 and 4 perceived control of their vocal symptoms were initially very low according to their SVHI-10 scores whereas singer 5 were not. S1’s laryngeal constriction gradually increased as she approached notes above A4/B5 and above C5 she describes *“instantly I have stopped breathing and I am completely rigid there (pointing to the abdomen) and I am completely rigid in my jaw.....forcing it through - I got used to doing this...”*. Her perception of the severity of her vocal issues were reflected in the SVHI-10 questionnaire scoring 37/40. Scores significantly improved by the end of the study but were still high (31/40) indicating her emotional and behavioural responses continued to be maladaptive.

S3 would report when under stress *“I get very overwhelmed - I can’t just do it - I used to, I’m struggling - trying to sing quietly... I get very tight in my shoulders, behind my ears and in my chest - in my throat a bit*. However, there were very low positive scores on the SVHI-10 statement: ‘I have to push it to produce my voice when singing’, suggesting that aims to reduce compensatory muscular effort due to vocal fold scarring in therapy and vocal coaching was efficacious. VRC graded her speaking voice on the GRBAS scale variably between 1-2 due to episodes of vocal fatigue. At the start of the study her singing voice quality was consistently breathy in the lower range with increased muscular effort as the pitch increased becoming aphonic above B5. Vocal quality was far less breathy and strained towards the end of the study and she was able to sing E5 in semi-occluded lip rolls and inconsistently with rounded vowels in a classical vocal quality (M2). She had

started to perform with increased confidence up to C5 in songs using a light 'mix' vocal quality (M1) by the end of the study and was awarded a 1st in a song assessment.

S4's initial scores in the SVHI clinically significantly improved. She had already been having regular sessions with the VRC over 6 months prior to the start of the study and the main aims were to reduce MTD symptoms although there was still a tendency to revert to old patterns of jaw holding and tongue backing when under pressure. She was at the conscious competent stage of motor learning *"I was really pleased with our last session - thinking about my tongue every time I sing - my gig went well"*. Her high notes particularly improved where at the start of the study she rated 'always' to the statement "I am unable to use my "high voice" to 'never' at the end of the study.

Although S5's SVHI-10 scores were similar to singers in the normal population throughout the study, her constant concern was her high notes as she would gradually start to increase laryngeal tension when singing E5 upwards and wasn't able to sing comfortably above A6. She had been having regular monthly vocal coaching prior to the study and in sessions improvement was made using a variety of vocal strategies but it still wasn't automatic. She commonly made comments when singing through the passagio: *"I felt it coming up....there's something odd doing something"*. Gradually she reduced her habitual holding pattern through the study but still voiced her worries *"yes I am really getting how I can sing in the high mix although just want to check I am doing it right"*.

Emotional disconnect

S1 would claim that she felt fine - *"I don't feel I need therapy, I don't feel depressed I don't feel the emotional attachment to anything"*. Being emotionally disconnected has been observed with many females with FVD's (O'Hara et al, 2011). Her unconscious 'implicit' emotions are only expressed at the 'sensorimotor level' (Baker & Lane, 2009), S1 reported that *"the shutting down is tension but it is almost as if the muscles have solidified....they grip so tight..... it has become hardwired"*. In the 5th session this conversation occurred whilst practising an ascending vocal exercise as S1 was practising 'focused attention'. The VRC asked what are you feeling right now after she said she had been worrying about the high note coming up: *" it's disgust - that is the word, utter disgust that I can't sing an E. It's shocking, it makes me feel quite upset tearful and that's a revelation"*. She then makes an astute observation - *"The brain has strategies. If we don't sing the note we won't have that feeling"*. The VRC suggested to be kind to

herself, you are protecting yourself which is understandable. S1: *“yes its protection and its keeping me safe but the downside is that it isn’t allowing the joy either. It’s a safe path but it’s a grey path”*. As she reflected upon her emotional reaction of ‘disgust’, for the first time it had become ‘explicit’ to her. Consciously processing painful thoughts theoretically are top-down processes to help modulate ‘the visceral expression of emotion’ which triggers the muscles to tense (Baker & Lane, 2009). Feelings of disgust, anger and shame are felt when we compare ourselves with others and in this instance S1 was performing to the VRC so there was undoubtedly embarrassment felt as the VRC and S1 had similar performing back grounds and teaching experience. In Gilbert’s Compassion Focused Therapy model (2010), he would describe S1’s response was due to her ‘Threat and Self-Protection System’ being activated.

Although ‘self-compassion’ has not been mentioned in this study thus far, it was discussed with singers when becoming emotionally distressed in vocal sessions to regulate the ‘soothing’ system’ by using a quick mindful breath exercise (Gilbert, 2009). When discussing self-compassion and acceptance, S1 insightfully answered *“compassion is difficult as I am not emotionally engaged”*. S1 rated only ‘sometimes’, in the SVHI-10 to the statement *“I feel that something is missing in my life not being able to sing”* which seemed incongruent with her needs as a busy singing teacher and singer and demonstrating a denial of being emotionally upset with her vocal issues. She also scored high on the BAFT and ESS questionnaires at the start of the study indicating high levels of anxiety and and shame due to her voice not being the high standard it used to be. S1’s scores on the emotional regulation sub-scale of the BAFT reflected S1’s unconscious suppression and control of her emotions. Overall her BAFT final total scores improved to nearly the mean suggesting she was beginning to be able to identify the negative thoughts and feelings and be less controlled by them: *“The skill of allowing thoughts to appear without engaging with any negativity surrounding them. It also helps to be ‘in the moment’ rather than experiencing anxiety about what was to come”*.

Vocal technique and perfectionism

Singers 3, and 5 reported having undeveloped vocal technique pre vocal problems - *“navigating and switching, not really knowing what I was doing in that style (singer 5)....I was straining and pushing in a show (S 3)…”* which they attribute to their vocal injury. S3 said *“I am always worried about doing technique wrong....damaging my vocal folds”* and certainly her understanding of vocal technique was reduced due to her lack of experience

and age. S5 on the other hand had been performing and teaching singing for a long time but continually checking and asking herself or the VRC in sessions what the voice sounded like: *“it is an ongoing battle from breaking away from old habits constantly being plagued is this right? Is this right? ...I am still trying to shake that off”*. Similarly, S1 also reported that she is continually analysing internally while she is singing: *“It’s like I know that I should be moving that muscle, I know that I should be having my head in this position, I know that my posture should be like this. You know it’s like this check list, the brain going through everything again and again”*. This ‘interoceptive accuracy’ is counter-productive as it will increase anxiety and is a sign of diminished vocal ‘self-congruency’ (Crow, van Mersbergen & Payne, 2019). It is more productive to focus attention ‘externally to enhance a performance (Mornell & Wulf, 2019). When S1 started to focus on the sensory experience and her own *“imaginative pathways based on the ACC model”* rather than total vocal technical accuracy at the end of the study she said *“it allowed a greater sense of release which in turn helps the singing to be more free”*.

In the SVHI-10, the statement, *“I have trouble making my voice do what I want it to”*, all singers said this was true ‘sometime’s and S1 and S4 said ‘almost always’ or ‘always’. This could be construed as the interplay of ‘perfectionistic striving’ to master vocal technique considered ‘adaptive perfectionism’ common amongst performers (Stoeber, 2012). However S1 and S5’s excessive concern in sessions and performance to achieve inflexibly high standards and fear of being criticised and S1 avoiding to practice suggests ‘maladaptive perfectionism’ linked to MPA (Ens et al, 2001) and said to be a common behaviour in females with FVD’s (Baker et al, 2008; Baker et al., 2013). S1 made the comment that *“my larynx is getting paralysed...paralysis analysis”* which aptly describes the laryngeal muscles closing tight when ascending pitch so whether unhealthy perfectionism is present before the onset of a vocal problem isn’t clear although it has been suggested certain personality types who develop FVD’s are ‘conscientious’ and ‘perfectionist’ in their behaviour, and tend to persevere against adversity without complaint (O’Hara et al, 2011). All participants recollections of major ‘life events and difficulties’ (LEDS) (Baker, 2003) leading up to onset of the voice disorder suggest they struggled for a long period of time before seeking help. S1 recalled a life threatening illness resulting in breathing difficulties: *“After pneumonia, I was diagnosed with bronchiectasis...I had COVID twice”* but continued to perform *“until the MPA took over”*. S3 experienced a long drawn out period of uncertainty over several years before she knew exactly what was wrong: *“I would lose my voice when I went out clubbing....I was*

told I had nodules - changed the diagnosis to a cyst - went into surgery and they said it wasn't a cyst but a mucosal bridge ... left with scar tissue on my vocal folds". S4's story is harrowing at times, enduring much in her life which makes singing and performing physically and practically more difficult than the average person" "Major traumatic experience.... intensive care..bereavement" and S5's struggle and perseverance to become a performer after recovering from nodules as a student: "I went into every audition not feeling safe, not knowing what was going to happen knowing you can do the job ...it was just a big crisis of self confidence - that I didn't get a lot of auditions and I know I should have".

Performance context and MPA

The higher the total score in the MAAQ, the more psychologically flexible an individuals thought processes are (Osbourne et al., 2021) and S1, S3 and S4's SVHI-10 and MAAQ total scores correlated negatively suggesting perceived reduction of the singing voice handicap and increased psychological flexibility by the end of the study. S3 and S4 scores demonstrated significant reliable improvements in psychological flexibility and S1's scores improved mid study but still under the mean.

S5's scores stayed consistently on the mean throughout the study suggesting her psychological flexibility hadn't changed at all which was suprising. However, the context seemed to be a contributing factor for S5 started to rehearse a challenging show which stretched her artistic abilities so she felt professionally vulnerable. There was a significant drop in score of her perceptual rating to the statement in the MAAQ: *"worries and anxiety about my performances don't get in the way of my success"* which she said was 'never true' at the start of the study whereas her final rating was 'frequently true'. She said:*"After rehearsals feeling so 'xxxx' thinking you are probably going to be kicked out... I see other people make mistakes and just not torture themselves"*. Her scores on the Social Comparison Scale (SCS) when comparing herself to other cast members plummeted to well below the mean. S5 is aware of her distorted thinking saying *"I just have to catch myself when I start to think like this as I can just spiral"*. Similar to this, negative social comparisons have been found by cognitive therapists as part of a performance anxiety construct (Driskell, 2012, p15) and has been identified in a study of music theatre students as a pervasive MPA symptom (Mahoney, Juncos & Winter, 2022).

It is suggested in this study that the cognitive construct linking laryngeal muscle tension and MPA is 'Conflict Over Speaking Out' (COSO) (Andrews & House 1988, Baker et al, 2013) or rather 'Conflict Over Singing Out'. S1 relates this to herself when singing in a choral context: *"The feeling that somebody somewhere will be criticising that so if I sing a high note and am louder than anybody else - part of my brain says nobody wants to hear you, don't sing so loudly"*. It is suggested that family culture and belief systems are imbedded in S1's psyche when she says : *"When I was little there was an expectation not to show off... a female just didn't voice things....don't shout and cry.....this internal dialogue is going to go on for the rest of my life - I am going to be judged - I know somebody is not going to like me"* . However, she said: *"I didn't fear performing before"* implying she didn't suffer MPA beforehand *"but then that got replaced with - almost a fear - that something technically... vocally... literally the system was failing"* It isn't clear if MPA was present pre-onset of a voice disorder for S1 and she states she didn't think it was but her MAAQ scores clearly indicate severe psychological inflexibility related to her self as a singer and performer.

Experiencing pain and discomfort

S3 reports muscular discomfort: *"I get very tight in my shoulders, behind my ears and in my chest - in my throat a bit"* when she is feeling more stressed. 'Globus' is a commonly reported symptom of MTD and helping a singer to reframe pain. Using ACT researchers have found that acceptance is an effective strategy in 'coping' with it (Vowels et al 2007). S4 has reports using meditation regularly to help her with physical pain linked to her sensory impairments and abdominal pain. A singer who didn't complete the study suffered a lot of pain and working with rating scales whilst singing and her ratings significantly reduced after a few weeks.

◆ Acceptance and Commitment Coaching (ACC)

Coping strategies

Avoidance was a common maladaptive coping strategy to deal with their vocal disorder held by all singers. S3 found it difficult to listen to songs she wanted to learn and avoided practising *"I just tend not to sing which is obviously counter productive... If I don't sing I don't think about it"* as did S1 who describes her internal conflict in relation to practice in great detail: *"it has felt it is such a different voice it is so hard to turn off the voice in my head that this is not right. It's uncomfortable,*

physically and mentally and practising, I'm ask myself - do you really want to be in that space even just for 10 minutes?". Kryshtopava's proposal that altered sensory feedback such as when an individual hears their dysphonic vocal quality will clash with S1's stored 'neural models' triggering an error signal to change muscular activation and sensory information to update and correct so theoretically faulty neural signals are sent via the brain stem to increase laryngeal muscular tension. (Kryshtopava et al, 2017). Her voice was incongruent with her sense of self' as a singer. 'Vocal congruence' is better served using 'interoceptive awareness' rather than total 'accuracy' due to the complexity of vocal function (Crow, van Mersbergen & Payne, 2019). S1 was continually internally analysing her voice whilst singing increasing her levels of anxiety She started to address this initially with short meditations, practising focusing her attention on the breath but even then internally she was telling herself *"come on you got to get it right. There was a pressure on the breath to even breath properly!"*. Her coping strategy when singing in a choir she said was 'avoidance' *"when it goes up to an E, F and G, I literally stop, miss out those bits and then join back in"*. Coping strategies that started to work for her and increased perceived control was diffusion which she described as *"I'm turning off all the verbal insertions going on in my mind"* although she added she didn't think that this strategy was total acceptance which is born out by her scores of the Acceptance sub-scales being below the non-clinical mean although they did improve. In later sessions she said that: *"my brain is focusing entirely on the sensation rather than a critical or analytical thought"*.

ACC skills

The 6 ACT processes to change behaviour by becoming more psychologically flexible is broken down into three 'skill sets' which were practised. All participants explored skills where there was a variable response due to the different vocal needs of each singer.

1. **Openness:** Staying consciously open to thoughts and feelings by practising 'Cognitive diffusion' and 'Acceptance' to separate and observe unwanted thoughts and feelings rather than push them away or be dominated by them (Hayes, et al., 1999). A common ACT exercise using the metaphor of the 'chess board' to practise diffusion: *"I am now the board and just noticing these negative thoughts but not reacting to them as I did. (S1). S4 had practiced meditation to manage pain but had never appreciated it would help her manage distractions when performing: "I found diffusion and separation were the most poignant and analysing what affects it".*

S3's negative evaluations in the BAFT sub scale scores (Appendix) increased exponentially in the second data collection point which aligns with the qualitative data where she reported increased levels of stress linked to performing in a university performance class: *'I get very over whelmed - I can't just do it. I'm struggling'* Practicing diffusion and acceptance became more important to her *"My voice can be absolutely fine on that day but mentally I am worrying before it even happened. Then when I notice that and accept it, then sometimes I can get up and sing rather than just sitting down and watching it."*

S4 was the only singer who scored above the mean in both PHILMS sub-scales of 'acceptance' and 'awareness', 'the two-factor conceptualisation of mindfulness'. This is consistent with the PHILMS validation study which concluded that it is a reliable measure to compare experienced meditators with non-meditators (Morgan et al, 2020). The other singers scores which were below the non-clinical mean and S'3's were below the clinical mean although did show some improvement but in comparison to other ACT MPA studies (Markman & Juncos, 2015; Mahoney, Juncos and Winter, 2021) vocally healthy singers demonstrated significant positive change. The singers in this study's acceptance of vocal incongruence perhaps wasn't as easy when dealing with a vocal disorder as well as MPA. Acceptance as a construct will indicate in non-meditators symptom severity (Morgan et al., 2020) and it is suggested by the Author it would take a longer time to practice Hexaflex skills than this study offered or possibly extra therapeutic support beyond the scope of the vocal studio as well.

However, there was evidence in what the singers said in sessions that they were starting to learn skills but for singers like S3 suffering vocal fold scar where the prognosis was uncertain, it was a *"struggle"* particularly as she already claimed to not like doing yoga, pilates and mindfulness on her course: *"I can't do it"* but mid study she reports that: *"as time goes on I am practising it more and more - like when I am walking or washing up - I find it easier to do... I feel more relaxed"*. She said in the final questionnaire: *"ACC makes me feel more normal - I accept more. Accept that my feelings are very natural feelings"* and in another session she spontaneously said: *'you are not your emotion, the emotions are just there. It's working!'*

S5 found acceptance difficult which her 'acceptance score in the PHILMS illustrated: *"I guess I am struggling about the acceptance thing - accepting my constant negative thoughts - its' holding it with you - you know that meditation you sent - hold them and open to them and because there is shame and annoyance and frustration"* and S1 reported later in the study increased acceptance which also was seen on her PHILMS acceptance scores: *"I do notice if the negative or anxiety thoughts crop up - I feel I am running with them all - I give them more space"* and S4 demonstrated her experience in diffusion and acceptance metaphorically *"like a mother cat, put the paw on the kitten and say just be there.... not at the moment its not what I need now but I know you are there"*

2. **Awareness** 'Present focused awareness', the deliberate meditative practice of focusing your attention, staying in the 'present moment', 'non-judgementally' (Kabat Zinn) and being able to easily change your focus without losing the sense of 'presence' (McCracken & Velleman, 2010) and 'self as context' means taking an objective view of the self, seeing the 'true self' (McHugh & Stewart 2012). It became apparent ACC developed singers understanding that mindfulness was an active process which when combined with identifying what they valued in their singing enhanced performances. This had been demonstrated in several studies with vocally healthy singers (Juncos & Marman 2015; Juncos et al., 2017; Mahoney et al., 2022). S4 scored well below the mean of the ESS after a concert at the beginning of the study. She was highly critical of her performance due to forgetting her lyrics and in the VR session said: *"I wouldn't have wanted to sit through what I did, it was so dreadful!"*. Her reaction of feeling so ashamed was discussed at length in a session resulting in her realising what really made her flustered was being unprepared and not using her skills in mindfulness in her singing: *"I have loads of experience of mindfulness but I would like it to be more part of my DNA."*

S5 was starting to use focused attention skills when singing and was practising regularly mindfulness at home. In the earlier stages of learning the Hexaflex skills, she referred several times to *"an old nodular way of singing"* when approaching high notes with increased constriction. Exploring long term outcomes of therapy of 27 individuals diagnosed with MTD, researchers found that they continued to have hoarse vocal quality and presented with pathological features (Van Lierde et al., 2007). S5 stated that *"because of previous mistakes with my voice 'I can get in my head 'what technical things I should be doing in the moment and not connecting with what I*

am singing in the moment” and said that she is “*very aware of bodily emotions*”. In contrast to S1’s difficulties which have been common with people with FVD’s in having greater difficulty to link sensations in the body with emotions such as anger or anxiety (Helou et al., 2013; 2007; Comstock Smeltzer et al. 2023). S5’s maladaptive strategies started to transform in later sessions where she was ‘present’ and ‘focused’ when singing and not caught up with worrying about her vocal technique so her vocal range extended to C6 and above with balanced effort levels and towards the end of the study she said *"I think only recently now I really finally believe that I don't have any nodules left"*.

3. **Engagement:** Taking committed action aligned with personal values (Harris, 2009) and being able to change goals as life is unpredictable (McCracken, 2024). There was a shift in S3’s understanding of what her voice could manage due to the scar tissue impeding vibration so she was making more realistic choices of repertoire as her high notes were still compromised.

S4's ESS and SCS scores were low so she did the ACT matrix assessment to explore what she most valued as a singer initially identifying internal negative emotions and thoughts and external behaviours which stopped her really achieving her goals in singing and practising had become “*boring*”. ‘Successful working’ would only be considered true if the goal was motivated by an identified value which had been stated prior to the action (Hayes, Wilson et al., 2013). She identified she valued “ *an authentic and expressive voice - enjoying practising - good breath control*”. In sessions some of the focus was on working out new strategies to improve her practise regime. She said in the final interview that she had started to “*accept mistakes can be made and learn to move on and keep going with the performance*” which she reported to start doing in gigs due to more effective practice.

S1 summed up how the Hexaflex skill of aligning goals with personal values reframed her approach to singing: “*I am a goal orientated person and that is why I have got into this downward spiral, always saying I will crack it today so now I am giving myself permission to breath, to sing louder than everyone else in the choir and that's been the release*” Her value was to find joy in singing again: “*there are moments when I thought I have enjoyed singing that - that's been happening much more since we have been*

working. Before all rehearsals were a trial and an expectation that it wasn't going to feel good".

◆ Integrating ACC into VR sessions

Session structure and content

One of the primary goals of vocal rehabilitation is to address the vocally disordered singers inefficient functional motor patterns by 'shaping the voice' so that healthy vocal function and quality is regained in the context of the singers musical genre (Searce 2016, p.). In this study the aim was also to address psychosocial aspects of the singers experience alongside focus on improvement of vocal function. It was hypothesised this would bring the singers more insight into the systemic nature of voice, how negative thoughts and feelings interact with vocal production and provide tools that motivate them to explore further after the end of vocal rehabilitation sessions either independently or seek further psychological help.

Increasing patients self-efficacy is to ensure the patient has a 'mastery experience' early on in voice rehabilitation so they will be motivated to continue treatment (Boniha & Dawson, 2011). Whether the singer would be motivated to learn a more psychological approach was a concern to the researcher who thought some singers would find it less relevant to their needs and therefore combining ACC with vocal exercises was important. Agreement was negotiated by the VRC and singer that acceptance and commitment education was separate for the first few sessions and ACC homework would be just as important as vocal exercises and then the VRC was able to use methods such as SOVT's and breath awareness exercises to increase early mastery experiences so that the singer felt they were dealing directly with vocal issues. Assimilating acceptance and commitment skills into later sessions was then easier to do as the singer became more aware of their negative behaviours associated with psychological inflexibility. S1: *"you were not simply fitting me into a programme but rather tailoring the programme to my situation with your suggestions as to how to apply it"* Using ACC strategies, they started to choose not to struggle and they were also able understand that their emotional thoughts and feelings were contributing to the prolongation of the vocal disorder and started to develop a more accepting and self compassionate stance. S3: *At the start I was struggling to explain and actually know what I was feeling so I couldn't say it. I didn't understand what was going on...I understand more because of our sessions. It would had been much more difficult without seeing you"*

The choice of not inviting participants to a structured ACC group course was deliberate and well received: S3: *"My busy schedule was difficult. I would prefer to see you face to face".* In the final questionnaire there was a mixed response on whether they would have attended a group course. S1, S3 and S4 thought that learning one-to-one was preferred but S5 said she would have been happy to work with others: *"I think discussing and sharing experiences with others in similar situations would have been so helpful".* S4 wasn't keen to share *"personal stuff"* with others, although could see the benefit of sharing experiences and S3 thought that initially she wouldn't have liked working in a group as she *"was struggling to explain"* her feelings or even *"Knowing"* what she felt. However, then she said *"if you asked me now, I would do it in a group setting because I understand more and on the journey of accepting"*. S1 said *"No. I would not have felt comfortable sharing what is to me a very personal journey with other singers"*.

Performance exposure and rating 'experiential shame'.

The VRC encouraged singers performed a song at the start and end of the study in front of her so that MPA symptoms could be assessed and worked upon. Goffi-Fynn & Carroll (2012) highlighted in their case study with an opera singer the importance of building the singers confidence due to anxiety over singing particularly in the 'passaggio area' of the voice, pre-performance preparation and gradual performance exposure in smaller venues with supportive audiences before returning to larger venues. In this study, planned exposure wasn't possible but participants at various points in the study did rate their levels of 'shame' on the ESS. However, because the only participant who performed twice in front of the VRC was S4 so variables were controlled, only her scores ESS scores and SCS scores illustrated behavioural change.

Coach/Coachee collaboration

Coach self-reflexivity during this study was important to the VRC who continually questioned choices and listening back to recordings to ensure not to cross professional boundaries. S1: *"I'd like to say that you said right at the beginning that 'I am not a counsellor' and that is why it has been working - because you are a singer and a singing teacher and understand the nature of being a singer"*. A teacher/singer 'rapport' is crucial to build the singers confidence through the rehabilitation process (Goffi-Finn and Carroll, 2012). S4 said: *"you are not like somebody completely abstract and cut out of the whole process - its like you made it a two way thing - you talking about what you went through was useful to me, helped me to trust you"*. This is interesting to note as the VRC

who would normally avoid telling anecdotal stories within sessions decided that in ACC coaching to tell singers carefully selected personal experiences in learning Hexaflex skills to deal with anxiety. This conscious decision was made to encourage a non-dominant Coach-Coachee relationship. S1 said that *"in all my life I would rather be doing than be done to in a way. It feels like this process is a collaborative process which I like and the very fact that it is making me do something makes me less stressed about singing. Of course it is going to take time."* Generally, the ACC model encouraged a less hierarchical relationship which transformed the whole rehabilitation process. Singers became more relaxed and there wasn't a worry of coaching changing into a psychotherapy session due to the ethos of AAC being an 'experiential model' so that the focus was on trying out different exercises 'live', giving feedback or reflecting on experiences and giving 'judicious instruction' as appropriate (Hill & Oliver, 2019, p.118-119).

LIMITATIONS AND FUTURE DIRECTIONS

Due to the sample size being small, findings cannot be replicated in this study to trial ACC but it became apparent that using some of the assessments with singers who have experienced vocal issues highlighted to the researcher how perceptions of a singers vocal issues interact with MPA symptoms such as muscle tension, maladaptive perfectionism and possibly are maintained for many years after a singer experiences a vocal disorder. A major limitation was not having followed up data collection 1 month post study to observe whether reliable improvements continued over a longer period of time.

This study suggests that the BAFT, MAAQ and SVHI-10 rating scales could be useful to use going forward in vocal rehabilitation sessions to monitor psychological states in singers and trigger a red flag to the VRC of any singers who may need professional psychotherapy but also gives the singer a choice from a place of knowledge of whether they need extra support or decide to continue practicing ACT skills independently. It would be also interesting to investigate further the relationship between MPA and pMTD in singers with a larger sample using the MAAQ and SVHI-10. Going forward the VRC aims to facilitate an ACC group for singers with vocal issues, where singers could opt in after being introduced to Hexaflex skills initially in one-to-one sessions. In the course, graded exposure to performances would help to notice if any reliable clinical change took place. As this was just an exploratory study it would now be useful to zoom in and test how Hexaflex skills could reduce discomfort and pain experienced regularly with singers as this wasn't measured and could be done with standard Voice discomfort assessments and rating scales.

Conclusions

The aim of this study was to explore the ACC model with singers in vocal rehabilitation sessions. The phenomenological approach enabled the participants to unearth new truths relating to their vocal difficulties and psychological inflexibility when performing. They addressed MPA symptoms using empirically supported behavioural methods in sessions

and performances alongside vocal technical work to increase 'perceived control' in singing.

ACC strategies practiced were 'diffusion', 'acceptance', 'focused attention on the present moment', exploring what participants valued in singing and setting smart goals aligned with those values. Encouraging singers to develop more self-compassion when they realise they have 'spiralled' into maladaptive behaviours such as avoiding practicing due to the fear of damaging the voice or not wanting to hear the voice which had become incongruent with their sense of self as a singer. It was noted that all participants higher vocal range extended within the limitations of their vocal injury, skills and mindsets at the time and they all had started to become more accepting of themselves when performing although acceptance was a struggle.

As their 'psychological flexibility' increased, there was a reliable clinical improvement in their ability to separate from their anxious thoughts and feelings as shown in the BAFT questionnaire results which was supported with the singers comments in vocal sessions. There was also a reliable clinical change in all singers perceptions of their singing voice handicap scores in SVHI-10 by the end of the study. By using ACC in vocal rehabilitation sessions, the participants reported a more dynamic and less hierarchical Coach/Coachee relationship which was of benefit in the rehabilitation process and all were keen to continue developing ACT skills going forward.

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Appendix 1 - Participant research information

Acceptance and Commitment Coaching (a new approach to vocal rehabilitation)

Information about this research study for prospective participants

What is Acceptance and Commitment Coaching (ACC) for musicians?

It is a 'mindful' approach to addressing negative thoughts and emotions linked to performing which is now commonly known as 'Music Performance Anxiety' (MPA). ACC aims to develop 'psychological flexibility' so that musicians focused attention when performing increases and

therefore enhances performance. It isn't about pushing away and struggling with anxious thoughts and feelings but rather noticing and accepting them and by doing this, research has shown that their power to overwhelm musicians is reduced.

My current vocal rehabilitation practice.

Singers come to see me with or without a formal diagnosis of 'Muscle Tension Dysphonia' (MTD) sometimes due to having had a benign vocal fold lesion. Also many singers will have healthy vocal folds but the muscles around the larynx and jaw overwork inhibiting vocal freedom. In rehabilitation sessions I aim to develop healthy vocal production so that the muscles function in a more balanced way and address barriers that are stopping the singer perform.

Why use ACC to help the singer who has experienced a vocal disorder?

Singing teachers have been using ACC with vocally healthy singers to reduce MPA symptoms achieving positive results. I have noticed that singers who have experienced MTD are anxious about performing due to the voice being unreliable and believe that using ACC in vocal rehabilitation sessions would help singers reduce anxiety symptoms in the same way.

What would be the commitment?

The study will last 8 weeks and in that time participants will receive 6 X 1 hour vocal sessions where I will train them to increase psychological flexibility when singing. All sessions will be free of charge and can occur online or face-to-face. Participants will be expected to practice ACC homework tasks, keep a weekly diary of their own thoughts and feelings and complete questionnaires at the start, middle and end of the research period.

Performance tasks:

I will ask participants to perform 2 songs at the beginning and end of the research period which will be recorded. The recording will be played to an expert panel of vocal practitioners to compare performances at the end of the research.

- The first song will be of the singers own choice. If a singer finds it difficult to perform due to experiencing vocal inconsistencies e.g. struggling to sing high notes or experiencing vocal discomfort, then the song could be transposed into a more comfortable key or shortened. However, I will negotiate with the singer what they can cope with as it would be useful for research purposes for the performance to expose any vocal difficulties the singer is experiencing.
- The second song I have chosen specifically for the research and will be performed unaccompanied so can be sung in any key. Participants will be given enough time to learn the song prior to the first performance.

Ethics and privacy

If at any moment participants want to withdraw from the study, it is of course their right to do so and all data will be destroyed. I will be supervised by an experienced psychologist throughout the research period. This research has been ethically approved by the University of Wales, Trinity and St David. If I use part or all of the participants data when writing up this research, I will ensure that their identity is completely disguised

Appendix 2 - Permission letter to do research

Sarah Wright-Owens

G.B.S.M. B.Sc (hons) S.L.T.

VOCAL REHABILITATION COACH

Email: sarahwrightowens@gmail.com

Dear UWTSD,

RE: A Pilot Study: Do singers who are diagnosed with a voice disorder such as primary MTD or benign vocal fold nodules more likely to develop music performance anxiety (MPA) and therefore benefit from Acceptance and Commitment Training (ACT) as part of their vocal rehabilitation?

I confirm that I approve of the research proposed into 'Acceptance and Commitment Training singers with vocal disorders and MPA' to be carried out by Sarah Wright-Owens of Vocal Rehabilitation Coach during private one-to-one sessions with the company between July 2023 and February 2024.

Kind regards,

Appendix 3

Acceptance and Commitment Coaching (ACC) for singers who are recovering from a vocal disorder: Case study research to trial ACC aiming to increase singers psychological flexibility to support vocal health behavioural change.

Consent to take part in research

- I voluntarily agree to participate in this research study.
- 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 training in ACC and singing. Completing questionnaires and being interviewed several times and I have an option to perform 2 songs which will be recorded for comparison at the end of the research.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded and judged by an expert panel of judges.
- 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 and vocal sessions which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my interview and comments in sessions may be quoted in dissertation, conference presentation and published papers
- I understand that if I inform the researcher that myself 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 with or without my permission.

- I understand that signed consent forms and original audio recordings will be retained on usb storage which is password protected.
- I understand that a transcript of my interviews and comments in sessions in which all identifying information has been removed will be retained for two years from the date of the exam board of the University of Wales in March 2024.
- I understand that under freedom of information legalisation 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.

RESEARCHER:

SARAH WRIGHT-OWENS BSc (hons) SLT, PG Cert. GBS



PARTICIPANT

DATE. 01/10/2023

DATE: —————

Appendix 4 - SVHI-10 - SCORES

SINGING VOICE HANDICAP INDEX - 10

	S1 04/1 0	S1 14/1 2	S1 21/ 01	S3 11/1 0	S3 22/1 1	S3 17/0 1	S4 28/0 9	S4 04/ 12	S4 01/ 15	S5 06/1 0	S5 23/1 1	S5 19/0 1
It takes a lot of effort to sing.	4	3	3	4	1	3	3	2	1	1	1	1
I am unsure of what will come out when I sing.	4	4	3	3	1	1	3	2	2	2	2	2
My voice “gives out” on me while I am singing.	4	4	3	2	1	2	3	2	1	1	0	1
My singing voice upsets me.	4	3	2	4	3	3	3	2	0	1	0	1
I have no confidence in my singing voice.	4	2	3	3	3	3	3	1	0	1	1	1
I have trouble making my voice do what I want it to.	4	3	4	2	2	1	3	2	2	2	2	2

I have to “push it” to produce my voice when singing.	4	3	4	1	0	0	3	1	0	2	0	1
My singing voice tires easily.	3	3	3	2	1	1	3	2	2	1	1	1
I feel something is missing in my life because of my inability to sing	2	2	2	3	3	2	3	0	0	1	0	1
I am unable to use my “high voice.”	4	4	4	4	4	4	1	0	0	2	2	2
TOTAL	37	31	31	26	19	20	28	14	8	14	9	13

Appendix 5 BAFT SCORES

BAFT QUESTIONNAIRE: Imagine the following thoughts occurred to you right now. **How valid or believable would each be to you?** Please use the following scale. For each thought, please circle a number 1 through 7 depending on how believable that thought is to you.

	S1 4/ 10	S1 14/ 12	S3 11/ 10	S3 22/ 11	S3 18/01	S4 28/ 08	S4 07/ 12	S4	S5 06/ 10	S5 11/ 12	S5 19/01	
Total	62	53	73	65	52	37	50		61	71		
1. I need to get a handle on my anxiety and fear for me to have the life I want.	2	4	6	6	6	4	7		2	6		
2. Appearing nervous is not good and causes me to suffer.	3	6	5	5	5	1	3		2	6		
3. I can't really do the things that I want to do when I have anxiety and fear	6	4	5	6	6	3	4		5	6		
4. I must stay in control of my emotions.	4	2	6	6	6	5	4		1	6		
5. If I were like other people, I would be able to get a grip on my anxious thoughts and feelings.	2	2	6	5	6	1	1		1	5		
6. My anxious thoughts and feelings are a problem.	6	5	6	5	4	1	3		5	5		
7. I am sure to be embarrassed and make a fool of myself when other people notice how nervous and shaky I feel.	4	4	1	4	2	4	4		6	6		

	S1 4/ 10	S1 14/ 12	S3 11/ 10	S3 22/ 11	S3 18/01	S4 28/ 08	S4 07/ 12	S4	S5 06/ 10	S5 11/ 12	S5 19/01	
8. Unusual body sensations are scary and something I need to act on to reduce or get rid of before I can do anything else.	2	3	5	4	3	1	2		5	2		
9. My anxious thoughts and feelings are not normal.	7	1	5	1	1	1	1		1	5		
10. Scanning my body for signs and symptoms of anxiety is important to keep me safe.	2	1	1	6	1	4	6		5	3		
11. When I am very anxious or afraid there is a good chance that I might be dying.	1	1	1	0	1	1	1		1	1		
12. I could lose control of myself when I feel anxious or afraid.	3	4	2	0	1	3	4		6	2		
13. I must do something about my anxiety or fear when it shows up.	5	4	7	6	1	2	3		6	5		
14. When unpleasant thoughts occur, I must push them out of my mind.	5	4	5	4	2	1	2		4	5		
15. When I feel bad, I must fight the feeling in order to make it go away	5	3	5	3	2	1	1		5	4		
16. My happiness and success depends on how good I feel.	5	5	7	4	5	4	4		6	4		

Appendix 6 PHILMS SCORES

Scale

2

4

6

Not at all believable

Completely believable

ACCEPTANCE	S1 4/ 10	S1 14/ 12	S1 21/ 01	S3 11/ 10	S3 22/ 11	S3 17/ 01	S4 28 /09	S4 07/ 12	S4 04/ 01	S5 06/ 10	S5 11/ 12	S5 19/0 1
Total:	25	29	28	17	24	23	31	35	33	26	23	32
2. I try to distract myself when I feel unpleasant emotions	3	3	2	3	3	4	3	3	3	2	2	3
4. There are aspects of myself I don't want to think about	2	3	3	1	3	2	3	3	4	2	2	3
6. I try to stay busy to keep thoughts or feelings from coming to mind.	3	3	2	1	2	2	5	3	3	3	3	3
8. I wish I could control my emotions more easily.	2	3	3	1	2	3	1	2	3	1	1	2

10. I tell myself that I shouldn't have certain thoughts.	2	3	3	2	2	1	3	3	4	2	2	3
12. There are things I try not to think about	3	3	3	1	2	2	1	1	4	2	2	3
14. I tell myself that I shouldn't feel sad.	3	3	3	1	3	3	3	3	4	4	2	4
16. If there is something I don't want to think about, I'll try many things to get it out of my mind.	2	3	3	3	2	2	3	4	4	3	3	4
18. I try to put my problems out of my mind	3	3	3	1	2	2	3	3	1	4	3	4
20. When I have a bad memory, I try to distract myself to make it go away	2	2	3	3	3	2	1	3	3	3	3	3

ATTENTION	S1 4/ 10	S1 14/1 2	S1 21/ 01	S3 11/1 0	S3 22/1 1	S3 17/ 01	S4 28/0 8	S4 07/1 2	S4 04/ 01	S5 06/1 0	S5 11/1 2	S5 19/0 1
Total:	35	35	34	34	39	36	43	39	39	40	39	36
1. I am aware of what thoughts are passing through my mind	4	4	4	5	5	4	5	5	5	4	4	4
3. When talking with other people, I am aware of their facial and body expressions	3	3	3	4	5	5	1	3	3	5	5	5
5. When I shower, I am aware of how the water is running over my body.	3	4	3	2	4	3	5	5	5	2	3	3
7. When I am startled, I notice what is going on inside my body.	2	2	3	3	2	3	5	4	4	4	4	3

9. I wish I could control my emotions more easily.	4	3	3	4	4	2	5	2	2	4	4	2
11. When someone asks how I am feeling, I can identify my emotions easily	5	4	3	4	3	4	5	4	4	5	4	4
13. I am aware of thoughts I'm having when my mood changes.	4	3	3	3	5	4	4	4	4	4	4	4
15. I notice changes inside my body, like my heart beating faster or my muscles getting tense.	3	3	3	2	4	2	5	4	4	4	4	2
17. Whenever my emotions change, I am conscious of them immediately	3	4	4	3	3	4	4	3	3	4	3	4
19/ When talking with other people, I am aware of the emotions I am experiencing.	4	4	4	4	4	5	4	5	5	4	4	5

APPENDIX 7 -MAAQ SCORES

	S1 04/ 10	S1 06/ 12	S1 21/ 01	S3 11/ 10	S3 06/ 12	S3 17/ 01	S4 28/ 09	S4 07/ 12	S4 04/ 01	S5 06/1 0	S5 15/1 2	S5 19/0 1
1. My memories of previous mistakes prevent me from performing in ways that I find important.	2	3	4	2	4	4	3	4	4	3	4	3

	S1 04/ 10	S1 06/ 12	S1 21/ 01	S3 11/ 10	S3 06/ 12	S3 17/ 01	S4 28/ 09	S4 07/ 12	S4 04/ 01	S5 06/1 0	S5 15/1 2	S5 19/0 1
2. Worries and anxiety about my performances don't get in the way of my success	2	4	3	2	6	3	2	3	2	1	3	5
3. If I make a mistake while performing I can move past it.	5	4	4	1	4	4	5	6	6	6	6	5
4. My performance-related difficulties prevent me from giving meaningful performances.	3	4	2	5	5	5	1	6	6	4	4	4
5. I can remain in the present moment while performing.	3	5	4	4	6	6	6	6	6	4	4	4
6. I can still perform even if I don't feel like it.	5	4	4	4	6	3	7	7	7	7	6	6
7. My difficult thoughts and feelings prevent me from making progress while practising	1	5	3	2	5	4	1	7	4	6	4	4
Total:	21	29	23	20	36	30	25	37	35	31	31	31

APPENDIX 8 - SOCIAL COMPARISON SCALE SCORES

Scale: 1-10	S1 04/10	S1 14/12	S3 11/10	S3 22/11	S4 28/09	S4 07/12	S5 06/10 Norm	S5 13/11 Norm	S5 23/11 Cast
1 = Inferior 10 = Superior	6	6	5		5	5	5	5	2

1 = Incompetent 10 = More competent	7	7	4		7	5	6	7	4
1 = Unlikable 10 = More likeable	5	5	8		5	3	7	9	9
1 = Left out 10 = Accepted	3	5	8		2	3	7	7	4
1 = Different 10 = Same	9	8	4		10	5	3	4	4
1 = Untalented 10 = More talented	6	7	3		5	6	5	6	4
1 = Weaker 10 = Stronger	4	6	6		10	6	6	7	3
1 = Unconfident 10 = More confident	5	5	5		10	5	5	7	2
1 = Undesirable 10 = More desirable	5	5	3		5	5	5	5	5
1 = unattractive 10 = more attractive	5	5	3		6	6	5	5	5
1 = an insider 10 = an outsider	4	5	8		1	5	5	5	3
TOTAL	59	64	57		64	54	57	67	(45)

Appendix 9 - Experiential Shame Scale scores

Likert scale - 1-7	S1 Nov 11th Online vocal session	S1 Dec 12th With choir	S3 November in a vocal session 1-2-1	S4 September (concert)	S4 October Online vocal sessions	S4 December Online vocal session	S5 November Recording	S5 December Show
Physically I feel:								
1. Very warm/ very cool	5	4	5	4	4	4	5	6
2. Normal heartbeat/ rapid heart beat	4	5	5	1	4	3	6	5
3. Pale/ Flushed	4	4	3	4	4	4	6	5
Emotional I feel:								
4. Good/ Bad	6	4	5	3	5	4	3	2
5. Clear/ Confused	3	4	5	1	3	3	2	2
6. Content/ Distressed	6	5	6	4	4	5	4	2
7. Calm/ Highly agitated/ aroused	5	4	5	2	3	4	3	3
Socially, I feel like:								
8. Hiding/ Being Sociable	7	4	5	3	4	6	1	1
9. Talking/ Being Quiet	6	4	3	2	3	2	1	1
10. No one sees me/ People are looking at me	6	5	5	2	5	5	7	4

11. I am willing/I am not willing to talk about my music performances with an acquaintance right now/	1	5	7	5	7	5	7	7
Total Score	4.9	4.3	4.8	2.8	4.1	4.1	4.1	3.5

Appendix 10: The basic structure of Vocal rehabilitation session

	Vocal and ACC session structure
Session 1	Vocal warm-up. sing baseline song. Introduction to principles of ACT, analysing concerns and coping strategies linked to voice and performance. Initial meditative exercise practising focused attention. Homework practice.
Session 2	Vocal warm-up. Diffusion and acceptance exercise. Homework practice.
Session 3	Present moment' practice and vocal work. Homework practice
Session 4	Identification of personal values linked to voice and performance, vocal work. Homework practice.
Session 5	Develop personal strategies to address MPA, vocal work. Homework practice
Session 6	Vocal warm-up. 'Present moment' practice. Perform a song. Feedback and discussion.

Appendix 11 - Qualitative data - transcription

RAW DATA

Singer 1.

Singing baseline;

Case history recap: -

Notes of phrases used in initial case history 4 months earlier

S1:

- Forcing it through
- - it hurts on the left side, want to unravel the problem
- - taking it all apart and putting it back together

S1: I was very unwell with pneumonia about 17 years ago and I hadn't been unwell at all before that time. Afterwards they wanted to put me on an asthma inhaler. The specialist warned me every time I got a sniffle I would have to take anti bionics. I kicked back against that. I was on antibiotics when I had pneumonia but found I was allergic to them so I had to take pills to counteract the allergy.

I grew up in a family where we only resorted to medication when we really needed it. If you have a mild headache - do a head massage.

After the pneumonia there was a mental shift that I had been very ill - it wasn't life and death - but it was serious -

Then I was diagnosed with bronchiectasis (long term condition due to lung damage so the airways become widened leading to build up of excess mucus so lungs become more vulnerable to infection). Gave asthma inhaler which I didn't like over several years. Technically I my voice had become unreliable so performing became quite stressful. I mean I always had some normal performance nerves but never that sense of what's going to happen? I done the preparation so I din't fear performing before but then that got replaced with - almost a fear - that something technically, vocally literally the system was failing.

I carried on singing professionally after it but it never felt quite the same and didn't carry on for much that much longer as the MPA which was deliberately affecting what had happened cut in and shut me down I suppose.

VRC: and then that's when you went in to full time teaching?

Yes and I carried on doing lots of little bits of local singing - odd bit of solo - nothing high powered - singing in the choir and thoroughly enjoyed it and then just before COVID I suppose - the choir had changed venue to practice and this room was quite small. I think that may have been when I had this problem in singing confidently started It was a small room and I was the biggest voice by quite a long way - don't get me wrong there were some very good singers in the choir - but they were good amateurs - and that is where I think the real muscular problems started - forcing it through, I got used to doing this. We now rehearse in a church but the muscular problems remain. I think that is the history of it in a nutshell.

October 4th - Session 1 - Assessments ACC and singing

S1. Since last seeing you, I try to do something every day - SOVT work. I am back to now to doing something regularly (practice) being very conscious that when it doesn't work, I don't force it and I stop. But I think there has become a bit of an expectation I think that it is not going to work and therefore I think the brain gets hold of it and sets up the 'it's not going to work so don't even bother to try'. That is the barrier I am up against. Interestingly I sing with the church choir which is an amateur choir. There are some very good singers but very few of us and I am very aware of the training I have, I project and part of the issue that I have become over the years without really realising, that I have been holding back trying to blend which has brought in muscle tension. So for the last few practises, I have chose not to try and blend which has had some interesting results as it has felt freer. I'm still not accessing anything like the height which I would like to. I am very aware at my age that I am not going to get my Queen of the night back but I would like a decent Bb please which I feel as a soprano is not beyond the pale. I remember when you said that may be you were an alto and I have also gone away and rejected that on so many levels.

VRC. I think you mis heard me, I think I said that you could possibly trial doing the alto line in the choir, not that you were an alto.

S1: And that is also interesting to me from a psychological point of view about what people hear. That's what my brain heard. And I filtered that you have got the low notes....and I dealt with all that. And I thought I don't think I am an alto genuinely and I don't want to pursue that as it would psychologically be a cop out - that I had given up. And I would like to persist if I can to rehabilitate not the very high - high. My aim - my ultimate goal is to bang out all of the descants at the Christmas carol service. None of them sit particularly high - I don't think anything goes beyond an 'A' and an 'A' is for me high for a descant. So I think there's some freedom coming back in because I sort of let my self go and I also am very aware from doing that I feel I am going to be judged not from the other members of the choir but from members of the congregation who will say 'oh... we can hear you'. That could be simply a statement- it could be a positive statement but I always hear that as negative. And so I think there's a lot of stuff in here and the poor old larynx is saying we can't deal with all this so we can just shut down so we don't have to deal with any of it. The weird thing is that when talking with you it makes it sound like I am a complete basket case. I feel perfectly fine - I don't feel I need therapy. I don't feel depressed - there is none of that. There is none of that emotional stuff going with it, it is almost like I am out side myself discussing a client with you - I don't feel the emotional attachment to anything I have just said in a bizarre way. I am sure this is not what you want to hear so I'll stop rabbiting!

VRC: no that is really interesting what you just said and I totally empathise as I too joined an amateur choir to keep vocally fit now I don't sing professionally and just teach. I too experienced the worry of not blending and sticking out due to having a trained voice. But gradually started to accept and diffuse from

those thoughts otherwise I would n't be able to sing freely. Accepting that I too will make mistakes and that I am not perfect even if I am trained.

S1: There is a particular soprano who is ...I've learnt...I am probably putting this on to her and that she doesn't mean it. There is a certain glee when she says oh you didn't get that note right.! Which I've learnt to say well we all make mistakes don't we and interestingly recently she said to me that I didn't come in there right and I said does it matter, of course it doesn't. I know exactly what you mean and of course my difficulty singing soprano line. I sing everything I can, and the moment goes into the...I've stopped singing. So even more so do I stick out because everyone can hear me when I'm comfortably,,,you know....and when it goes up to a sort of E/F/G I literally stop, sing the line and miss out those bits and then join back in. The other sopranos have got used to that now and are okay with it but presumably the sound the congregation hears changes but most of them bless them are not musicians so they may not even notice. I was very conscious about should I sing at all or sing what I can. My husband (organist) runs the choir and I said to him one day, should I just stop singing? He said immediately no!! Because they rely on me for entries.

VRC: It is so important we do keep on singing and the choir is a way of doing it.

S1: Interestingly there have been several moments recently in the last 3 services that I have felt that joy again. Oh my goodness, this is what it felt like. And I don't mean with a sort of arrogant inward aren't I brilliant, but just that sheer physicality of singing and sheer - I suppose all the endorphins it is releasing. And I don't want to stop. I have this internal battle before I came to see you and the doctor, and he referred me before all that - I thought may be it's just my age and I should stop. And there is still a part of me which says please don't stop where the rest of me who is saying yes that would be the good way out. I think it is the larynx saying yes don't stop and the brain is saying yeh do! I know that's ridiculous but you know what I mean.

VRC: and this internal battle and what is the philosophy of ACT is that the mind is telling you all these things and ACT offers tools not to push away these thoughts and feelings but to embrace and accept it and by doing it, it starts to lose it's power and I think you are already starting to do that.

S1: and yes just accepting that well this internal dialogue is going to go on for the rest of my life because I have always had it and I think all singers have it to some extend - am I going to be judged? - is somebody not going to like me? I have always used the 80% rule. That you do a concert and 10% of the audience said gosh soprano I ever heard, 10% said I don't know why they used her she was absolutely rubbish and 80% said nice concert and trying to move into the however brilliantly you have done, most people are not really engaged in it - they just enjoyed it. I remember my very first singing teacher said to me a long time ago when I was getting frustrated with something - he said - oh for goodness sake the voice is cleverer than you are! I didn't really know what he meant but it stuck with me and my problem, if we know an awful lot about it, there's a sense of we all should be able to sort it out because people come to me and say I'm having trouble doing this and I work with them and we overcome the issue. It's like, okay, it's physician heal thyself.

I said that I can externalise the conflict but I can't externalise it sufficiently to work on it and feed it back in. It's like I know I should be doing this and I know that I should be moving that muscle, I know that I should be having my head in this position, I know that my posture should be like this. You know it's like this check list, the brain going through everything and again, I think the voice is just saying 'nyur'(pulling a face). You have given me too much (slaps table), I just can't deal with it. That's my bizarre externalisation of brain and larynx!

Talking about the voice how the voice is now changing - there is a pivot - same meeting;

S1: My voice has for a long time simply not been working, it felt like my folds are literally not meeting. On Sunday I sang most of the last hymn (not the last verse) which suggests to me that the stamina has got a little bit better. You know the freedom has allowed the larynx to work a little bit more affectively so I haven't done a lot of warm up in other words - because if I do more than about 10 minutes, you are not going to have a voice.

She first suggests Ophelias' song because she can't do the top notes so feels it is in her usable range. Also, go to is bonnie lies over the ocean as a test as I can do in certain keys and then can't do the rising 6th's in another key (1:22).

BASE LINE:

1:46: RECORDING OF MY BONNIE TO DEMONSTRATE RANGE ISSUE. (Gb-Eb starting interval). S1 had problems with zoom settings to begin with. When sorted started to sing but tuning was under so started on F so top note was D - this could have been my fault as I didn't check her pitch before starting. There was some tightness in the jaw when going to the D on 'bo' of bonnie. In the bring back ascending pattern she sang okay but couldn't sing the last 'me' each time on the D. There was noticeable strain on /ee/ vowel shapes on higher notes. It was a conscious decision to miss out the last 'me' each time.

S1: You can see what happened on the 'ee' vowel - it is still really tricky - it's my worst vowel. I am better on an French 'oo'. I think it is tongue but just still not working yet. So if the vowels cut out again I'll leave them.

Repeats bonnie which this time starts in tune but the Eb5 is under due to the jaw tension - posturally, she is aligned and relaxed although there is possible reduced lateral movement of the ribs due to more focus on the abdominal release in inspiration.

VRC: Could you do it one note higher and see what happens?

S1: I know exactly what will happen but I will try.

08:00: Started on G so high note: E5. By the end tuning was down half a tone. Similar muscular patterns in jaw and torso.

S1: you see I prefaced that knowing exactly what would happen (making a joke of it a little)

VRC: the mind has already taken over! The Dictator! Know you can't do that.

S1: the mind is telling me straightaway you can't do it in this key!

VRC: *shares a story about a similar instance that happened to her in a near death experience when driving finishing off with.....* I know I have now distanced myself from it, recognising how muscle tension has expressed the emotional issues although it is still with me and I haven't completely resolved the issue.

S1: Absolutely, and I do wonder particular with voice, just shutting the voice down so you are not judged not deemed to be. When I was little there was an expectation not to show off, if it was a females just didn't voice things, don't shout and cry. Is it an age old thing where the muscles deliberately shutting the voice down

So that you don't showoff or somebody in the choir saying oo you got that wrong. All of those things. All of those things. I have just got to the age where I don't want to be judged anymore and I also just don't want the negative side. The positive side is that I care less about being judged and yet the negative side is that my voice has shut itself down which I don't want. There has to be an acceptance for me that I am going to make mistakes, there are going to be times when I say 'oo that was a horrible sound' rather than attaching all that judgement to it. This is what I say to my students - rather than just attach all that judgement to it - it was just a comment that it wasn't .a nice sound - fine - there was no emotion attached to it - you have just analysed

Dis connect -criticised it in a critical thinking way but you've not immediately attached to it you are making horrible sounds so why are singing - people aren't going to want to listen to you. All that ensues - I can do it for other people and then people have come back to me having taken on board my advice and we have worked on it..... but I can't do it for myself (laughing)....hence me coming to you!!

VRC: Yes this skill and to notice and observe, say this is my mind talking, accepting it - is a skill - and probably is linked to how we were when we were young or as we go though life we have built up all these frames Vrc briefly describes RFT and links how tennis players train their mind too. Finish with....you just have to practice it like anything else - diffusing from thoughts and feelings which are really out of date .

S1: Yes exactly - just like anything else - yes train the brain as well as the body and in a sense that links to singing as you are training the body. They talk about people not being able to serve because of the brain when they have served millions of times and brain has the 'yips' and it's feels a bit like that with singing. Something I've always been able to do.

VRC: As I have always been able to drive.

S1: yes and suddenly something happens and it is interesting that yours was a very discreet event where as for me I wonder whether it is the pneumonia that triggered the start of it because I think I altered my technique because of my lung capacity. I think that go the muscles out of sink if you like because I wasn't using them optimally as I was compensating. So it did have a physical origin and then the brain getting involved saying you aren't making as nice a sound as you used to and are you going to run out of breath and all the rest of it but I can't really pin to a discreet oh that is what triggered it. It feels like it built up for a while and it has got gradually worse and then one day I am thinking I used to get those notes and I an't any more and why not.

VRC: and the big thing is lot (VRC relates another short story and introduces it's anxiety really - music performance anxiety

S1: yes, VRC: and the vocal folds continuing to work harder as the muscles are tense could risk in the future perhaps a pathology.

S1: yes and that is why I think possibly me the reassurance having been looked at by professional medics - the actual structure - then saying there is actually nothing wrong with your vocal folds - I think I knew that but hearing it from outside and an expert telling me that the issue is nothing to do with this structure (point to larynx) it's to do with every thing else - I don't have to worry about that - I know I have got to have the scan because of polyps in my nose which may be impacting on me a bit but it's nothing like having something here (pointing to her throat) and that is the green light for me - if you want to sort it out now is the time because your larynx is fine.

VRC: and you have the motivation so go for it! Is so important when we are still teaching singing some teachers stop singing

S1: Yes and I know ...my teaching method is never to demonstrate as I don't want people to imitate me, I want them to use my own voice so I don't demonstrate a lot. Occasionally I would show an exercise. I try to avoid now at all costs because they'll hear me and I won't be doing it right and they will be thinking oh she can't do it. I want to get back to occasionally be able to demonstrate something

VRC: yes you need that freedom - and for me I have to perform a bit otherwise I forget what it feels like which is very exhausting onto of a busy teaching schedule. We have to continue to be as good as we can be.

S1: I know it's the end of my professional career and I don't want to go back into that as I am far too old but I would very much like if somebody asked me to do something small at the church. The last time I did a few years ago, half way through the 2nd phrase there was so much phlegm, I had to stop. Oh I just thought wanted the food to swallow me up and I had made a complete mess of it immediately I shy away from being asked although inside I do want to - come one - I've sung all the soprano part of the Messiah - 'once in royal David city isn't going to be a challenge.

11th October - session 2 (assessments) - and introduction to mindfulness

Before singing to be recorded for the research:

S1: It's quite stressful as I haven't practiced this at all. - you'll get what you get!

Nothing - recording not working

I can't turn off that critical voice and it manifests itself with a physical response and I feel it and I know but I can say it to a student - go through a check list with myself such as lift the soft palate etc but it makes no difference. Brain goes yeh yeh yeh = but we can't do it.

I think I can accept it on an intellectual level but the word you use is compassion which strikes me to be an emotional response to what's going on and that way I am failing..

That's why I think it's not working for me because I think that I can strand it all out. Everything you say makes perfect sense and yet compassion is difficult as I am not emotionally engaged with this = I mean I

want to be - I want to be engaged in this process. When I teach I can do it for everybody else, I can be compassionate, on their wave length, I identify and do all of those things but I can't turn that here. That's goes you see - if I do feel superior to everybody else - can intellectualise everybody else but actually what is that all about? Its not helping -

I have a feeling that girls when we were brought up - we are not encouraged to stand up and voice and I think there is something of that - we fight all the time - the imposter syndrome - I feel I shouldn't be doing this but I get away with it for a quite a lot of time - it's good for me too that you have said that you struggle a bit with this as it make s me feel less isolated - you with all your knowledge - who are the expert and yet you still feel this too.

VRC: this is what you value you said in your last session - being a soprano and the joy of singing.
.....you tend to be dispassionate and not think emotionally about your self - that is interesting...

S1: it surprises me when I loose temper, or get upset because I think of when I do, I lose all sort of sense of proportion. Terrilby aware that I can have hysterics over something. My husband is great as he will tell me a different perspective. I lose that sense of ...the controlling voice goes completely...there's no frame of reference and that is both scary and weird - you must think I am a basket case?

VRC: no as we discussed you are just like me and probably everybody else on the planet. But for you it has affected your voice.

S1: I think there is conflict between the intellect and the emotion and the conflict has separated the and my muscles in the middle have just got okay forget it. We can't do anything with this. And hopefully the mindfulness will bring it more in line.

VRC: back tracking when you angry it is an emotional reaction?

S1: absolutely - I call them my rants - it's completely illogical - I think what has happened is that it has affected my singing and not my every day life - this is what is so bizarre - the singing is the receptacle for everything - and that isn't working but all the rest of my life is fine - well not perfect - but I feel happy in my life - this makes the singing all or nothing and I wonder whether I should just walk away from the singing - If I can leave the singing with all the negative stuff parked there and then the other part of me is saying do you want to walk away from your singing?

VRC: What is important about singing to you

S1: it makes me feel connected to something - artistic - not what I am giving to other people - it's me - it's mine and nobody else's voice is going to sound like mine. There was even a few years ago and sense of otherness, your in a nice place - a good place to be -

What's it feel like the thought of it?

Sl: now it's become a bad place to be so walking away from it would be leaving the bad place. it doesn't have the good sensation which I haven't had for a long time until recently I have captured recently little. I was reminded - it was a flicker of ooh I remember what this felt like, this is a good feeling a joy - but if its

always going to negative then walking away is an option, it's not today this is what I want, I 'm just say it's an option.

VRC: so you feel you finding your self identity again as a singer?

S1: I don't think I have ever done that, all the way of my training I have felt the imposter - I didn't read music at University and I am not really a singer.....I don't have all those things a singer needs to have but the act of singing is joy, release, fun, good, exciting, thrilling, horrendous at times (laughs) - it's the act of singing rather than being a singer - it's other - that's the word I would use - it takes me out of - I mean I want to be taken out of myself, it's not because I need to be out of myself - it's not that at all, it's a feeling of bigger than me, beyond me, other than me, but me! It's a sense of being connected to something spiritual if you like, artistic - that's expressive and I don't think I am not expressive in my normal life. It just doesn't feel like - it's an addition.

Finished session with the visual mindfulness exercise and homework was to practice it and a couple more

18th October - session 3

Aims: to become a curious scientist. Explore simple exercises with focused attention, exploring staying in the present moment.

S1: It makes me feel that I am not helpless, it makes me feel that I am doing something. In all my life, I would rather be doing than be done to in a way. It feels like this process is a collaborative process which I like and the very fact that it is making me do something makes me less stressed about singing. Of course it is going to take time. I have decided that I won't set the dead line to sing the descant at the Christmas service - because it sets me up to the question - what if I don't rather than how positive if I will. If I can great then I will. The process you have started has given me permission not to do it and I knowing I am making steps to do it.

VRC: you are accepting your anxiety that you may not get to do it and allowing it to be with you.

S1: and I am also allowing it not to dictate to me. (1.30)

VRC: asked S1 to used focused attention - task specific - non- judgemental

S1: does that mean I focus on what I am doing -

S1: Almost I want to get out of my head when I sing. I find myself thinking soft palate lift, it is almost like my brain can't cope with the flurry of information or at least my larynx is getting paralysed. Its paralysis by analysis if you like so I get to a point that I can't make them work. The best moments I have experienced is that being out of control, in totally a positive way being beyond oneself, just listening to yourself singing - like driving a car - you are of course in the movement but I am not thinking now I take my hands of the steering wheel, change gear etc - look in my mirror.

VRC: It's like doing the action in the moment, focused, not judging, It's not automatic as your mind is focused on the task, the mind will be flitting to different sensory feelings, words you are singing, emotional message - what ever it is - it is focused on the task of singing.

S1: I want to be like I am out of control. I like the thought of being in the moment rather than worrying that I've got the note to worry about on page 5!

VRC: Yes that's a non-specific thought - you moved out of the moment and gone to the future.

Exercise: slow 5 note scale on ee on any pitch ascending. When the mind wanders, thank the mind for the thought and then come back to the task.

VRC: what are you noticing?

S1: yes I was surprised as I am not really thinking, I am experiencing and it's an experience of vibration - not sure why my mind should be surprised by that. So my brain is I guess I am actually think rather than experiencing a slight vibrancy - not analysing -

VRC so a sensory experience?

S1: Yes, almost a non thinking experience. My brain is focusing entirely on the sensation rather than a critical or analytical thought. It's like a microscope sensation looking at vibrancy.

VRC: That would be a good way of feeling the voice

S1: Yes I am not thinking are you giving enough support or enough space? No checklist of thoughts - just okay that is what it is

VRC: now sing an arpeggio to stretch the range, notice what happens, don't try to push or struggle . Sings ee ah arpeggio to Eb 5

The aim is not to worry about the pitch - not being monitored and can stop when she wants - no pressure - just noticing - being present.

After dropping anchor - a short breath in to make space for any unpleasant, uncomfortable sensations and then breath into them. Finish with thinking something positive.

S1 tried the arpeggio exercise again. /ee, ah/. Sang F5 as a ceiling. Didn't want to attempt any more although did try and got stuck.

VRC: What did you notice?

14:50:

S1: Interestingly when doing the mindfulness started feeling as if my brain was saying come on you got to get it right, do this way. There was a pressure on the breath to breath properly. And then as I focused upon the body I stopped doing it right - and thought I can breath because I am still alive. Forget breathing for singing - I know how to breath and stopped worrying whether the intercostals, ribs were working - I just stopped and just noticed took in oxygen. So interestingly when you ask me to breath in all the negative thoughts they had kinda gone by then. I'm just breathing - no right or wrong. There is oxygen and I am standing up and I am just doing it. That's how it felt. (16.34). And then you said focus on something positive, that also chimed in with that sort of I'm still alive and therefore I can breath. I know that sounds crazy. I then when I sang although that I recognise it does feel good and relaxed and immediately the brain is saying but you're not going high yet

So it worked in as much at the start of the exercise but then the brain is saying "but it is middle register" and if I had been able to stay in that place I could have got a high note but the brain was absolutely determined to shut everything down and it literally feels like somebody is doing that (mimicking being strangled). Interestingly I'm not sure if it is doing anything to my breathing mechanisms but it is really here, that somebody is actually strangling me doing that. I could sensed in the penultement one (arpeggio) I did. When you asked could you do another step up, I'm think (snigger) okay - but the stupid thing is if I hand't anticipated it, it might not have happened.

VRC: yes I have a picture of depicting MTD and it is how you describe - tight narrow neck

S1: Yes and shut down sort of feeling and the brain has got very used to that feeling so the anticipation that it is going to happen is being fulfilled all the time. So it is saying yes it will happen okay it did, yes it will happen okay it did, yes it will happen okay it did.

But I do want to say a very positive thing although you may think it is a tiny triumph. We did an anthem in church on Sunday and I notice particularly that it is rising phrases where it doenn't work and there was one moment where it went to an E5 to F5. Normally E's are okay but not F's. I actually sang one F. Now okay, it was only 1 in the course of the whole piece, but what I simply did, and I told my fellow sopranos that I am simply not singing those phrases so don't you stop singing when I do - I'm just giving my permission not to sing them. In rehearsal I didn't even sing it and the performance it was there. It wasn't great if I am being honest but it was an F.

VRC: Something is starting to shift, you are defusing from the thought in a way just by noticing what is happening - this is the first stage of defusion - and you were showing acceptance that you weren't quite ready to sing higher. However, in the performance, the power of the brain or minds decision to not sing the note was perhaps overrides by the pure act of making music?

S1: It felt a little bit more like an even handed negotiation. I am very aware that I am saying this, there is a part of my brain that is going 'yeh, but it was only one F and next time you won't get it'. I am very aware there is that feeling of a little bit of triumph and then immediately there is something that is dragging it back down again. That's what I need to address. I hear you say about saying it but there is conflict there and I don't want it to be there.

VRC: yes so that is your dictator and you just say, thank you for telling me that. Appreciate that he is telling you to keep you safe. The brain is telling you for security.

S1: I'm pretty sure the reason why that is because the feeling that somebody somewhere will be critisizing that so If I sing a high note and am louder than anybody else, as has been told me in MPAt the past, oo we

can hear you. Part of my brain has remembered that - acknowledged that from somebody and instead of taking it as well of course you can hear me because I am trained singer. Its said done the opposite - saying oo nobody wants to hear you - don't sing so loudly - I think that has to be accepted and I have to learn to accept comments that might be negative without giving them the emotional power that I have given them.

VRC: although perhaps you may want to consider that 'being heard' isn't a negative?

S1: from this particular person? (Raised eyebrows)

VRC: Oh right!

S1: no no you're right in normal circumstances it isn't negative - yes and anything round my voice at the moment everything that is said is negative. It feels like there will be a negative response if it cracks and if I don't sing, someone will notice I'm not singing, it doesn't matter which way I turn. Now on Sunday, I gave myself permission - I am just not singing those phrases and not going to engage with the struggle. Is that necessarily a good thing though as that means I am giving up. It didn't feel like it, It felt like more of a negotiated settlement which felt positive.

VRC: so it could be perceived as avoidance - a negative move or 'away' move or it could be seen as a positive response where you chose to do it to feel safe at that moment - which we could say was a towards move,

S1: yes

VRC: *Introduction to compass metaphor - towards and away moves, unhooked - diffused*

S1: Yes the process is to unhook more

VRC: *Discussed the storied self - what is true or untrue*

S1: yes what narratives have changed - what served well in a certain situation, arbitrary 5/10 years ago, I can look at it I can make a choice whether it is still serving me well. That narrative or strive isn't needed any more. I'm moving on towards - choose rather than react to it - neutral

VRC: this is the work we are doing to free us from all these out of date narratives - we haven't realised that we have been in a constant sympathetic arousal of fight or flight mode - you notice the physiological reactions - heart racing - just by noticing it - connecting to the breath you are starting to unhook.

S1: as long as I don't go into singing mode.

VRC: yes practice the exercise I sent you

S1: yes I haven't practiced that yet.

VRC: yes well do that every day would be good - do simple things - just - connect to your body quickly - put your hands together.

S1: just to be. When you are busy you are being purposeful, but just occasionally you get that time where nothing is happening. - there isn't somebody who wants a piece of you - it's slightly strange sensation of what am I going to do and that's the instant response - and that's when I can just be

VRC: but we are doing something by being - focusing on breathing is just an anchor to help you.. we fill our lives with so much stuff.

S1 Yes

VRC: we self regulate or we are going to drive ourselves mad.

Discussion of tension

VRC: tension is when we are about to do something - we have an intention to move - there is resting tension in the larynx always to stay attached in position so squeezing the muscles purposely intentionally is what you are doing

S1: everything you say about movement in tension, it's the exact opposite - I would say that positive tension is the flexibility of tension and it feels like I got the exact opposite - the shutting down is tension but it almost as if the muscles have solidified - they grip so tight they can't flex like the agreeable tension we know we need in every day life and in singing - and you are right it has become hardwired. Here is this note on the stave and this is what happens when you try to sing it which it has been a given. I did sing that F and in lower in my voice it feels freer definitely. And I think the knowledge and support you are giving - the empathy and knowing there may be a solution rather than it is a hopeless case. I don't know whether there will be a solution but I am not saying to myself there won't be one any more. That mind set feels a healthier place to be.

6TH NOVEMBER - Session 4

S1: I find the internal meditative - the physicality of the mediation helpful - I beginning to breath without monitoring and thinking of accent method for singing. We are so geared to learning how to breath that we forget we breath because we are alive which showed me that every day normal things - if put into a singing context it is not...its getting back to what we have learned as singing - shut the voices off -taking air in and getting rid of air.

VRC: how much do you think about mindfulness during the day?

S1: about breathing? During the day I don't think about it at all unless I am teaching singing - as I have started to do more demonstration (was avoiding it), I talk through an exercise with them so physical stuff - breathing exercises - I am becoming more aware of doing it rather than just correcting - or say that is good. However, during the day not really - just say to myself my shoulders are around my ears and the need to lower them.

VRC: how much can you drop into the present moment?

S1: no I wouldn't say that was happening yet if at all. I do notice if the negative or anxiety thoughts (if you want to label them) crop up - I feel I am running with them all - I give them more space - I would say there is an allowance there - it still never ceases to amaze me that an issue which seemed incredibly big on one day, actually in 2/3 days time either there is a solution which is fantastic or mmm....well....really? I think that is getting better by allowing myself that the situation is completely irredeemable, it's totally useless - what's the point and allowing myself to feel those thoughts - have those feelings- and kind of them just letting them be there which possibly frees the brain to have a solution rather than been caught up in the stuff that is happening - thinking its happening and there is probably a way out of it.

VRC: Suggests the positive reframe exercise - re-evaluate. Something that drags you down - give yourself mind space to re-evaluate something

S1: yes I think that is right and if it is a current issue rather than a memory, by distancing - one of the most helpful things you sent through recently was the chess board analogy through. I like the idea - my take from it is by being the board - you are almost an observer - you can be neutral - you can negotiate yourself between the conflict as it were and give yourself by being the board. I haven't thought of being a UN but I

quite like being one - that sense of listening to the warring sides and finding a peaceful solution however that works such as you said reframing or accepting a negative - find that path through it - not getting 'dragged down' as you said not being embroiled - the idea -

VRC: Yes at the chess pieces (thoughts) carry on coming

S1 yes and I like at one stage a positive chess and negative chess piece characterisation and by engaging in the conflict as he said the positive - you can't win that conflict - so its much better to step a way from the chess board which chimes with everything - makes perfect sense. (10.31). I will say one thing about relating it to singing, I have a lovely amateur student who is older - she is really good - in her lesson - I will ping her up to top D's in warm-ups but I can't get her to sing a top G and she gets so mad and frustrated - and I say well you can get to a top d in warm-up - she gets so mad - yes I know that - and it's just a manifestation of that conflict (chess board warring sides) - and I think umm - this is very instructive - its a realisation how she is so consumed by it. I can empathise as I can't get a top g in a warm up let alone a song. I'm one step back than she is (laughs) If I could get a top G in a warm-up - yes! Interesting - just saying that - I turn the situation around - I would celebrate a top G - where is she is annoyed by it!

Just seeing it around you - I think it is fascinating for singers - they are so caught up with being a singer than any other musician. You have constantly got this - not only your own - but if somebody said they didn't like that voice - I didn't like that person - of course it isn't - but there is that very.....if somebody said they didn't like that interpretation of the Mendlessohn - well that is different to saying you don't like that voice - its very - singers are particularly prone to these thoughts.

VRC: yes the more we delve into this in ourselves - the more you can empathise with others. You said you haven't really practised?

S1: yes okay - I still think I have a hurdle to get over with this which is I got into such a state of hating the sounds I was making or hating the fact that I couldn't do what I felt I should be able to do. There is a whole acceptance thing here as I have accepted that I am never going to be the voice (13.54) that I was as I am not a professional singer as I was - that chapter is finished - I have accepted that - but it has felt it is such a different voice that I was - and it is so hard to turn off the voice in my head that this is not right. It's uncomfortable physically and mentally what I want to be in - so practising - I'm asking myself - do you really want to in that space even just for 10 mins - you know you are not going to be in a comfortable place - I know that I'm working to get over that hurdle and I'm not holding that it will be unnegotiable - (15.07).

I'm not expecting to make beautiful sounds.....what is encouraging is that quite often in my SOVT's I am going higher - it's very thin and very crackly but I'm saying hello little larynx - I am making sounds that I haven't made for a while - I know it's not singing - so at the moment it's a win win - but another little voice is saying you aren't actually singing are you?

So back to the choir thing - I've got all my notes if you want to read them

29th November

6th December: Session 5

So how was did the performance go?

S1: There were 3 top g's - I got 2 out of the 3> I haven't had a top g for years. I can't translate it in to songs but in exercises I can. I don't come away from rehearsals feeling. 2 ft high. The biggest shift is I am turning off (I know that isn't acceptance) but I'm turning off all the verbal insertions going on in my mind 'now loosen your jaw now move your tongue into that position etc" so I just saying I know all that. - that's great rather than just having this running commentary. I'm not pushing it away - allowing the instinctive part of me to just let it happen - I know when the chess board piece steps forward and starts labelling it then I the chatter starts again but that's okay. I can go back into chessboard mode.

S1: I'd like to get to point now where I am singing more - I am very satisfied how much we have done but hopefully we can do regular sessions singing next year.

VRC: so that is where MPA started? (Referring to before CoVid in releasing in a smaller space)

I suppose logically I thought if I shut the voice down I wouldn't have the MPA. In a bizarrely illogical but very logical way it makes sense. It's nothing like this example - I have a friend with anorexia and the thought the the brain can over come the basic instinct to eat to live is fascinating to me. But her world view it makes logical sense because her brain is doing something which protects or fulfils certain requirement. Logically similarly, my brain said logically lets stop singing so that you don't feel anxious but of course I carried on singing - so I had this sort of struggle -

I'd like to say that you said right at the beginning that 'I am not a counsellor' and that is why it has been working - because you are a singer and a singing teaching and understand the nature of being a singer. What you are doing with me you are not like a counsellor - possibly won't understand what it feels like to be a singer. The other thing is as a singing teacher, I am fascinated about the voice so I have read a lot and attended a lot of courses so I understand the voice intellectually. So it makes me a better teacher in my view however, it dens't help me as a singer because my brain is continually issuing instructions as I sing - that has got to the point.

What I perceive is happening now is that I am saying to the brain thank you brain, that is terribly interesting and this stage it isn't particularly useful - just let the larynx do what it supposed to do - it may do it wrong before the brain well it's tightening at the top - I know It's tightening at the top but lets just do it and see what happens.

VRC: and we are perfectionists and we are the experts (that is our identity as voice coaches) and knowing that the voice isn't functioning in front of other people who don't know as much as we know - there is a loss of self of self esteem perhaps - not being aligned.

You mentioned shutting down and in the beginning of this process you were unable to name what you were feeling (shutting down) and then last session you were opening up - felt a bit tearful -

S1 singing became the battle ground - the area of conflict - I'm like everybody though - I have good days and bad days but I wouldn't say that - I don't feel I am a genuine basket case but I feel my voice is genuinely in the basket! That's how it feels - I feel don't feel in the need of counselling - I am sure I would benefit but I don't feel I need to sort my life out.

VRC: why do you think you can't do it when practising - I mean you have't got an audience.

S1: Well I am going to correct you as I have started to practice - I haven't practiced ready since the first lock down.

VRC: what about the high notes?

S1: In practice I do 15 minutes - high notes are coming out - today there was kind of an Ab. What I can't do at the moment is put it in a song. That becomes more like making music on my own

When I sing in the choir I am now more functional.

25th November

S1: I am giving myself permission to breathe more - because of the lung problem - I didn't have enough air but I think it has added rigidity into the singing that I don't need. I am now focusing on not pushing when I start a phrase - overworking.

Working with 'ng' sirens but won't work on a lip roll

S1: I feel I push too much in the abdomen so I have stopped doing lip rolls as I feel it is reinforcing a bad habit and I don't feel ready to tackle them with a good habit. I feel I am slightly gripping and initiating with a push and lip trills make me do that - I don't want to do that. I feel that this (pointing to her throat has been started by the abdominals) - I know you do have to work your abdominals but I think lip trills encourage me to over work.

VRC: do shshshsh - is that okay to do

S1: yes that is fine - as my throat is relaxed. So I am getting my stomach do a balanced tension

We explored different levels of effort used for voiceless and voiced sounds and sirens

S1: the 'ng' seems I am doing nothing but the lip roll is fighting me all the time. Lip rolls I feel I grip with the jaw.

VRC: although lip roll should have less grip

S1: I love puffy cheeks and it feels it wants to go higher.

VRC: and there is more ab engagement

S1: yes it feels like less is more but the lip roll feels you need more - I know it may be psychological.

VRC: lets do to pitch on puffy cheeks

S1: now we are doing pitches - that alters my brain,

VRC: so you are noticing that this is being blocking you when pitch is involved - give it space and accept it - fear of pitch - lets do another exercise ascending pitch

S1: Instantly I have stopped breathing and I am completely rigid there and I am completely rigid in my jaw - my muscles are so tight.

VRC: so lets drop anchor now short exercise - this isn't about achieving anything at the moment it's just about noticing what's going on and letting it be there - its not about getting there today.

S1: yes its giving me permission to accept what is happening today - I know we talked about setting goals but I am a goal orientated person and that is why I have got into this downward spiral - always saying I will crack it today - so now I am giving my self permission to breath - to sing louder than everyone else in the choir and that's been the release - I don't have to achieve it today.

So when I do have a small victory and sing F5 in choir - I just feel pleased but not critical by saying 'but it's only an 'f' - not a 'g' is it!! It's just turning that perspective around

VRC: so what you have been doing is recognising your values in singing rather than the goals. Your values of being free, flexible and enjoying singing. So infact singing high notes as a goal doesn't align with your values at the moment -

S1: Yes and that has been noticeably happening although inconsistently in rehearsals but there are moments when I thought I have enjoyed singing that - that was fun - that's been happening much more since we have been working. Before all rehearsals were a trial and an expectation that it wasn't going to feel good. Yes its like the chess board and I am now the board and just noticing these negative thoughts but not reacting to

them as I did. I m now more aware that the high notes are there but just very out of practice and I more convinced that body knows what to do.

Practiced thought specific focused attention -

I was already 5 bars ahead predicting I had to sing this high notes - I wasn't in the moment! - 29.00

S1: Vowel modification was task specific was already undermined by it won't work

VRC: Can you identify a feeling

S1: yes this is going to be quite shocking - it's disgust - that is the word is utter disgust that I can't sing an E - it shocking - it makes me feel quite upset - it making me feel quite tearful and that's a revelation -

VRC: what is the disgust of

S1: no I don't think it s the sound - it felt okay -

VRC" lets breath into that feeling into your body

S1: I think bizarrely even having acknowledged it is a start - that's the battlefield because it is such a strong emotion - if I don't sing the note I won't experience it therefore I won't sing the note in a cyclical downward spiral if that is always going to be the outcome. The brain has strategies. - if we don't sing the note we won't have that feeling

VRC: so now be kind to yourself - you are protecting yourself - its an understandable reaction -

S1: yes its protection and its doing keeping me safe but the downside is that it isn't allowing the joy either. It's a safe path but its a grey path - its the civil service path -

VRC: just be kind to yourself - just start a bit lower - no pressure -

VRC: can you feel lower in the PJ - pelvis areal

S1: no I don't want to go there because I will feel the gripping - I don't want to think lower down just releasing the throat and I think that will work

VRC: Okay - its that gripping understand

VRC - try it with pelvic swirls

S1: it starts to feel rigid when I stop -

I think by adding another thought in to the breathing mechanism and it's already feeling very tight and stressed - and I think down there - I'll add another level of tightening. I am worried the brain will just grip harder.

VRC: already counteract it

S1 : I'll try moving - in different way - top not was much freer. I think what happened was it was a distraction,,

1. Yes. It helped to add another perspective to my thinking about my singing and, in doing this, helps to break some negative patterns. In freeing the brain from some of the overload of technical and 'assessment' information it allowed a greater sense of release which in turn helps the singing to be more free.
2. The skill of allowing thoughts to appear without engaging with any negativity surrounding them. It also helps to be 'in the moment' rather than experiencing anxiety about what was to come.
3. No but I suspect that, like anything, the model needs time and practise to be absorbed fully.
4. Yes. I have already begun to explore my own imaginative pathways based on the ACC model.
5. No. I would not have felt comfortable sharing what is to me a very personal journey with other singers.
6. I very much liked the feeling in working with you, that you were not simply 'fitting me into a programme' but rather tailoring the programme to my situation with your suggestions as to how to apply it,

SINGER 3

October 3rd:

VRC: what happened?

S3 I was just straining and pushing in the show

VRC: when did you notice there was something amiss?

S3: about 6 / 8 months before I started to notice there was something wrong

VRC: after the show?

S3: yes

VRC: what type of part were you playing

S3: I was doing top soprano

VRC: before that show was there anything else?

S3: 'I would lose my voice when I went out clubbing but never noticed any pain and no problems when I was singing.

VRC: how old were you?

S3: 17/18

VRC: and when did you start your course?

S3: when I was turning 19.

VRC: so how did you address the voice issue

S3: - I was told I had nodules and when I started my course they said (SLT) that's okay we can give you exercises to get rid of them. At Christmas when I was 20 - (year later) - they said this isn't right because you are still struggling and then changed the diagnosis to a cyst - I went into surgery and they said it wasn't a cyst but a mucosal bridge

VRC: so what is your main concern?

S3: I am always worried about doing technique wrong and worry about damaging my vocal folds again and having to have surgery again (*filling in the matrix*)

S3: yeh

VRC: Because you have these fears and you are on a busy course, what sort of strategies or how are dealing with these worries?

S3: I just tend not to sing which is obviously counter productive. I feel I should be getting back into it (the course) feeling more comfortable but If I don't sing I don't think about it and if I don't listen to mt songs then again I don't think about it. Obviously I need to listening to extend my rep and knowledge. I find if I don't listen to MT but listen to pop, I don't think about it.

VRC: By avoiding these things and not thinking about it, it gives you short term relief.

S3: yes and I beat myself up about it - so I listen then I think well can I do this song at the moment, does it show everything off, they are songs I really want to sing but right now I don't think I can so that annoys me so I don't listen to them and then I do listen to them because I enjoy the song - then I stop again.

VRC: So really you have two internal voices telling you either to listen or not listen. Like an argument.

S3: Yes all this to and fro

VRC: must be quite exhausting? *Reflects on her experience and how difficult it is but it is totally normal - that what brains do - empathising that it makes totally sense as you don't want to damage your voice again.* In some ways are you blaming yourself? Are you having some sort of guilt thing going on about the situation?

S3: Yes I think so, I think definitely blaming myself and everything bad always happens to me. A lot of people have these difficulties - they seem to sail through and I am always have not be dealing with my voice or my dyslexia - others just sail away and I just seem to be drowning.

VRC: so the strategy is you just avoid this stuff so you don't feel so bad?

S3: yes and I just can't seem to get into the work

VRC: yes totally understand - you can't get the motivation as it is such a struggle

S3: mmm

VRC: but you made the decision to continue your course - and while the voice is healing you can be learning in all sorts of other ways.

VRC: Have you ever done mindfulness before

S3: no I really struggle with it - teachers encourage us to do yoga or pilates - but I can't do it -

VRC introduces mindfulness and does first exercise - short one

VRC: How did you get on with that?

S3: I found the beginning okay but then I was zoning into my flat mate talking in another room - as I got into it I got more into it.

VRC: did you notice any sensations - in your body - breath?

S3 No not my breathing, I felt calmer.

11th October

Morning singing lesson

When discussing casting for auditions

S3 my teacher said I have a very sweet voice and in acting through song class he asked me to do an older version of my voice. He said I could play the mum in wicked in 7 or 8 years

.VRC" what would you really like to do - what is your vocal identity?

S3: I always said I would love to be in the Lion King but that will never happen because of my race. I don't see myself doing anything at the moment perhaps I haven't researched enough perhaps

VRC: yes and it's your professional identity you are exploring through your course - as you are having to deal with your voice not working properly so that may be controlling how you see yourself in roles perhaps? Is that a bad thing?

S3: I perceive it is a bad thing in my head but I know that everyone is at different stages in their life

VRC: but in a way identity is controlled by your looks too - may be spend time thinking about your identity as a performer without considering necessarily what the voice can or can't do. How do people perceive you?

VRC" so you value character roles - why?

S3: I think I would get support character parts - e.g. Mean Girls - characterful role - not the lead. I quite like character roles as I am like that in life. It's like second nature and know how to do it well. So if I am given a damsel in distress I can't do that. I can't connect to Method acting.

VRC: what about age - your teacher asked you to sing an older version of yourself

S3: I view myself as young - physically I feel old (laughing) but not mentally. I always act older. I think I look 20 but get away with younger. I could play older though.

Later the same day on Zoom:

S3: I have just been dancing this afternoon

Did assessments for the rest of the session

2nd November

VRC: Is your vocal stamina okay - you don't feel vocally tired at the end of the day?

S3: No

Working as a team:

Tells VRC about seeing SLT - practicing glottal onsets (soft) in speech and then practice in speech. Booked in ENT in December. Aims of SLT to increase soft onset. Practiced the physical touching to the vocal folds. Link to onsets in singing. 'Break away' soft onsets. Bb top note sung in mix. Also, having a singing lesson tomorrow so VRC chooses not to work on song. Vocal range is to Bb5 - only sung verse and chorus.

VRC: How have you found practising ACT this week?

S3: I go to class and then just breath and try to zone out. The problem is I don't have that long. I do it at night and it relaxes me and makes me sleepy.

(Discussion about how to practice regularly in the day time - not the aim to relax but to develop skills for the mind to focus and bring back to task when distracted. Short practices are fine.

VRC: How is your singing going?

S3: Going well. Having to choose a song for auditions. "Finding Netherland" a song. It is very 'belty' at the end. I think I can do it - it's just 'mind over matter'. But also wonder if my voice is ready yet, I am not sure.

S3: I have been given some suggestions from my teachers like songs from: Miss Byrd, the bear and the tiger. I've got in my head that I need to go to an E. In an audition song - I have to show off my range.

VRC: so your mind is telling you that you should do this and that - you feel you have to fulfil your teachers expectations. *Introduce the dictator and diffusion's methods*

S3: Yes. It's mental - its a year ago today I have had my surgery.

VRCL Do you think things have changed?

S3: Now I can sing and not be in pain - but part of me is always saying why can't I sing Elphaba? This is stressing me out

VRC: this is where practising mindfulness can help as you are practising coming back into the present moment continuously so when you get stressed you can more easily not be hooked by these stressful thoughts. Why not try saying I notice I am having the thought that.

This she practiced

VRC:How does it manifest emotionally?

S3: Its very negative and I get very stressed

VRC: So what you do in this state?

S3: I get very tight in my shoulders, like I can't sit down - need to be doing things.

VRC: to distract yourself?

S3: yes

VRC: You could see that as a positive move to make you feel better. Although does it make you feel better in the long term? (22.29)

S3: I don't know

VRC: I mean do you have these negative thoughts and feelings a lot?

S3: Well, probably every day - like a different one - when I have completed it then its off the list - then a new one comes

VRC: So your way of dealing or distracting your self from the negative thoughts and feelings may have only a short term effect - like having an alcoholic drink to relax - that would calm me down for a bit!

S3: mmm

VRC: So doing the ACT - practicing being in the present moment, accepting where you are in your rehabilitation

S3: yeh acceptance

VRC: that seems the weak thing to do perhaps, you feel you should be trying or struggling to attain your goals but just accept it. Practice your meditations will help you.

S3: yes acceptance, - I have written that down.

VRC: So what could the alternative behaviour rather than distraction?

S3: Probably just to deal with it

VRC: what do you mean?

S3: Well face I am struggling with it, so lets say I am getting stressed because I haven't found a song then don't stress about not having found a song - don't ignore it but try to accept if you have tried and have't found it then accept you at least have tried.

VRC; okay so you tried and haven't found it, interesting that you use the word 'trying'. Lets do this exercise - 'try to pick up your phone'

S3: I'm confused (she picks up the phone)

VRC: what happens if you try then don't - the hand is stuck - similarly you are trying to looking for your song but then you can't so avoid it and you have this conflict going on in your mind and you get stuck. So if you changed the word to I am willing to explore songs for auditions - but also being kind to yourself if you don't find one yet. You can actually even think of positive things for not having found a song yet. (*I didn't*

pursue that line of enquiry which is a shame - only gave my experience of procrastination with my writing so we moved on. Rather clumsy in the way I dealt with the work try and willing

S3:

VRC: - you tried really hard to look for a song that you thought you should be doing because your teachers have told you - that shows off your range - and then you get stuck - but the dictator in your mind says you should be able to do this.

S3: yes

VRC: so you need to breath and start again. Lets explore some songs to make a decision. Choose a song that 32/28

S3: I have to pick

The rest of the session involved in choosing a song for her to work on for next session which could be an audition song. - she liked 'by the sea' was chosen from Sweeny Todd due to the range being limited but there was a bit of a stretch up to the E's which could be sung in M2. She liked the character so went away feeling I think more inspired.

November 15th

S3: I am struggling in acting through song class to change the narrative of a song which was the task. I used to be able to do this and now I can't. I'm struggling to like make these different sounds - not necessarily sounds - you know to act it like this - it throws me off technically wise - and I know that's good - then my other singing teacher said and now you are feeling less pressure and that sounded really free and I said like it did - it did - no tension here (pointing to throat) and it was all from my stomach and everything

S3: Basically I was trying to do what he wanted me to do as it was acting through song and know it's good

VRC: how did that make you feel?

S3: It was really annoying - thinking I could previously just do it and now what he is asking me to do is harder or I've got a block.....for instance he asked me to sing it more quietly and I went quieter in volume and then I knew that isn't what he wanted

VRC: so is it because the voice isn't functioning properly is the problem?

S3: I don't think it is the voice....it's mentally.....I can't do it although I know I can.....for instance when I went to get that e flat earlier in the week I know I could do it and now I can't so I know my voice can do it - it's just mentally when I go to practice it on my own for some reason I couldn't do it again - do you know what I mean?

VRC: and when your singing teacher says just find your centre it starts to work

S3: Yes cos when I think when it goes more technical I go ahh lovely (sarcastic)... but then when somebody just says to me 'now just sing the song' that's when I struggle' - I have just been so focused on technique that I have to just trust the technique and just do it - that's what I am struggling with -

VRC: yes it's difficult - sometimes having to focus on technique and then quickly switching on to just performance mode - and the technique isn't settled in your mind and body - so there is too much noise in your head and you can't switch it off?

S3: yes

VRC" so as far as you practising mindfulness - how does that help you with this? Do you practice?

S3: yes as time goes on I am practising it more and more - like when I am walking or washing up - I find it easier to do. I do find when I do mindfulness I feel more relaxed but I only seem to be doing it when I'm not stressed. When I am overwhelmed I find it easier to do...

VRC: you find after you're overwhelmed you do it?

S3: yes I do it to calm myself down.

VRC: so there is two things going on here - you are practising when it doesn't matter - strengthening the mindfulness muscle - and when it does matter when you are out of your comfort zone - your sympathetic nervous system is aroused and you are in fight or flight - your breath is getting - *(we start to talk about the recent shame scale she did after this session (9:37)*

Discussed diffusion - her understanding and relating it to her stress in her lessons. Short exposure exercise - exploring the negative feelings around performing in class. Making space for it - give it a form or colour. Allow it to be there.

VRC: *where did you feel the stress in your body.*

S3: behind my ears and in my chest. In my throat a bit

Introducing the idea of the uninvited guest - linking it to her stressed self - describing it

Homework to do this exercise before going into class and inviting the stressed version of herself to come in with her. Give her self permission to tell her teacher if she becomes overwhelmed. Discussed 'what you resist will persist - also the quick sand metaphor..

S3: you are not your emotions, your emotions are just there.

VRC: we are not our emotions. Remember the chess board?

S3: not really

VRC: *explains and tells S3 to watch again*

S3: I get the same thoughts and if I don't act on them they don't go away - you know remember to this and that

VRC: what sort of thoughts do you have when you get up in the morning?

S3: I always have thoughts like try not to worry so much or just keep going. My nutritionist tells me to say you are worthy or you are talented - I try to say them although I don't believe them I don't think

VRC: so that isn't working

S3: No

VRC: says well try to do this instead - thank your mind for telling me that, and diffuse - rather than pushing it away - you are giving it space to be there - a bit counter intuitive strategy -

Worked on:

By to the sea' from Sweeny as it ticked boxes such as a character song and also didn't belt high but interestingly went into the thin folds briefly on Eb which I thought could be doable as it would be slightly breathy and light in quality. We will see!!

November 9th.

S3:

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S3

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15th November

I get very over whelmed - I can't just do it. I'm struggling - my acting through song teacher asked to change the narrative - pretend the story if that is already happened rather than it has happenening. I was watching Connie Fisher - went to see Garry ? In America - she was struggling - he was trying to make these sounds - do these different things - that's how feel - same as her - just make these sounds - that really throws me off. Technically - and I know that is good. my singing teacher said that there was less pressures.

VRC:How does that make you feel

S3: That's really annoying as previously I could do it and now I don't know - I have this block.

S3: In the beauty and the beast -'tale as old as time - she is watching it - but he wanted me to change the narrative as if it had already happened. - she if any words pop up. Singing it really softly but not volume - more reserved.

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Mindfulness: Every week goes on I am practising more and more - when I wash up - walking - I am finding it easier to do. When I have done it I seem more relaxed - when I feel overwhelmed - I can do it

Later in the session after working with diffusion she quoted 'you are not your emotion, the emotions are just there. It's working.

17th November

Re: reported being emotional in class due to having to sing song when wasn't ready. MPA ++ - but in the end didn't sing it. She is basing her essay on her experiences recovering from surgery.

Didn't record: S3 came in from dance class. When singing it was apparent quite tight - she was discomfited. Lots of SOvT and tube in water - alternating lip roll and lyrics helped. Sang Yoohoo at the end of the session on C sharp. Learning I wish I were in love again.

29th November:

S3: I'm feeling stressed and not sure why. I don't know whether it is because I am doing an audition for 'we will rock you' or just I've got little things that I have got to get done so I felt overwhelmed to get them all done - I don't know.

VRC: How have you been dealing with that then - is it this morning or yesterday?

S3: yesterday morning - I manifest a bit - wrote it down in the diary and that helped a bit. Then I thought oh just get on with it.

VRC: did you practice mindfulness - that might have helped

S3: you know what - I didn't - I forgot

VRC: I know what you mean - I do too when I am doing so much

S3: I wrote it down in my diary and identified my goals and one was to be present in the moment and I got to Uni and I was doing really well and one of the teachers came over while I was doing my essay and started telling us all the things we should have done, contacting agents and it was too much - and then a stressed a bit.

VRC: you probably weren't the only one overwhelmed in your group

S3: no definitely not.

VRC: what about doing something kind to yourself when these things happen - perhaps even a bit of practice would make you feel better. How are you feeling now?

S3: I do feel better today as I did get quite a lot done and have got on with my proposal for my essay. I'm trying not to think of things - but everybody is on different paths.

VRC: your mind is telling you that should be doing this and that

S3: yes so I tried to accept and thanks mind and move on but after the talk about Agents I then had a tap class so I was very in the movement then. I was distracted in a way so I wasn't thinking about it.

VRC so you were able to turn things around

S3 Yes that was a good thing.

VRC: Would a mindful exercise help?

S3: Yes please.

Mindfulness exercise (10mins)

After the exercise - discussing positive thinking again harping back to previous session

S3: Like manifesting - I find this really hard. My voice will be stronger (back to normal), I find that hard to believe - but I do believe my voice is getting better as I listen back to old recordings of exercises a couple of months ago and at the point that I would struggle, I don't struggle there. It is improving.

VRC: It's a long road

S3: yes very long.

VRC: Lots of Artists and athletes go through this too

S3: Yes I know - I think I am getting it and then something happens and I take a step back

VRC: One minute it is going well and then not - how much has the voice changed do you think?

S3: Yes like when I got the Eb and it was a triumph and felt encouraged then I come back to uni and I can't commit to the song or I can't do this - I prepare to do the Eb again and it's gone back 5 steps. And then we did a rehearsal for Christmas carols and we sang from 9 to 4.30 non-stop and if that was me before the surgery I would have been in so much pain and tired. Actually I was fine. I mean my voice felt it couldn't do it but I think that could have been psychological and I worried whether I would be able to sing the next day and actually I wasn't in pain - I could still go to my singing lesson - I could sing. When that happened I thought oo that's a pro!

VRC: When you were singing all that time was it in a comfortable range?

S3: yes I was either tenor or alto and I was really conscious of not giving it too much, being calm and taking the effort out

VRC: so in fact learning to be in that place in the voice is actually quite a useful skill -

S3: definitely

VRC: it will build up confidence in that part of the voice.

I had a similar experience singing tenor part in a choir recently tells story

S3: I do want to sing soprano but I get scared as I think in my head as I think I'll ruin my voice because I don't believe my technique is good enough - you know retract and tilt, high tongue but in my head 'gasp' no no. And you don't know how high the soprano line will go and there is no way in hell I doing that - but if it is a nice soprano it's a good way of stretching the vocal folds but I just get scared.

VRC: I think what you are doing now is the best strategy for the moment for you and if you can find value in singing lower parts. I mean you are right, you are developing enough skills to sing soprano but until you feel confident getting past the passagio with ease in practice I wouldn't go there in a group context. It's like you are going to run a marathon with a sprained ankle - in your mind you think it should be healed of course. There is no should or shouldn't in this game.

S3: so getting in to thick folds

Discussion issues about what thick folds (9.36) - and how it is felt - interoception - developing sensory awareness of the resonance in the body - using some Bozeman concepts

December 22nd

I am starting to understand that what I am going through is a very normal thing.

Reporting SLT feedback in recent scope

S3

SLT told me to do more gradual onsets we have been doing. Also working with tongue. Out 'th th th'. Also lip roll 1 roll 2 roll 3. Next online session with SLT in January. Reducing falsetto flip. Use lip roll. She liked the gradual onset hoo hoo in Mrs. Love's song. I can do it but then I can't - it's all the stress.....

VRC Don't beat yourself up about as the body is doing what is natural - compensating for the vocal folds not vibrating effectively

Answers to set questions at the end:

1. Yes. I think because I forget that what I am going through is a normal thing - others have gone through - ACC makes me feel more normal - I accept it more. Accept that my feelings are very natural feelings.
2. I think noticing the thoughts and thanking my brain for telling me when I am singing. The chess game - about distancing myself from those thoughts and having them next to me rather than in me. What I am going through on that day, it's not because of my voice but because my mind - I'm struggling to get through something on the day in song class because I got stress and anxiety about singing but my voice can be absolutely fine on that day but mentally I am worrying before it even happened. Then when I notice that and accept it, then sometimes I can get up and sing rather than just sitting down and watching it.
3. She couldn't answer this question as couldn't remember the hexaflex model. I still haven't done much with the values and goals side
4. I think it's helpful - I see how people accept what they are going through.
5. I think at the start I would say probably no within a group. At the start I was struggling to explain what I was feeling and actually know what I was feeling so I couldn't say it. I didn't understand what was going on. If you asked me now I would do it in a group setting because I understand more and on the journey of accepting.
6. I think how you did it was good. My busy schedule was difficult. I would prefer to see you face to face. Otherwise I don't think I have any criticism.

VRC: you came to me in distress in the summer and did ACC in the autumn and now you are saying you will have psychotherapy - you want that to help you further.

S3: I understand more because of our sessions. It would have been much more difficult without seeing you

to the sea' from Sweeney as it ticked boxes such as a character song and also didn't belt high but interestingly went into the thin folds briefly on Eb which I thought could be doable as it would be slightly breathy and light in quality. We will see!!

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How does that make you feel

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29th November

S3> I can't do that - i find it really hard to positive thinking - listening to old recordings I know my voice is getting better as things I struggled with I don't now.

VRC It's a long road

S3 yes very long - I feel like one minute I'm getting it and then something will happen and I'm going back again. -

VRC

S3 when I hit that Eb with you and then I come back to uni and i can't do it - I have gone back 5 steps.

January 5th

Lower exercises up to A very consistent tone

SINGER 4

October 6th

S4: Oh my god lets not remember that performance ...(laughs)....it was awful....I felt so bad for the other singer - I felt so ashamed - I let her down - we did all this rehearsing and oh God...

VRC: and you are still feeling this now? What else did you feel?

S4: I wouldn't have wanted to sit through what I did it was so dreadful -

VRC: you could explore the feeling of shame - lets do a short meditation and explore diffusing from the this emotion.

Talking about her difficulties doing a reading in church.

Singer 4: With braille, your finger pad can just pick up one bit - piece at a time however fast you are doing it. To read in braille fluently, you have to know where you are on the page and where comma's and fullstops will be - it's also learning the song by half.

I had this terrifying moment on Sunday - I lost my way when doing a reading in church - a baby started crying which is extremely distracting with a hearing impairment - it's very annoying that parents can't keep them in control - I can't concentrate on something else as my ears can't discern the 2 on purpose and being a visually impaired person - it is even more difficult. I can't hear myself think, It was a nightmare - I lost my way - my fingers were shaking - I

VRC: you felt frustration and anger?

Singer 4: I was frightened as I couldn't see people's expressions. I was very confused and when I went back to my seat, it took me ages to overcome the embarrassment. I am really frightened when I am singing although it isn't as bad because I know what I am singing (laughs).

VRC - and although you can't see people's reactions, you imagine them

Singer 4: - yes, what would I do if I was sitting there (being the listener - congregation) I would cringe! So it was really hard. I even considered coming off the rota of the reading.

What's the difference when dealing with a singing performance and dealing with so many other things e.g. equipment, instrument, sound fold back etc.?

Singer 4: Yes I do but very used to it as I have been doing it since I was very young. When singing you aren't saying so many words all at once - when you are reading - you are making sure the words sound right - for instance because I am blind, I base what I do on someone who is listening - the congregation also are reading as they have it on a piece of paper - I base it on the listening - I feel the message being portrayed is important so it is difficult to send it across.

VRC explaining ACT:

Singer Talking about mindfulness

Singer 4: I have loads of experience of mindfulness but I would like it to be more part of my DNA. I do it on and off quite a lot.

Before mindfulness - I did life training for a weekend - what your thoughts do to you - and accepting - recognising what it is true or false. (9.16)

I was doing mindfulness because of pain - not linking to my performance

I practice mindfulness training for 6 months.

13th **October**

VRC: you say you practice mindfulness every day but don't link it to performance. Have you reflected upon that in the week?

S4: I don't know how to link it to performance apart from concentrating what happens in the moment because I do things - I don't have distractions like a lot of people do as I don't see what is going on and don't look at music.

VRC: recalling the last conversation - with the child interrupted by crying in church - how distracting it was

S4 yes it was the last straw because I wasn't able to get my head around it quickly.

VRC so as far as linking mindfulness to performance, in that instance, you are in control of the situation in a way

S4 yes I could have just carried on

VRC no I am not really thinking of that - with mindfulness and diffusion in ACT and practicing separating yourself from the minds thoughts and feelings - the feelings in the reading were anger with the parent for not controlling the child - you were frightened -

S4 yes I can't hear myself think if something else is happening, my hearing loss has accentuated that dramatically.

VRC: So mindfulness practice - such as being present, purposely attending to something, non judgementally so as a performer, it is that practice of paying attention to the task such as reading, and practice accepting - 'thank the mind' and then return to the task. If you are mindful practitioner as you are - how do you practice mindfulness?

S4 Yeh sometimes in big chunks of about an hour or little snippets if I have't much time

VRC: you practice all the time?

S4: yes

VRC; shares her personal experience. Asks - what is mindlessness

S4: laughs: being all over the place, not paying attention to anything, judging and not accepting

VRC: going to automatic pilot really

S4: yes

VRC: if one practiced task relevant and task non-relevant/specific when performing. Example of mindfulness breath (task relevant) and get passing distracting thought which is task non relevant. Saying thanks for that mind and then going back to your task. Is that how you do it?

S4 yes. Thats right - she then mimes a cat swiping it away

VRC: although it's not to swipe the distraction away - its just to accept it being present

S4 yes I know that

VRC: to invite it in

S4: likening to a cat - they do that kind of thing to their kittens

VRC: behave!

S4: gently saying its not what I want at the moment and put the paw on the kitten and say just be their but not at the moment and then its kind of like its not what I need now but I know you are there - the mum attending to the cat.

VRC: going back to the reading - baby crying - the self critic inside you - reacting

S4: yes I was actually quite surprised how I reacted considering the amount of times I have performed in front of people.

VRC: so there were a chain of events - baby cry - reaction - gather your thoughts - more distracted - then what did you do?

S4: I just carried on to finish the reading - but I struggled - I think the most frustrating thing was to find what I was looking for on the page

VRC: yeh but you did in the end

S4: yes

VRC: how long did it take - a few seconds which was felt a long time?

S4: yes - it was longer because my hands were shaking - that is quite a big

VRC: from anxiety

S4: they didn't stop shaking even when I was back in my seat

VRC: yes you said you were embarrassed

S4 : yes and shaken thinking 'god what have I just done?'

VRC: yes and there was another element, your barriers of not being able to see people react so you almost imagine people reacting because you can't see it yourself.

S4: Yes

VRC: so you could say what you imagined isn't really the reality of what happened

S4: of course

VRC: in hindsight of course - and then you thought of giving up being a reader because it was too stressful. Have you thought of that again?

S4: no I haven't but I am still considering it.

VRC: could you explore ACT when reading again - when do you read next

S4: I don't know - I would have to look it up on the rota.

VRC: thinking about this context a little further - what do you value about reading?

S4: I don't know -

VRC: you said something about you did want to get the message across

S4: oh yes that is important and also to be clear, pronounce the words properly.

VRC: the same when performing in singing as well

S4: yes that's right. But I think distraction is a big one for me

VRC: do you practice the reading before

S4: Oh yes loads, I couldn't just go out there and read - I have to learn it almost by heart.

VRC: because you are reading in braille

S4 yes and reading in braille is not the same as reading with a pair of eyes because we look at a letter at a time so it is much slower process sometimes to be fluent the way people expect us to be.

VRC: What things have you tried to improve your focus of attention when reading?

S4: I haven't

VRC: so the strategy you used was to as soon as you found your place, you controlled how you felt and carried on

S4 Yes

VRC which wasn't so successful although you did get through the reading but it didn't make you feel good

S4 for me is how prepared I was beforehand but I think I didn't do it enough as I had a really long week and

I couldn't find time - there was one time a long time ago when performing in a gig - it was a really nerve wracking performance and a baby started to cry which didn't phase me whatsoever and just carried on.

Somebody commented after how I sang through with the baby crying and I said yeh and that didn't phase me. I have been thinking about this a lot because if they offered me this audition in the Voice - where people start singing and there is this big roar from the audience - it can be very distracting and off putting and if you are in front of millions of people - that can actually throw the whole thing - it makes you or breaks you. I don't know if they tell the audience on purpose to do that - it's almost like on cue - it is so out of character -

VRC and then you have the reverse reaction with no applause which would be off-putting as well

S4: it depends if it happens at the end - if you can't hear a penny drop

VRC: what about this compass of towards and away from your values - if you go towards (19.39) I

your values - aligned to goal - do you aim for a good performance or a perfect performance?

S4: Depends what performance

VRC: how high the stakes are

S4: if its with the band i just aim for as best as it come - with the band I don't really care. I don't like playing with them - they don't deliver what I am looking for- I'm doing it but I'm not really in it.

VRC: higher the stakes it matters more

S4: Yes

VRC: you want to perform

VRC: away moves what would that be - you would get fused with your emotion - so practising mindfulness.

Quick mindfulness practice - get back into the moment

IN the reading situation I would love to do it just before

November 6th

VRC: (1.09) Practicalities of learning - the big thing for is having to memorise everything. How do learn your lyrics? What's your process. What do you do?

S4: by reading the words and often in braille - I don't know why - although I can read print -

VRC: is the slow reading of braille gives you more focus?

S4: may be, and when I sing something like in Gaelic festivals in the past, I can see the words in my mind - the braille text - really weird. Basically I don't have something that helps me to memorise.

VRC: Do you think there is a quick way of memorising

S4: no but there are strategies one can apply but nobody has ever told me any

VRC: so when you braille read then what?

S4: nothing much - I just rely on my memory - that's all I do. Word rhymes within the text - make landmarks on those and have them in my head - I don't know

VRC: you may be doing somethings on consciously? For instance go thought the lyrics -

(Discussion on listening to song a lot but she doesn't have anything to listen to as doing folk music not recorded)

VRC you have lyrics chords and melody? Do you use repetition

S4: but not very effective

VRC: meaning?

S4 if in a foreign language

VRC: getting the gist - the sound and feel of sounding the words -

S4: I do images - describing a land scape - imagine that in my head

VRC: spoken the words out slowly - different speeds, going back to the emotional meaning - try to conjure up the character of the song. Is'nt about you learning process - not being bored

S4: Yes

VRC: I'll give you a task - you are good on focus attention - (although note to self - what happens after the performance?)

Task: Listen to the 'language trap' . Practice a new or newish song to memorise.

Other ideas for memorising:

Memorising is about connecting thoughts and ideas to embed in the memory - for it to go into long-term memory it needs to be sung many times and thought through many times- doesn't have to be sung out.

Taking it apart and learning sections - small chunks at a time

Speaking it out loud a lot

Looking for keywords

Challenging yourself to sing though and improvise when get lost.

Sing at different speeds, rhythms, keys, on one note

Over dramatise the song - let it become an opera -

Take on different characters in the song

Alternate singing phrases and listening to it in your mind

November 22nd (live session)

I just have to pace my self because of the pain so find it difficult to practice. Stayed in bed all yesterday because of tummy ache. I feel good today

Warm-up Working on 'mix' exercises - loosening jaw and tongue

Breath issues singing through gaelic song - compensating in the jaw

Starts with too much trident tone

Embellishment with tense jaw.

Using the arms to express herself adding some emotions - this released the more pressed phonation she does at the bottom of her voice.

Exploring longer breaths and also ending notes not swelling and sustaining so long

Thinking more on pelvic floor can cause problems due to surgeries

Thinking more of diaphragm - and solar plexus point (top of the diamond) - tone becomes more free and not pressed

I felt I could control my breath more

Over compensation on /or/ - tongue going back Ireland - doing rhotic r

4th December

Talking about a recent performance

S4 I don't know why I was so nervous - practical issues

The gig was alright - the church was really cold. I need warm hands. I it went quite well. I am usually good at timing it right - doing the right amount of chatter in between but basically i was a bit late - I chose one song too many. The guy who introduced me had a really good read on my website and then gave a lot of my details - too much . Her traumatic history and how she lost her hearing.

The singing was good - everything went well - a couple of hiccups with guitar.

I was really pleased with our last session - thinking about my tongue every time I sing

I am waiting to hear about whether I will be on the Voice. - continues to talk about the voice.

It's almost bad luck by watching the other competitors - i don't like watching to.

I had so much music to transcribe for the carol service with the church.

My towards actions are to practice. I know I keep on saying the same thing. I don't seem to have time for as there is something bigger that takes over. The pain is always there and if this medication works hopefully my relationship to the pain will be different.

VRC: out of 10 how do you rate your pain at the moment?

S4: 7/10 - that's normal - always high

VRC: was it like this at the start

S4: i think it is because I am tired. I think the problem with me is that I can't relax properly - I can't sleep - its a vicious circle..(10.06)

What's

35:29

Making mistakes, forgetting the words - I find that one of the most frustrating things ever, I had so much chatter in my head - worried about saying goodbye- the fear of being associated with them - my personal career - people will judge me for singing with them - the folk world is small - constant fear for very small things because of the state of the industry

VRC what do you mean things?

S4: forgetting words and people don't appreciate that I need notes at my feet - a set list - I can't do that I've got to have it all in my head - its really difficult

What's it feel when you think these feelings

S4 - stomach ache

VRC - breathe in to those in feelings in your body....continue the meditation

VRC:I suppose you are stuck? You say you try to practice but it isn't very useful - you get bored.

Working on diffusing continues- not struggling

It's amazing how much other issues can interfere with your words. Even unrelated things - its the distraction isn't it - its just how much things can influence even a practice. I didn't have to worry about making mistakes - I have often said a bad rehearsal is a good omen.

VRC:

I need a learning strategy,

VRC: what do you say so far?

S4: I first reading braille the words - its funny when I sing something

When I get this new medication then things will change for the better. The guy said you get a much better attitude to pain and that makes a difference. I's medicinal cannabis - which are different things. Helps your muscles relax so will help me sleep - I need it

VRC: when you sing does the pain reduces?

S4: yes although not my eyes. It's like having sharp needles all the time - they don't know why - other people do have it too. I spent months in a dark room - the moment I started to do something I would be in agony - my eyes and nose would start to water. I couldn't describe it to you - your eyes feel hot and sharp inside

Interview:

1. Experiencing ACT alongside vocal coaching was very useful. I discovered things I never thought were important which had a huge impact on my live performance and practice. ACT made me look at what I was doing in a completely different way. I can now practice with more confidence and be ready to perform without as much anxiety. I would like to work a bit more on this though to make sure I can tackle difficult situations more effectively.
2. The ACT skills I have found most useful when relating to my singing and performance are:
 - Make sure I carefully plan practice before a gig to enable me to deal with potential issues that may arise during the performance
 - Plan my journey to and from the gig to give myself time to get ready when at the venue.
 - Warm up before practice and before a gig
 - Try to speak to people before a gig

- Accept mistakes can be made and learn to move on and keep going with the performance, I was able to do this during gigs and felt that I was able to carry on because I had practiced and I knew what I was doing.

3. Yes I understood the ACT Hexaflex. I found diffusion and separation were the most poignant and analysing what affects it. Also the values and goals - I didn't know there was a drama - I didn't know how issues were affecting my performances so by analysing it was a good thing.

VRC: and what about your values

S4: yes I was so bogged down getting ready - to perform - the process - but didn't think about what I wanted to get out of the performance

VRC: yes what motivated you

S4: exactly - what I wanted from it and was the outcome - I got myself really bogged down with knowing what I needed to do with the performance itself instead of all the back ground.

VRC: through the process you left the band

S4: yes - just recognising what isn't right for me - and as a result of this I may even let the morris dancing group go - of course not paying me is a big thing - other things that I am not happy with - what they got me to do without knowing I was going to do it - I had to push myself to even go as I wasn't feeling well - yes it was a turning point for me.

VRC: will you continue to practice ACC skills?

S4: yes definitely, as I said it has been a turning point for me - I'll never look at things in the same way - I need to make changes - such as practice and getting there on time - giving myself time - as a folk musician - it's normal to turn up and perform with no prep - you don't get a space to get ready or things like so you have to build it in to your routine.

VRC: and then it stops the flow of the performance

S4: yes you get flustered and you don't have time to even acclimatise to where you are - this is common in performers in my genre - people who manage my gigs are completely unprofessional - most folk festivals are run by volunteers - there is no agenda - everybody has their own agenda

VRC: Would you have gone to a ACC group session instead of 1-2-1

S4: Yes it might be useful - although if there is personal stuff you are sharing you don't want to do it in a group. There is a benefit of doing things in group and I don't really appreciate that as I don't get to connect to people - I feel like I am a separate entity to the whole world - I feel isolated and don't meet people.

VRC: Have you any feedback on the experience of one to one coaching?

S4: - you are not like somebody completely abstract and cut out of the whole process - its like you made it a two way thing - you talking about what you went through was useful to me helped me to trust you - I could see you could definitely relate to what I am saying - I am not just talking a lot of garbage - its really important I am doing this - talking to a real person with real issues and you putting it into practice rather than you just telling me what to do. Its really important to me that you are a singer as well as a vocal coach - if you weren't we would be completely miles away from each other.

SINGER 5

6th October

When doing the assessment of music performance anxiety

S5: I find it really important that when you are singing you should be meaning it and you should have real emotion but because of previous mistakes with my voice I can get my head what technical things I should be doing in the moment and not connecting with what I am singing in the moment.

S5: I am working on it - it's that conscious incompetence - I can still have in my head about the technique but there are times when I am singing it and it feels so much better.

S5: I think as I look at myself now from where I was in my 20's - I have made a lot of progress but it is an ongoing battle from breaking away from old habits but think it's that fine balance between working through it and navigating so I think I have made a lot of progress.

Assessment:

S5: I used to distract myself but now I just sit with it and let it go.

S5: I am very aware of bodily emotions and how I feel in certain situations and always on hyper vigilance of reading people.

Believability

S5: Connecting to that moment and checking in here from the gut rather than from up here ("ruahhh") so that's um that's my understanding of it - just taking a breather.

VRC: giving definitions of mindfulness and mindlessness.

Vrc: what do you do before a performance

S5: lots of sleep, a run, lots of lip trills, started to pulling the rope to try and anchor, grounding, lean into that a bit more.

VRC: waking up the nervous system. What do you just before a performance

S5: check in to my breathing - warming voice- trying not thinking about the performance - I get panicky - that's when I distract myself - think of other things - e.g. doing a tap class - trial and error- just -

VRC: mentions affiliation - not a distraction -

Language trap discussion along with more mindfulness. S7 has been to a couple of workshops exploring mindfulness with an actor too so is familiar with some ideas.

December 8th - singing lesson - practical

How much do you sing soprano now except when you are teaching?

S5: I am trying to stretch with

October 26th:

Singing 'if I loved you' comes to high note - vocally gets tighter and then stops - "I felt it coming up"!

'Pass me by' - struggling with the note - "there's something odd doing something" I can hear it -

VRC: What do you mean odd - what is your tongue doing?

S5: it's wanting to go back there

VRC: explore tongue position = tongue wall raised

S5: yes tongue - singing with more ease - yes that's an old nodular way of singing that one

6TH NOVEMBER

Talking about her practice in breath meditation

S5: I Sit 5 to 10 minutes just focusing on the breath. I thought I would be a cheat if my mind wanders but then I just think just bring it back. I like the coolness on the inhale on the inbreathe and heat on the exhale. I have had quite a bit of anxiety this week but it has helped to centre and become still.

VRC: how did your practice go as after last session you had a good session when singing if I loved you - using focused attention

S5: mm yes that task specific thought was amazing - just focus on that - tried it with my students - it is a struggle and you need to get to the next thing and it's gogogogo It definitely going to be an ongoing thing for me

VRC: you have been practising being present

Exercise: ACT matrix

S5: Not good enough, people are bored, I 'm flat - I'm afraid of drying -

VRC: yes you have to trust in yourself

S5 Almost become creatively stalled, you are worried about not being creatively - mind going so quickly.

VRC: perhaps feeling overwhelmed- worrying about getting it wrong - How do you practice the improv on our own?

S5 just practice together once a week - after rehearsals feeling so shxxx. Thinking you are probably going to be kicked out - I just have to catch myself when I starting to think like this as I can just spiral - I see other people make mistakes and just not torture themselves -and its just part of improv - its just this thing that you have to come up with something punchy - pressure of coming up with something quircqy and amusing

VRC: different to just singing a song - the onus is on the song it self - the composer - the production your in

S5 - yes your so exposed

VRC: in this context your aren't worried about your voice - but you have put down having a good vocal technique is important but you haven't said in the matrix exercise that you are particularly hung up with it

S5 This is the first time that I felt really quite secure in my technique because I have started to teach it more thoroughly - it makes you a better singer - I am finding what you have been telling is so helpful.

The pitching issue was really historic when I got called out to do this big solo and the MD said you were flat and I had no idea that I was flat. - that constant fear that I am flat even now.

VRC: you say you over compensate and trying to control which must be impossible when improvising -

S5: this is the first performance - I am excited and nervous.

Finished with a quick diffusion exercise using the word 'bored' receptively.

VRC: how do we perceive the audience = are they the enemy

8th December

Discussion about her issues singing soprano - linking ACC skills - doing ascending scales with focused attention present moment awareness. When loosing focus - anticipatory behaviour occurs worrying about the upcoming high note (Bb)

VRC: How much do you sing soprano when practising

S3: High lip rolls - *demonstrated above the stave - seemed a little forced. Also breathy onsets starting high and sliding down on /ha/*

Discussion of shaping and resonance and kinaesthetic awareness of where you feel the sensations of vibration across the range (Bozman) and appoggio

S5: Yes.....that felt nice and easy.....(B6) -22.00 then got to top C easily

S5: This is really a new sensation - I always thinking of whimper - more emotional metaphor to get vocal folds and TA tilt before.

S5 I teach some students who have difficult in feeling things - makes me think it's a deeper issue. One student really can't whinge -

An explanation on her students difficulty of connect of emotional feelings and sensations in the body. This is interesting as she does have some difficulty there her self. Discussing this in relation to her pupils was useful as I believe she might have compared her difficulties with her students and muscle tension was discussed linked to her issues. She then reflected again upon her experiences when she got nodules as a young student.

VRC: what was going on at that time.

S5: I had gone to university, having gone from training classically at school. Joined the musical theatre society and navigating and switching and not really knowing what I was doing in that style so by 2nd year it had fatigued and got the nodules. I was doing Eliza in my fair lady and my voice kept on cutting out and I was mortified.

VRC: Being a student - it must have been perhaps stressful in other ways

S5 I actually loved university and had a great time and probably wasn't looking after myself so was drinking and partying.

VRC: What happened after university?

S5: Sorry, I always get upset about it.

VRC: okay sorry -

S5: (Very upset at the start of this) you can ask me this anytime - I have so many triggers - I have so much regret because of what happened. I wish I knew everything that I know now because I went into every audition not feeling safe, not knowing what was going to happen and you want to be knowing you can do the job ...here I am. It was just a big crisis of self confidence - that I didn't get

a lot of auditions and I know I should have - a lot of my early 20's feeling lost and wanting to do it - that is a whole big thing for me.

VRC: you kept on not getting a job?

S5: Well I did get some auditions when I was vocally in it - so did a musical abroad - did quite lots of plays but even then I was doing it wrong and pushing from here (throat) and toured France in a play as a singer which was relatively easy - but even then I was worried - constantly being plagued is this right? Is this right? And I am still trying to shake that off. But I have come a long way. I didn't a tour where I unstudied all the characters -

I have now got cast in a play recently which will tour in the Autumn being musical director with the harmonies - and I think finally - after all this time I got the gig I wanted - and it's because I went to the audition - I knew exactly what I was doing - I was really calm - I didn't attach meaning to it such as if I don't get this I am worthless as I didn't think I would get it.

The mindfulness has been a huge change as I am doing 5 mins a day now and over christmas it didn't and I had a gig playing keys and I was starting to get panicky on stage and I was holding breath and I thought you haven't done your bloody meditation and it really does creep up on you even if you think in that moment am I making a difference ? But you are with that consistency so not letting it spiral - I am so internally grateful for that as I wouldn't ever have thought that - such a thing about being present. I guess I am struggling about the acceptance thing - accepting my constant negative thoughts

VRC what is acceptance? - it's owning

S5 - its' holding it with you - you know that meditation you sent - hold them and open to them and because there is shame and annoyance and frustration of I don't want that near me - and because you are holding it - h

VRC: yes we accept and hold it and know it's going to come up again - we know it's part of us - we have to live with it - and gradually it will loose its power - you are still going through the process - early days - it will keep raising it's ugly head

S5 yeh we won't be instantly cured.

S5 this lesson has been invaluable as I never thought of it in that way.

VRC: you often have said to me - that is my nodular way - so the memory is still with you even now which has contributed to issues with muscular tension in the upper register don't you think? Muscles and brain don't forget.

S5: It's so interesting - I think only recently now I really finally believe that I don't have any nodules left. Just being able to do all the teaching and singing now without losing my voice and think ah wait a minute.....
(laughing) I don't think I have them any more and honestly it has taken about 15 years. It'll probably change when I get a cold.

VRC: ah well it will come back now and then - well use ACT techniques of noticing and other diffusion skills. You have the ability to reduce that nodular persona to a very small insignificant character.

1. Was experiencing Acceptance and Commitment Coaching (ACC) alongside vocal sessions useful to you?

It has been incredibly useful - I've discovered new ways of unblocking vocal challenges by reframing the way I respond to certain thoughts and getting task specific when performing songs or doing practice. Meditation has helped me become grounded in performing.

2. What skills particularly helped you to understand your vocal issues and/or indirectly improve your voice and performance?

I've become more aware of the power of the brain and how having too many thoughts or trying to dispel thoughts can get in the way of performing to your true potential. Creating that separation of noticing your thoughts has become a very useful tool.

3. Was there any part of the ACT Hexaflex model you didn't understand or find useful to your voice or performance?

N/A

4. Will you continue to practice ACC skills going forward?

I have set reminders in my diary to practice meditation and will continue to research ACC skills after purchasing books online.

5. If ACC had been described to you at the start of your vocal sessions with me and offered as a structured course via Zoom with other singers who have also had similar experiences, would you have gone to it?

Absolutely! I think discussing and sharing experiences with others in similar situations would have been so helpful.

6. Is there any other comment you would like to make about ACC or have any feedback on how I could improve how I deliver it to singers?

Nothing that comes to mind, you have been incredibly insightful and helpful in all our sessions.

APPLICATION FOR ETHICAL APPROVAL

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.

Delete the Guidance Notes at the end of the form BEFORE submitting your application

SECTION A: About You (Principal Researcher)

1	Full Name:	Sarah Wright-Owens			
2	Tick all boxes which apply:	Member of staff:	☐	Honorary research fellow:	☐
3	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student

4	Institute/Academic Discipline/Centre:	WAPPAR
5	Campus:	Carmarthen
6	E-mail address:	sarahwrightowens@gmail.com
7	Contact Telephone Number:	07855950393
For students:		
8	Student Number:	1807594
9	Programme of Study:	MA in Professional Practice (Voice Pedagogy)
10	Director of Studies/ Supervisor:	Julie Crossman/ Debbie Winter

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
3		Institute Research Committee	☐		
4		Other (write in) WAPPAR Ethics Board Representative	☒		

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, 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.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3		☐

SECTION D: External Collaborative Research Activity

1	Does the research activity involve collaborators outside of the University?	YES	☐	NO	☒
2	If Yes, please provide the name of the external organisation and name and contact details for the main contact person and confirmation this person has consented to their personal data being shared as part of this collaboration.				
3	Institution				
4	Contact person name				

5	Contact person e-mail address					
6	Has this individual consented to sharing their details on this form?	YES	☐	NO	☐	
7	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
8	Is your research externally funded	YES	☐	NO	☐	
9	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
10		Employed	YES	☐	NO	☐
11	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	☐	NO	☐
12	Permission to undertake the research has been provided by the partner organisation	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

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

13	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
14	If Yes, please attach a copy of any final approval (or interim approval) from the organisation				

SECTION E: Details of Research Activity

1	Indicative title:	Singers with a vocal disorder and MPA may benefit doing acceptance and commitment training to enhance their performance.		
2	Proposed start date:	10th July 2023	Proposed end date:	1st March 2023
3	Introduction to the Research (maximum 300 words) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the three points below: • <i>Purpose of Research Activity</i> • <i>Proposed Research Question</i> • <i>Aims of Research Activity</i> • <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain • <i>What the research activity will add to the body of knowledge</i> • <i>How it addresses an area of importance.</i>			

4	Purpose of Research Activity I have observed in my vocal rehabilitation practice that some singers who are clinically diagnosed with voice disorders such as muscle tension dysphonia (MTD) or vocal fold nodules are likely, I believe, to have developed or already had prior to diagnosis music performance anxiety (MPA). Clients report that they have reduced confidence when performing or avoid performing opportunities. I would like to trial working with Acceptance and Commitment Training (ACT) with my vocal rehab clients, similarly to David Juncos who collaborated with singing teachers introducing ACT to vocally healthy singers. (this box should expand as you type)
5	Research Question Are singers who are diagnosed with a voice disorder such as muscle tension dysphonia or benign vocal fold nodules likely to have MPA already or more likely to develop it after diagnosis? If so, might they therefore benefit from Acceptance and Commitment Training (ACT) as part of their vocal rehabilitation? (this box should expand as you type)
6	Aims of Research Activity • Use robust assessment strategies to identify singers with voice disorders and MPA • Facilitate evidence-based strategies to help singers with vocal disorders overcome music performance anxiety. • Increase my confidence as a vocal rehabilitation coach to provide psychological support to singers suffering with music performance anxiety (this box should expand as you type)

7	Objectives of Research Activity • To do a literature review of MPA and how ACT has been instrumental in relieving symptoms amongst musicians and singers • Establish within my own caseload (past and present) any singers who are experiencing MPA. • Develop acceptance and commitment training resources to use in vocal rehabilitation sessions. • Design a 6-week ACT training programme for singers recovering from a vocal disorder • Run a pilot study with 3-5 singers who have had a vocal disorder and present with MPA. • Enhance singers performance using strategies trialed by David Juncos
8	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed.

9	As an insider researcher, I will conduct practice-based research using a single subject study, mixed methods design as qualitative and quantitative data will be collected. Initially, I will identify participants within my present caseload within my vocal rehabilitation practice to identify singers who are experiencing Music Performance Anxiety since being diagnosed with MTD or vocal fold nodules. I will use semi-structured interviews to do this and case history notes. If I can't identify enough subjects, I will cast the net wider to recent past clients. I will give the participants the ACT questionnaires to complete so that MPA behaviours can be identified which will include the Musician's Acceptance & Action Questionnaire (MAAQ) (Juncos et al, 2023) which is due to be published this year, Philadelphia Mindfulness Scale (PHLMS) (Cardaciotto et al, 2008) and the Believability of Anxious Feelings and Thoughts Questionnaire BAFT (Herzberg et al., 2012). For other baseline measurements I will be using standard rating scales used to measure vocal parameters in my vocal rehabilitation practice. These are the singing voice handicap index (SVHI) (Cohen et al 2009), maximum phonation time (MPT), GRBAS (grade, roughness, breathiness, asthenia, strain) and average pitch of the speaking voice, singing vocal range and intensity. Data will be collected using a spectrograph objectively as well. Singers will be trained online or in-person coaching sessions depending on situations and location. I will be making recordings of the singing and speaking voice and may also video performances throughout the research for baseline and monitoring performance enhancement. Only recordings of performances will be sent to independent judges to ensure anonymity. The judges will be professional vocal coaches and they will rate any changes in the voice and performance quality. I will ask clients to record thoughts and feelings with a diary and I will write field notes throughout the research period. I will use semi structured interviews again also at the end of the ACT programme of 6 sessions to obtain qualitative data of participants experiences of the process of ACT training to see how I can improve the delivery in the future. Protocols and resources used in pilot studies by David Juncos et al (2017) will be used for ACT training and any alterations needed to make more appropriate for my participants will be discussed with David Juncos himself who is supervising me prior to the start of the research. References Cardaciotto, L., Herbert, J. D, Forman, E. M., Moitra, E., & Farrow, V. (2008). <i>The assessment of present-moment awareness and acceptance: The Philadelphia Mindfulness Scale</i>. Assessment, 15(2), 204-223 Herzberg, K. N., Sheppard, S. C., Forsyth, J. P., Crede, M., Earleywine, M., & Eifert, G. H. (2012). <i>A psychometric evaluation of cognitive fusion in a nonclinical and highly anxious community sample</i>. Psychological Assessment, 24, 877-891. Juncos, D. G., Heinrichs, G. A., Towle, P., Duffy, K., Grand, S. M., Morgan, M. C. & Kalkes, E. (2017). <i>Acceptance and commitment therapy for the treatment of music performance anxiety: A pilot study with student vocalists</i>. Frontiers in Psychology, 8. (this box should expand as you type)
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10	Location of research activity Identify all locations where research activity will take place.
11	The research will take place on-line or face-to-face in my private vocal studio in my home or in rooms I hire regularly to teach in the centre of Birmingham. (this box should expand as you type)
12	Research activity outside of the UK 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.
13	 (this box should expand as you type)

14	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
15	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 prevailing data protection law of the country in question and England and Wales. (this box should expand as you type)		

SECTION F: Scope of Research Activity

1	Will the research activity include:	YES	NO
2	Use of a questionnaire or similar research instrument?	x	☐
3	Use of interviews?	x	☐
4	Use of diaries?	x	☐
5	Participant observation with their knowledge?	x	☐
6	Participant observation without their knowledge?	☐	x
7	Use of video or audio recording?	x	☐
8	Access to personal or confidential information without the participants' specific consent?	☐	x

9	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	x
10	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	x
11	Investigation of participants involved in illegal activities?	☐	x
12	Use of procedures that involve deception?	☐	x
13	Administration of any substance, agent or placebo?	☐	x
14	Working with live vertebrate animals?	☐	x
15	Other primary data collection methods, please explain in this box For example, 'focus groups'. Please indicate the type of data collection method(s) in this box and tick the accompany box.	x	☐
16	Details of any other primary data collection method: Spectrographic acoustic data to measure vocal parameters such as pitch, vocal intensity and quality. (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

1	Who are the intended participants:	YES	NO
2	Students or staff at the University?	☐	x
3	Adults (over the age of 18 and competent to give consent)?	x	☐
4	Vulnerable adults?	x	
5	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	x
6	Prisoners?	☐	x
7	Young offenders?	☐	x
8	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	x
9	People engaged in illegal activities?	☐	x
10	Others (please identify specifically any group who may be unable to give consent) please indicate here and tick the appropriate box.		

11	Other – please indicate here: (this box should expand as you type)	☐	x
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12	Participant numbers and source		
13	How many participants are expected?	3-5 participants (this box should expand as you type)	
14	Who will the participants be?	Participants will be singers who had either vocal rehabilitation with me in the recent past or are currently coming for sessions. They will have had a diagnosis of nodules or muscle tension dysphonia. (this box should expand as you type)	
15	How will you identify the participants?	They will be identified in vocal coaching sessions as potential participants. Then, following written consent being gained, they will further be identified using semi-structured interviews and/or case history of past clients. Inclusion criterion: MPA symptoms as documented in published studies (Juncos et al 2015, 2017, 2018, 2023) & Kenny (2009). (this box should expand as you type)	

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

28	Information for participants:	YES	NO	N/A
29	Will participants be paid?	☐	☒	☐
30	Is specialist electrical or other equipment to be used with participants?	x	☐	☐
31	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
32	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	x	☐
33	If YES to any question, please provide full details			
34	I will be using a video camera and voice recorders for interviews and performances. I will also be using spectrograph software - voce vista - to objectively record vocal quality. (this box should expand as you type)			

SECTION H: Anticipated Risks

1	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.		
2	Full risk assessment completed and appended?	Yes	☐
		No	☒
3	Risks to participants For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
4	Risk to Participant: The participant doesn't comprehend completely the nature of the project and becomes anxious in continuing. Sometimes clients will divulge personal information which they wouldn't want to be repeated or recorded. Participants sometimes can have concomitant mental health issues. <i>(this box should expand as you type)</i>	How will you mitigate the Risk to Participant I will give clear explanations of what the research will entail verbally and on a consent form which the client will sign. They will be made aware that at any time they can stop taking part in the research. When working with rehabilitation clients, in the initial session I assure confidentiality because sometimes part of the narrative related to the voice disorder is very personal to the singer. I will delete anything the client doesn't want to be included in the research. I will aim to exclude any clients who have severe mental health conditions, however, some participants will have mental health issues linked to the voice disorder. If a client became too emotionally vulnerable during the research, I would advise them to seek psychological help and possibly cease taking part in the research. I have an up-to-date mental health first aider qualification so feel confident to deal with this situation appropriately. <i>(this box should expand as you type)</i>	
5	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 (this box should expand as you type)	
6	Risks to investigator For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to Investigator: If I felt threatened or in danger in research sessions If a participant or myself came to any harm whilst involved in the research. Being emotionally affected by the clients' problems. If the participant made a complaint to the university about my professional conduct. Losing data I can't sign up enough participants for the research (this box should expand as you type)	<i>How will you mitigate the Risk to Investigator:</i> Make sure that there is somebody else on the premises where the research is being conducted if it isn't online. I have Public liability insurance. Off-load problematic emotions/feelings connected with the research when meeting my university supervisor who is a psychologist or my professional supervisor who is a speech and language therapist. I have Professional Indemnity Insurance if this unlikely event happened. I keep the highest professional standards always in my work and discuss any problems I have with my professional supervisor. I keep notes of all sessions for evidence and will record them with the participants permission. I will make sure that data is backed up on a password protected external memory stick and kept under lock and key at my home. I will ask other Vocal Rehabilitation Coaches if they could identify potential participants and ask if they would share contact details with me with the singers' permission. (this box should expand as you type)
7	University/institutional risks For example: adverse publicity, financial loss, data protection	

	Risk to University: Professional conduct as I am doing this research under the University's name Plagiarism or falsification of data <i>(this box should expand as you type)</i>	<i>How will you mitigate the Risk to University:</i> As a professional vocal rehabilitation coach, I do aim always for the highest professional standards to treat my clients with respect and sensitivity to their needs. I regularly have professional supervision to ensure I am delivering the best service to my clients. As my clients are the participants, I will continue in the research period to treat them in the same way. I will reference and make sure that what occurs is recorded truthfully. My supervisor on this project and the head of the voice study centre are at hand to oversee my work at all times and will give me advice. I will use turn it in university systems to check for any accidental plagiarism before handing in my work. <i>(this box should expand as you type)</i>
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8	Disclosure and Barring Service			
9	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.	YES	NO	N/A
10	Does your research require you to hold a current DBS Certificate?	☐	☐	x

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	I will provide my email address so that participants can contact me for further details or results or I will see them in vocal rehabilitation sessions at the end of the research. <i>(this box should expand as you type)</i>
2	Informed consent 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.

	All participants will be asked and required to sign a consent form before filling in a questionnaire. Participants who will take part in the pilot study will also have to sign a research consent form which I will email before the start of the study. <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity 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.
	I will not divulge names in my research so will provide pseudonyms when writing up my research or sending data to external judges. <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

In completing this section refer to the University's Research Data Management Policy and the extensive resources on the University's Research Data Management web pages (<http://uwtisd.ac.uk/library/research-data-management/>).

1	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
	"Personal data" 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.	x	☐
2	If YES, provide a description of the data and explain why this data needs to be collected:		
	Audio/video data collection to monitor behavioural change through the research, email addresses/mobile phone numbers to arrange sessions, send/receive resources needed for participants to practice between sessions and consent forms signed at the beginning of the research period. <i>(this box should expand as you type)</i>		
3	Does it involve special category data (as defined by the GDPR)?	YES	NO
	"Special category data" means sensitive personal data consisting of information as to the data subjects' – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	x	☐

4	If YES, provide a description of the special category data and explain why this data needs to be collected:
	Sensitive data will be discussed as the client will sometimes describe how they emotionally feel or give background information which may include medical history and discuss mental health which is linked to voice problems. They may divulge their beliefs when identifying values and goals which are necessary in the research. Sometimes a client does divulge sensitive information which indirectly is relevant to the research but not necessary to be used in the research as deemed too personal and so will be not be recorded. <i>(this box should expand as you type)</i>

5	Will the research activity involve storing personal data and/or special category data on one of the following:	YES	NO
6	Manual files (i.e. in paper form)?	x	☐
7	University computers?	☐	x
8	Private company computers?	☐	x
9	Home or other personal computers?	☐	x
10	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	x	☐
11	“Cloud” storage or websites?	x	☐
12	Other – specify:	☐	x
13	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of password protection, encryption, anonymisation and pseudonymisation:		
	All data will be kept in password protected cloud storage on the company's Office 365 system which will not be shared. 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. I will shred manual documents. <i>(this box should expand as you type)</i>		
14	All Data Storage		
15	Will the research activity involve any of the following activities:	YES	NO
16	Electronic transfer of data in any form?	x	☐
17	Sharing of data with others at the University?	x	
18	Sharing of data with other organisations?	☐	x

19	Export of data outside the European Union or importing of data from outside the UK?	☐	x
20	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	x	☐
21	Publication of data that might allow identification of individuals?	☐	x
22	Use of data management system?	☐	x
23	Data archiving?	☐	x
24	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and DPA (and/or any international equivalent):		
	All data will be encrypted and kept in password protected cloud storage on the Company's Office 365 system 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 held relating to them, and this data will be deleted immediately if the participant requests this, in which case the data will not be used in the project. <i>(this box should expand as you type)</i>		
25	List all who will have access to the data generated by the research activity:		
	Myself (the primary researcher) and markers. <i>(this box should expand as you type)</i>		
26	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	Myself. <i>(this box should expand as you type)</i>		
27	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 the Company's Office 365 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 in order to destroy the data. The data will be stored until the completion of the project and then deleted. <i>(this box should expand as you type)</i>		
28	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwt.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		

	N/A		
	<i>(this box should expand as you type)</i>		
29	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
		NO	☐
30	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒
		NO	☐

SECTION K: Declaration

31	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. 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: https://www.uwtsd.ac.uk/research/research-ethics/		
	Signature of applicant:	Sarah Wright-Owens	Date: 27 th June 2023

For STUDENT Submissions:

32	Director of Studies/ Supervisor:	Laura James	Date: 3.7.23
33	Signature:	Laura James	

For STAFF Submissions:

34	Academic Director/ Assistant Dean:		Date:
35	Signature:		

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

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.

☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (and have NOT completed Section H of this form) (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	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.
☒	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.
☒	I have deleted the guidance notes before submitting the PG2 for consideration

RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name. You will be informed of the outcome of your claim by email; therefore it is important that you check your University and personal email accounts regularly.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages: <https://www.uwtsd.ac.uk/academic-office/appendices-and-forms/>

Application Process

All staff research projects and all research students must submit the Ethical Approval Form to the **University Research Ethics Committee** via the Academic Office (pgresearch@uwtsd.ac.uk). Staff research directly in relation to personal study for taught undergraduate or Masters programmes should be submitted via the Institute procedures explained below.

Taught masters and taught undergraduate research Ethical Approval Forms are considered **within Institutes**. Institutes will provide details of the specific processes for this. Where the Ethical issues within any single ethical application are of particular concern the Institute will refer these to the University Research Ethics Committee. Any student activity that involves the collection of primary data needs to undergo Ethical approval, this includes assignment work as well as dissertations.

