Karen Wierzba BMPF 2010

Section 3

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Appendix 6 Abstracts detailing Pedagogical Model

LD, interrelated topics/

Abstracts and their References:

Laryngeal Dystonia (Simonyan, 2021)

Abstract:

Objectives include delineation research priorities for improving clinical management of laryngeal Dystonia, the NIH convened a multidisciplinary panel of experts for a workshop to examine the current progress in understanding its etiopathophysiology and clinical care.
Methods: Participants reviewed the current terminology of disorder and discussed advances in understanding its pathophysiology since a similar workshop was held in 2005. Clinical and research gaps were identified and recommendations for future directions were pronounced.
Results: The panel unanimously agreed to adopt the term “laryngeal dystonia” instead of “spasmodic dysphonia” to reflect the current progress in characterizations of this disorder. LD was recognized as a multifactorial, phenotypically heterogeneous form of isolated dystonia. Its etiology remains unknown, whereas the pathophysiology likely involves large-scale functional and structural brain network disorganization. Current challenges include the lack of clinically validated diagnostic markers and outcome measures and the paucity of therapies that address the disorder pathophysiologically.
Conclusion: Research priorities should be guided by challenges in clinical management of LD. Identification of disorder-specific bio markers would allow the development of novel diagnostic tools and unified measures of treatment outcome. Elucidation of the critical nodes within neural networks that cause or modulate symptoms would allow the development of targeted therapies that address underlying pathophysiology. Given the rarity of LD, future rapid research progress may be facilitated by multicenter, national and international collaborations.

Psychoeducation (Walsh, 2010)

Excerpt

“Psychoeducation was originally an approach to educate users of all types of mental health services and their family members about their condition, the problems it may cause, and various treatment options. This educational process is intended to promote a client’s insight and understanding following a mental health diagnosis and help the loved ones of the newly diagnosed provide them with support.”

Polyvagal Theory (Porges, 2022)

Abstract

Polyvagal Theory provides an innovative scientific perspective to study feelings of safety that incorporates and understanding of neuroanatomy and neurophysiology. This perspective identifies neural circuits that downregulate neural regulation of threat reactions and functionally neutralize defensive strategies via neural circuits communicating cues of safety that enable feelings of safety to support interpersonal accessibility and homeostatic functions. Feelings of safety reflect a core fundamental process that has enabled humans to survive through the opportunistic features of trusting social engagements that have co- regulatory capacities to mitigate metabolically costly defense reactions. Through the study of neural development and phylogeny, we can extract foundational principles and their underlying mechanisms through which the autonomic nervous system leads to feelings of safety and opportunities to co-regulate. Several principles highlight the validity of a science of safety that when implemented in societal institutions, ranging from healthcare to education, would enhance health, sociality, and lead to greater productivity, creativity,

and a sense of wellbeing. By respecting our need to feel safe as a biological imperative linked to survival, we respect our phylogenetic heritage and elevate sociality as a neuro-modulator that functionally provides the scientific validation for a societal focus on promoting opportunities to experience feelings of safety and co-regulation.

Singing Hot and Cool: The Polyvagal Theory and Vocal Pedagogy (Cazden, 2021)

A short course provided by J. Cazden and the Voice Study Center on June 17th, 2021

Excerpt

The vagus nerve is closely involved with both the larynx and the autonomic nervous system (ANS). The polyvagal theory details the remarkable role of this nerve bundle in the evolution of voice and speech communication, and affirms the power of the voice as an instantaneous transmitter of ANS status, both in daily life communication and between artist and audience. Finally, parallels emerge between the vagus nerve's contributions to psycho-physiological resilience (the ability to be aroused and calm at the same time) and artists' descriptions of stage presence. Crosslinks between neurological evidence and the experience of performing arts will support suggestions for vocal pedagogy.

Neuroception of Relationship/Attachment Style Applied Self-to-Self

Abstract (Wu, 2009)

The mediation effect of self-esteem on the relationship between attachment style and self-concept clarity was investigated. The relationship between attachment style and self-concept clarity was examined by correlation and regression analysis. Results from 189 and 85 students at National Taiwan University (NTU) showed that anxiety and avoidance
attachment tendencies were negatively related with self-certainty and self-concept clarity. Self-esteem was included to determine whether the negative relation between attachment tendency and self-concept clarity was mediated by self-esteem. The mediation effect of self-esteem on the relationship between attachment tendency and self-concept clarity was supported in a path model, indicating people with secure attachment have higher self-esteem, which results in greater clarity of self-concept.

Abstract (Hazan, 2009)

Recent years have witnessed a proliferation of research on close relationships and the emergence of a new relationship sub-discipline within the social sciences. To date, the new science of relationships has been dominated by data.Through a selective but extensive review of the major bodies of empirical literature, attachment theory can incorporate a broad range of findings on adult relationships, the functions, emotional dynamics, evolutionary origins, and developmental pathways of human affectional bonds. We conclude that a comprehensive theory of close relationships is both desirable and, with the integration of existing theories and concepts, currently achievable.

Practical Vocal Efficiency (Baker, 2023)

Abstract:

To date, no established protocol exists for measuring functional voice changes in singers with subclinical singing-voice complaints. Hence, these may go undiagnosed until they progress into greater severity. This exploratory study sought to (1) determine which scale items in the self-perceptual Evaluation of Ability to Sing Easily (EASE) are associated with instrumental voice measures, and (2) construct as proof-of-concept an instrumental index related to singers' perceptions of their vocal function and health status. Eighteen classical singers were acoustically recorded in a controlled environment singing an /a/ vowel using soft phonation. Aerodynamic data were collected during a softly sung /papapapapapapa/ task with the KayPENTAX Phonatory

Aerodynamic System. Using multi and univariate linear regression techniques, CPPS, vibrato jitter, vibrato shimmer, and an efficiency ratio (SPL/PSub) were included in a significant model (p < 0.001) explaining 62.4% of variance in participants' composite scores of three scale items related to vocal fatigue. The instrumental index showed a significant association (p = 0.001) with the EASE vocal fatigue subscale overall. Findings illustrate that an aeroacoustic instrumental index may be useful for monitoring functional changes in the singing voice as part of a multidimensional diagnostic approach to preventative and rehabilitative voice healthcare for professional singing-voice users. Non-traumatic (i.e., not caused by a specific injury or event) clinical voice disorders (e.g., muscle tension dysphonia) are preceded by functional changes that increase risk of vocal injury. Even without clear visual findings, maladaptive changes in vocal function result in inefficiencies and discomfort that are readily perceived by the trained voice use (Matheison, 2009)

Neuroanatomy of Singing (Louis, 2015)

Abstract

Singing requires effortless and efficient use of auditory and motor systems that center around the perception and production of the human voice. Although perception and production are usually tightly coupled functions, occasional mismatches between the two systems inform us of dissociable pathways in the brain systems that enable singing. Here I review the literature on perception and production in the auditory modality, and propose a dual-stream neuroanatomical model that subserves singing. I will discuss studies surrounding the neural functions of feedforward, feedback, and efference systems that control vocal monitoring, as well as the white matter pathways that connect frontal and temporal regions that are involved in perception and production. I will also consider disruptions of the perception-production network that are evident in tone-deaf individuals and poor pitch singers. Finally, by comparing expert singers against other musicians and nonmusicians, I will evaluate the possibility that singing training might offer rehabilitation from these disruptions through neuroplasticity of the perception-production network. Taken together, the best available evidence supports a model of dorsal and ventral pathways in auditory-motor integration that enables singing and is shared with language, music, speech, and human interactions in the auditory environment.

Laban Movement Analysis and Its Relationship in Embodied Singing (Jensenius, 2018)

Abstract

"How does this motion feel from my own body?" The LMA system is based on four main categories: Body, Space, Shape and Effort, each of which are divided into subcategories describing movement/motion qualities.
Space refers the how our body moves through a physical space, one's relationship to the body's Kinesphere, the maximal, or in reduction, the minimal volume of space which we can reach around our bodies when achieving a movement, or in this case, a musical phrase.
Time refers the the rhythmic character (short/rapid or long/sustained) of the movement/motion the body requires to achieve a sung passage. We experience rhythmical patterns all the time, and we have our own bodily rhythms defined by, for example, our pulse or our breathing patterns.
Weight refers to the light to heavy scale of its relationship with gravity and mass, the pull or push, or lengthening or shortening of muscle groups to encounter movement with full precision, especially in a musical gesture.
Flow describes how the motion/movement unfolds in a patterned shape, whether bound/ motionless of free/ever changing. Free flow motion is both relaxed and continuous at the same time, while bound flow is hindered movement.

The Relationships between Self Study, Self-Control, Exertion (Laboskey, 2004)

Abstract

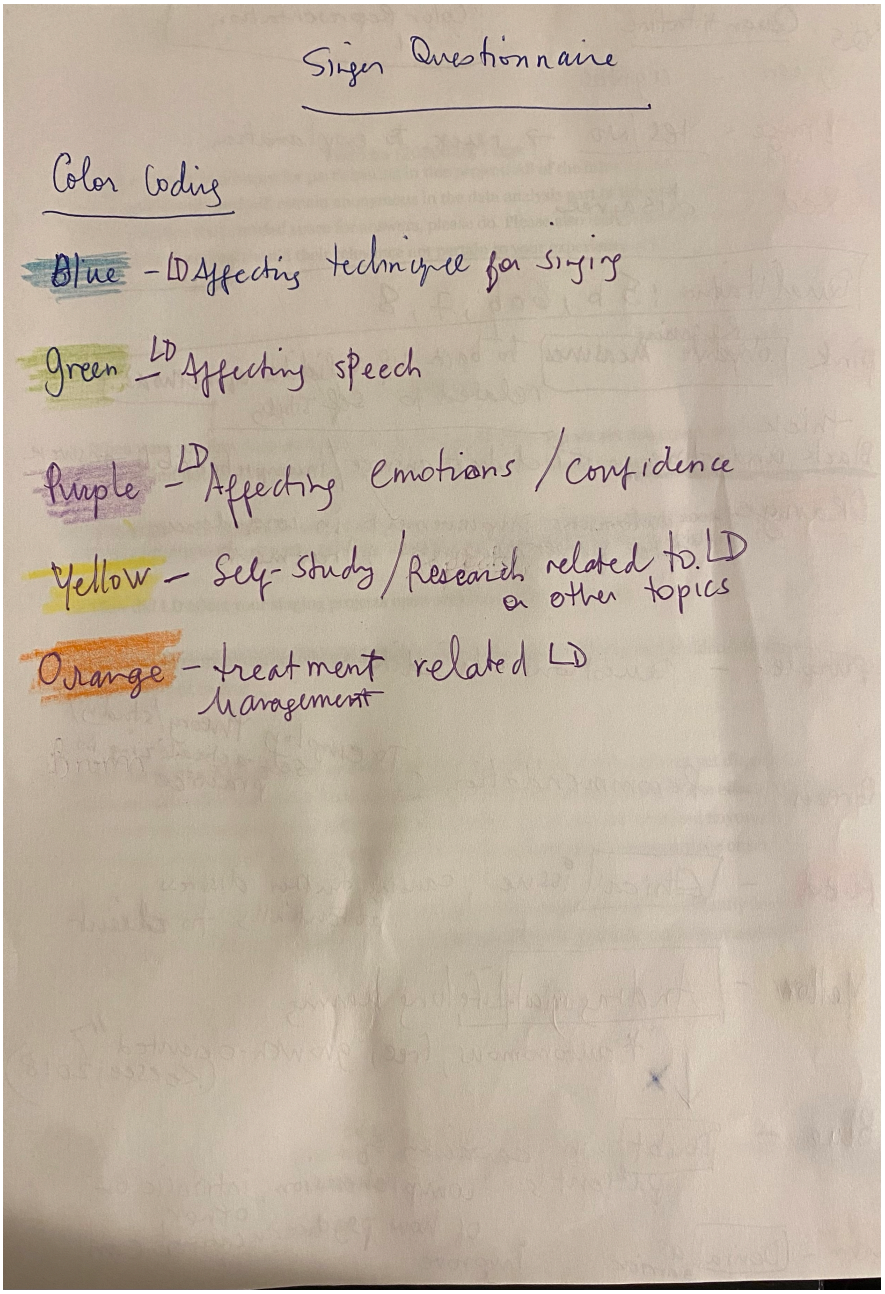
This chapter summarizes the epistemological, pedagogical, and moral/ethical/political underpinnings of self-study, which serve as the conceptual framework for the field. What follows is a characterization of the methodology of self-study in relationship to those theoretical foundations by encapsulating the predominant pedagogical strategies, research methods, and research representations in the literature to date. I conceptualize self-study as “a methodology for studying professional practice settings” (Pinnegar, 1998) that has the following characteristics: it is self-initiated and focused; it is improvement-aimed; it is interactive; it includes multiple, mainly qualitative, methods; and, it defines validity as a validation process based in trustworthiness. The chapter thus serves as an introduction to this section on the methodology of self-study. The Methodology of Self-Study and Its Theoretical Underpinnings. In this chapter I summarize the epistemological, pedagogical, and moral/ethical/political underpinnings of self-study, which serve as the conceptual framework for the field. I then offer a characterization of the methodology of self-study in relationship to those theoretical foundations by encapsulating the predominant pedagogical strategies, research methods, and research representations in the literature to date. I conceptualize self-study as “a methodology for studying professional practice settings” (Pinnegar, 1998) that has the following characteristics: it is self-initiated and focused; it is improvement-aimed; it is interactive; it includes multiple, mainly qualitative, methods; and, it defines validity as a validation process based in trustworthiness. The chapter thus serves as an introduction to this section on the methodology of self-study.

Auriculotherapy Effects on Well-Being (Rangon, 2022)

Abstract

The ears are a potential gateway to the brain, mainly through their innervation. Transcutaneous stimulation of the vagus and trigeminal nerves at the auricles is gaining ground in the field of non-invasive brain therapies. The concept of Auricular Neuromodulation (AN) as described in this article called “Auricular Neuromodulation: The Emerging Concept Beyond the Stimulation of Vagus and Trigeminal Nerves”, is particularly interesting for neurologists, and might even help researchers to unravel fundamental mechanisms of brain functioning. Trans-cranial Electrical Stimulation.

Appendix 7 Singer Questionnaire:



Singer Questionnaire

Color Coding

Blue - LD Affecting technique for singing

Green - LD Affecting speech

Purple - LD Affecting emotions / confidence

Yellow - Self-study / Research related to LD or other topics

Orange - treatment ~~management~~ related LD

(1) SP

Reconnecting With Informed Embodied Confidence:
Professional Singers with Laryngeal Dystonia

A Study on how Laryngeal Dystonia affects confidence levels in professional singers:

I am a student completing a Master of Arts with the Voice Study Center. I am also a professional singer, a music embodiment and proprioception teacher, and a conductor. My positionality as a singer with LD influenced this project to some extent, and my resources and experience proved to be important tools that guided my desire to deepen the collective understanding of singers suffering from Laryngeal Dystonia. I acknowledge each unique life experience that each singer brings to the world, shaping how as individuals, we all instruct each other with our diverse and complex identities that are continuously evolving and dialogical.

The following study is split into **2 parts**

PART 1 is to be answered before October 31st, 2023

Once the questionnaire for singers has been handed in, you will be sent an educational presentation in the form of a video presentation regarding:

The reason for this study,
Laryngeal Dystonia and recent findings,
The principles of psycho education,
Polyvagal Nerve Theory
Relationship/attachment theory, and Self-Study
Laban Movement Analysis as a lens to Self-Study
Therapeutic Benefits
Auriculotherapy Benefits

At the end of this session, a series of questions in regards to your embodied singing tasks related to LD and to Laban Movement Analysis will be given to you wherein you can answer:

PART 2 which, if possible, is to be handed in by November 15th, 2023.

If you should experience any stress/discomfort/anxiety, please do not hesitate to ask for contact information for therapists, doctors and help websites which could support you. My contact is provided and you can reach me by phone or by mail with any questions you may have.

Thank you kindly in advance for participating in this project. All of the information you provide is strictly confidential and will remain anonymous in the data analysis part of this study. Should you wish to lengthen the provided space for answers, please do. Please also feel free to comment on the nature of the questions should their relevance not pertain to your experience of LD.

PART 1

1. When were you first diagnosed with LD (month, year)? If you are not yet diagnosed, please state when you first noticed symptoms and consulted a voice teacher, health worker, medical doctor etc.

[redacted] I was diagnosed with a benign non-essential vocal tremor in June of 2022. I had noticed symptoms at least a year prior but thought it was vocal weakness due to weight loss.

2. How did LD affect your singing projects upon noticing initial symptoms?

I had trouble demonstrating when teaching. It also affected my ability to create video trainings. I became reticent to sing.

3. Are the effects of LD worsened or dissipated since your diagnosis? If you are not yet diagnosed, please consider the time of your first consultation about symptoms, and answer if the effects of LD are worsened or dissipated since your initial consultation. If you have not consulted anyone, including a voice teacher, please consider whether the symptoms have worsened since onset.

I began working with Kerrie Obert in June of 2022. My symptoms have significantly improved. Some days are better than others, but I have techniques to help override the tremor and stabilize the voice.

4. Has any part of your management/treatment helped your confidence level, if loss thereof, from symptoms of LD? If so, can you elaborate?

Treatment has greatly helped my confidence and ability to sing and demonstrate in front of others.

5. How long (time verification) was the process from the onset of the perception of your symptoms to the actual diagnosis of LD? If you have not received an official diagnosis, please mention this in your statement.

It was at least two years. I had lost a significant amount of weight before this, which created vocal weakness. I'm not sure when the weakness became a tremor, but I did notice the tremor being worse after contracting COVID.

6. Has the time period from onset to diagnosis affected your singing career/profession?

It has made me work harder on maintaining my voice and had me delve into more research. In that sense, it has been a blessing. I have to be more careful with my voice and come to terms with the fact that this is now part of my life as there is no cure.

Please check the appropriate box if the answer applies:
During the assessment period, meaning from onset of symptoms up until diagnosis,
I consulted the following practitioners:

- Otolaryngologist
- Voice coach
- X Speech/Language Therapist
- Psychologist
- Psychiatrist
- Neurologist
- Chiropractor/Postural training
- X Singing teacher
- X Other (please specify) Acupuncturist, Homeopath

Did your initial consultation with health professional for LD symptoms follow with recommendations to consult with other health professionals?
Yes, to see an otolaryngologist.

Please check the appropriate box if the answer applies:

Since my diagnosis, I have consulted the following practitioners:

X Otolaryngologist
Voice coach
X Speech/Language Therapist
Psychologist
Psychiatrist
Neurologist
Chiropractor/Postural training
X Singing teacher
Other (please specify)_____

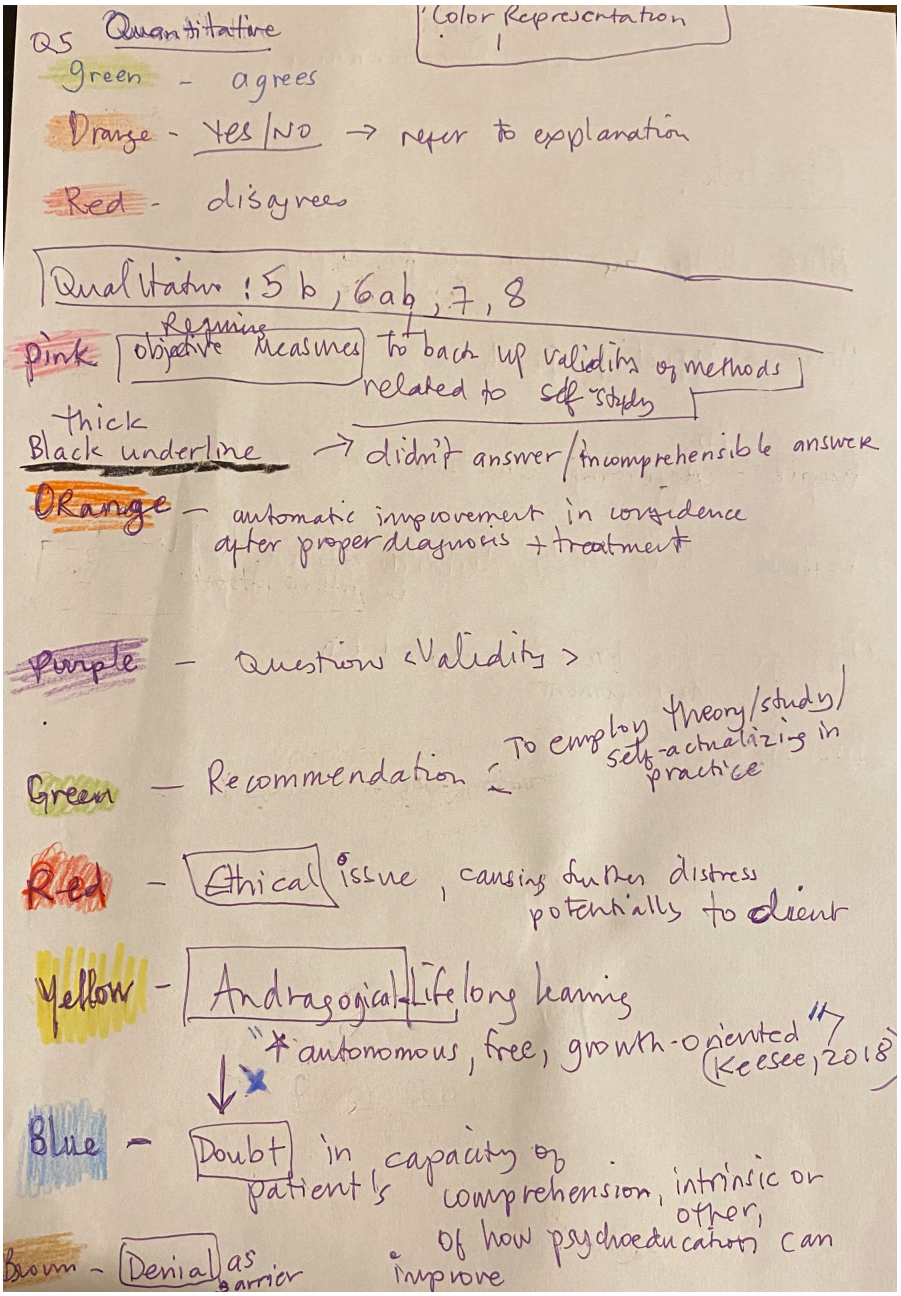
Please check the appropriate box if the answer applies:
I am familiar with:

X Laryngeal Dystonia, the subtypes, current theories and recent research
Polyvagal or Vagus Nerve Theory
Trauma Informed Voice Care and Arousal State
Bowlby' s Attachment Theory
Relationship Theory
Laban Movement Analysis

Thank you for completing Part 1. A educative video will be sent to you.

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Appendix 8. Color-Code Sequencing Index and Voice Practitioner Questionnaires



PP1

Reconnecting With Informed Embodied Confidence: Professional Singers with Laryngeal Dystonia

Questionnaire for Health Care Providers, Voice/Singing Teachers

I am a student completing a Master of Arts with the Voice Study Center. I am also a professional singer, a music embodiment and proprioception teacher, and a conductor. My positionality as a singer with LD influenced this project to some extent, and my resources and experience proved to be important tools that guided my desire to deepen the collective understanding of singers suffering from Laryngeal Dystonia. I acknowledge each unique life experience that each singer brings to the world, shaping how as individuals, we all instruct each other with our diverse and complex identities that are continuously evolving and dialogical.
The due date for this questionnaire is Oct 31, 2023.
Attached to this questionnaire are references for studies regarding the neuro-educative and embodiment science in co-management of symptoms related to Laryngeal Dystonia (LD). Please refer to these abstracts while responding, if needed, in order to best commit to answering to the following questions. I am available for further explanation, if necessary.
Thank you again for your participation.

1. **Please provide your professional title(s):**

Speech Lang. Pathologist

2. **Profession description:**

worked in voice clinic for nearly 20 years
Private SLP practice for 5

3. **Number of years in service:**

25

4 **In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?**

yes- many clients - All types.

5. **In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:**

YES / NO	Laryngeal Dystonia (Simonyan, 2021)
YES / NO	Psycho-education (Walsh, 2010)
YES / NO	Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)
YES / NO	Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)
YES / NO	Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)
YES / NO	Laban Movement Analysis, Embodied Music (Jensenius, 2018)
YES / NO	Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)
YES / NO	Auriculotherapy Effects on Well-Being (Rangon, 2022)

5b **Please comment why you chose yes or no, or indicate if you recommend other topics to explore:**

Singers will benefit from knowledge of disease but the other methods have not been shown to be valid (ie polyvagal has been disproven)-

Questioning validity

6 **In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:**

A - **better self-confidence levels? YES / NO (please comment):**

possibly - But not necessarily related to SD - proper diagnosis & treatment is most important when managed. Their confidence automatically improves.

B - **potentially reducing time lapse from the onset of symptoms to actual diagnosis? YES / NO (please comment):**

7. **Have you ever recommended self-study to a professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):**

8. **Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms? YES / NO (Please explain):**

They improve when symptoms are managed.

Thank you very much for your participation. If you have any questions please do not hesitate to contact me.

Karen Wierzba

wierzbak1974@gmail.com

(33) 781628224

PP2

~~Reconnecting With Informed Embodied Confidence!~~

Professional Singers with Laryngeal Dystonia

Questionnaire for Health Care Providers, Voice/Singing Teachers

I am a student completing a Master of Arts with the Voice Study Center. I am also a professional singer, a music embodiment and proprioception teacher, and a conductor. My positionality as a singer with LD influenced this project to some extent, and my resources and experience proved to be important tools that guided my desire to deepen the collective understanding of singers suffering from Laryngeal Dystonia. I acknowledge each unique life experience that each singer brings to the world, shaping how as individuals, we all instruct each other with our diverse and complex identities that are continuously evolving and dialogical.

The due date for this questionnaire is Oct 31, 2023.

Attached to this questionnaire are references for studies regarding the neuro-educative and embodiment science in co-management of symptoms related to Laryngeal Dystonia (LD). Please refer to these abstracts while responding, if needed, in order to best commit to answering to the following questions. I am available for further explanation, if necessary. Thank you again for your participation.

1 **Please provide your professional title(s):**

Medical Doctor and PhD in Neurobiology

Profession description:

2 I am a child Neurologist and a Pain specialist. I treat children with Texte neurodevelopmental disorders or patients with chronic pain (headache, athritis

Number of years in service:

3 More than 15 years

4 **In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?**

Yes. Sometimes I had patients with dystonia including Laryngeal Dystonia

5 **In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:**

YES / NO	Laryngeal Dystonia (Simonyan, 2021)	Yes
YES / NO	Psycho-education (Walsh, 2010)	Yes
YES / NO	Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)	Yes
YES / NO	Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)	Yes
YES / NO	Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)	Yes
YES / NO	Laban Movement Analysis, Embodied Music (Jensenius, 2018)	Yes
YES / NO	Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)	Yes
YES / NO	Auriculotherapy Effects on Well-Being (Rangon, 2022)	Yes

5b **Please comment why you chose yes or no, or indicate if you recommend other topics to explore:**

lacking validity issues

Self-related study are always useful when assessing functional symptoms but they are not sufficient to validate a theory: objective measures are also needed. One of them is particularly appealing : Heart Rate Variability (HRV) now easily available with connected watches or smartphones. HRV is considered as an idex of resiliency and is useful for the prognosis...

6 **In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:**

a - **better self-confidence levels? YES / NO (please comment):**

Yes: both understanding mechanisms of the symptom and giving tools to overcome it can improve self-confidence in patients

b - **potentially reducing time lapse from the onset of symptoms to actual diagnosis? YES / NO (please comment):**

Yes, because the first to notice the symptom is the patient himself. Symptoms are often under-considered by physicians (because the are functional, not resulting from a lesion of the body)

7 **Have you ever recommended self-study to a professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):**

No, because I use a powerful tool able to improve the symptom.

9 **Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms? YES/NO (Please explain):**

Yes, of course. As the voice is controlled by the nervous system (ANS), both a rehabilitation of the limbic system (emotions) and the voice are needed.

Thank you very much for your participation. If you have any questions please do not hesitate to contact me.

Karen Wierzba

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(33) 781628224

PP3

Reconnecting With Informed Embodied Confidence:
Professional Singers with Laryngeal Dystonia

Questionnaire for Health Care Providers, Voice/Singing Teachers

///

1. **Please provide your professional title(s): MFA, MS-CCC-SLP**

2. **Profession description:**
licensed speech pathologist specializing in voice disorders and vocal arts rehabilitation

3. **Number of years in service: 30**

4 **In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?**
Yes

5 **In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:**

a YES/NO Laryngeal Dystonia (Simonyan, 2021) –
YES if they are comfortable reading and processing the abstract terminology of a medical journal. Otherwise, No.

YES/NO Psycho-education (Walsh, 2010)
YES/NO Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)
YES/NO Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)
YES/NO Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)
YES/NO Laban Movement Analysis, Embodied Music (Jensenius, 2018)
YES/NO Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)
YES/NO Auriculotherapy Effects on Well-Being (Rangon, 2022)

b NO to all:
In my experience, singers with dystonia are in extreme distress, and need direct one-to-one therapy rather than a reading list of intellectual self-study topics. I can understand a theoretical relevance of varied materials related to mind-body re-regulation, however any such relevance would be of more value to practitioners than to clients.

Question validity for pro singers

As an example: If the client's presentation of dystonia is not yet deeply patterned into the unconscious nervous system, and if their symptoms clearly come and go in response to anxiety or other autonomic disregulation, I might refer them for co-treatment with a psychotherapist who uses techniques or exercises derived from polyvagal theory. That is very different than expecting the client to benefit from independent self-study of polyvagal theory.

the whole point of my study misunderstood as "independent" study

6 **Please comment**

In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:

a **- better self-confidence levels? YES / NO (please**

comment)

Questions validity

NO

(Where is the evidence linking self-analysis to improved self-confidence? In the absence of a therapeutic relationship (working with a professional, versus alone), it seems to me that self-analysis could make anxiety-linked symptoms, or confidence issues, worse rather than better.)

There are just too many steps from self-study of theories, to developing an ability to apply theory to one's individual situation, to therefore improving self-management, and thence improved self-confidence. My clients need, and deserve, more direct help than that.

Again, dubious reasoning, as self study (in abstracts!) does not mean "independent learning autonomously"

The whole point of my work—and of any professional, voice or psychology— is to draw on a background of theory but then use my experience and my understanding of the individual client, to turn the theory into an individualized, customized, useful practice for the client. That is the skill I bring into our relationship.

unanswered

b - **potentially reducing time lapse from the onset of symptoms to actual diagnosis? YES / NO (please comment):**

Learning about dystonia (Simonyan reference) might help clients to find an appropriate diagnostician; but very few would be able to digest the type of scientific discourse in that article. I can't see how study of any of the other theories would make a difference in guiding them toward proper diagnostic help, and in fact might prolong their "wandering in wilderness." Singer-education about the Existence of LD is the key.

not my question

7 **Have you ever recommended self-study to a professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):**

No.

My job is to help individuals to identify unnecessary movements or compensations that are within their conscious control (and to apply other therapeutic tools that may be relevant). Or to refer them to another voice or movement specialist if appropriate. Offering them abstract routes for self-study would be the opposite of what they ask of me; would seem potentially useful only to the most intellectually

inclined; and in most cases could be perceived as abandonment within our therapeutic relationship.

6 Additional comment: I found the reference(abstract) about "self-study" to be especially difficult to understand in relation to practical application or clinical therapy. It appears to be a meta-theoretical essay about types of knowledge and learning, and rather opaque to the topic at hand, which is of how to help people with a diagnosed disorder.

critique: helpful for pertinence

8 **Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms? YES/NO (Please explain):**

NO

If I were trained in Laban system I might be able to justify a very long, remote, theoretical, chain of relevance. But I suspect that most systems of movement analysis are designed for larger-scale movements than the micro-disruptions and mostly-unconscious neurology of vocal function/dystonia.

Questions validity perception

Most important: what any of us believe about relevance is not as important as a possible design of a research study actually USING one or another of these theoretical frames, and then measuring what turns out to be helpful, and how much, and for what subset of LD patients. That is what I would recommend for future investigations.

PP4

PP 4

Reconnecting With Informed Embodied Confidence: Professional Singers with Laryngeal Dystonia

Questionnaire for Health Care Providers, Voice/Singing Teachers

I am a student completing a Master of Arts with the Voice Study Center. I am also a professional singer, a music embodiment and proprioception teacher, and a conductor. My positionality as a singer with LD influenced this project to some extent, and my resources and experience proved to be important tools that guided my desire to deepen the collective understanding of singers suffering from Laryngeal Dystonia. I acknowledge each unique life experience that each singer brings to the world, shaping how as individuals, we all instruct each other with our diverse and complex identities that are continuously evolving and dialogical.
The due date for this questionnaire is Oct 31, 2023.
Attached to this questionnaire are references for studies regarding the neuro-educative and embodiment science in co-management of symptoms related to Laryngeal Dystonia (LD). Please refer to these abstracts while responding, if needed, in order to best commit to answering to the following questions. I am available for further explanation, if necessary. Thank you again for your participation.

1. **Please provide your professional title(s):**

Family mediator and therapist psycho practitioner

2. **Profession description:**

objective measures

I meet with people who have conflicts with others or themselves. These people need to understand their suffering and are curious to understand how they function. They are typically unable to be happy with themselves or others, and wish to ameliorate their lives to feel better. The question arises "Who am I, and what is happening in my life/ surroundings that I can't feel better?".

3. **Number of years in service:**

My whole life :)

4 **In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?**

I have met a singer with LD. But I have also met and helped many people who have lost their voices when confronting painful events. The voice changes.

5 **In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:**

YES / NO Laryngeal Dystonia (Simonyan, 2021)
YES / NO Psycho-education (Walsh, 2010)
YES / NO Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)
YES / NO Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)
YES / NO Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)
YES / NO Laban Movement Analysis, Embodied Music (Jensenius, 2018)
YES / NO Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)
YES / NO Auriculotherapy Effects on Well-Being (Rangon, 2022)

5b **Please comment why you chose yes or no, or indicate if you recommend other topics to explore:**

We all have points that are individual. We are singular. Cyrulnik and his theories are very interesting to understand our relationships, our voices, our desire to confirm our inner voices when we speak. Singing is metaphorical for communicating our deepest inner emotions. Outside of singing, we receive these neuroceptive thoughts and feelings and sensations, coming from transcendental energy; the ecosystem is our connection to each other and we have to understand our own implication through self-study while living in company of others. "Who is the most important person for you? YOU!" If you know your inner parts, your terrain, it's an opening to know the universe and others, and to bring the connected self to others. In the 7 parts through the 7 Cs: Connection
This type of exploration is primordial. Deborah Dana's book Anchored, speaks of making friends between our internal nervous system (reptilian brain) unconscious states and our bodies, our security level becomes auto-accessible.

6 **In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:**

a- **better self-confidence levels? YES / NO (please comment):**
Some singers are needing guidance and analysis through these subjects in consultation. Others with a capacity to introspect which permits them to regulate. The confidence therefore awaken and evolves of course to a better state. So many people need to consult to feel better but don't. And culturally don't give themselves permission to go, because of some educative system that pronounces self-talk is dirty, or poorly seen. Others think it is shameful to consult. Shame is the developer of auto critical, and merges with our view of others.

b - **potentially reducing time lapse from the onset of symptoms to actual diagnosis? YES / NO (please comment):**
If someone says "I have a problem", it's already a huge step. Denial steals years. The singer is the actor principal of their health. You go to the doctor to resolve the problem. If one needs pluridisciplinary measures to access better health, seeing several competent healers is necessary in these cases, and accessing truth through each lens of study. Diagnostic tools are not meeting the needs of symptomatic individuals. We send people for so many body fragmented issues, a voice problem is not necessarily organic but systemic. This systemic complex connected view IS a team work deal. Medical viewpoints should, must, try to offer pluridisciplinary viewpoints that help diagnose singers in suffering. This would for sure lessen the diagnosis time.

7 **Have you ever recommended self-study to a professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):**
No, but it's another approach that might improve the physical state, once curiosity about oneself is accessed.

8 **Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms?**

YES/NO (Please explain):

Anything that can inform people can be beneficial. The people need to be explained how they function through pluridisciplanary study of themselves, and therefore they directly become actors in the choices they make. Actors of their own lives, without being subjected to their lives. Without being burdened by their lives.

Thank you very much for your participation. If you have any questions please do not hesitate to contact me.

Karen Wierzba

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(33) 781628224

PP6

PP6

Reconnecting With Informed Embodied Confidence: Professional Singers with Laryngeal Dystonia

Questionnaire for Health Care Providers, Voice/Singing Teachers

I am a student completing a Master of Arts with the Voice Study Center. I am also a professional singer, a music embodiment and proprioception teacher, and a conductor. My positionality as a singer with LD influenced this project to some extent, and my resources and experience proved to be important tools that guided my desire to deepen the collective understanding of singers suffering from Laryngeal Dystonia. I acknowledge each unique life experience that each singer brings to the world, shaping how as individuals, we all instruct each other with our diverse and complex identities that are continuously evolving and dialogical.
The due date for this questionnaire is Oct 31, 2023.
Attached to this questionnaire are references for studies regarding the neuro-educative and embodiment science in co-management of symptoms related to Laryngeal Dystonia (LD). Please refer to these abstracts while responding, if needed, in order to best commit to answering to the following questions. I am available for further explanation, if necessary.
Thank you again for your participation.

1 **Please provide your professional title(s):**
Professor

2 **Profession description:**
University professor conducting research in the area of laryngeal dystonia.

3 **Number of years in service:**
30

4 **In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?**
I am not a clinician. I do not diagnose people with laryngeal dystonia

5a **In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:**

YES Laryngeal Dystonia (Simonyan, 2021)

YES / NO Psycho-education (Walsh, 2010)

NO Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)

YES Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)

YES Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)

NO Laban Movement Analysis, Embodied Music (Jensenius, 2018)

NO Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)

YES Auriculotherapy Effects on Well-Being (Rangon, 2022)

5b **Please comment why you chose yes or no, or indicate if you recommend other topics to explore:**

Laryngeal dystonia is a form of focal dystonia. At present, the pathophysiology of LD is incompletely understood. There is no cure for LD. Self-related study may be useful as part of symptomatic treatment, but there are no systematic empirical data available to indicate its effectiveness.

Questions Validity

6 **In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:**

a - **better self-confidence levels? YES / NO (please comment):**

b - **potentially reducing time lapse from the onset of symptoms to actual diagnosis? NO (please comment):**

LD is not a psychiatric condition. It is unclear and unproven if forms of practicing self-awareness and cognitive processes can influence disease outcome. While a variety of environmental and psychological triggers may be associated with the onset of LD, there is not certainty that it is triggered by environmental factors.

Doubt

7 **Have you ever recommended self-study to a professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):**

No. As I said, I do not treat people with LD.

8 **Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms? YES (Please explain):**

It may help as part of an adjuvant therapy and one certainly should encourage people with LD to understand their disease state and how behavioral and cognitive interventions may lead to symptom reduction. However, it is unlikely that this can lead to a cure of LD.

Thank you very much for your participation. If you have any questions please do not hesitate to contact me.

Karen Wierzba
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Appendix 9. Transcript of Practitioner Interview French

Reconnecting With Informed Embodied Confidence: Professional Singers with Laryngeal Dystonia

AN INTERVIEW WITH A VOICE AND SINGING THERAPIST

(Based on the: Questionnaire for Health Care Providers, Voice/Singing Teachers)

Paris, 18 October, 2023

Please provide your professional title(s):

P: Euh alors Vous vous appelez titre où vous appelez diplôme ou c'est la même chose pour vous ?
K: Oui diplome, titre oui
P: Dans un 1er temps, bon, après des études de science et de biologie, j'ai un DEA de neuroscience, avant le DEA c'était un Diplôme d'Etude Approfondis, qui s'est transformé en Masters 2. Donc c'est un DEA de neuroscience de l'Université de Paris VI. Ca c'est une chose. Après, j'ai une thèse de science, en physiologie du mouvement, (K: D'accord)et donc ça, ça c'est fait à la Salpêtrière, et en collaboration avec la faculté Paris Orsay (K:Oui) donc Paris Orsay c'est Paris XI, Paris XI, et ça je l'ai soutenu en 1993 (K: OK). Donc c'est pas d'hier. Et parallèlement a ça, avant, j'ai une diplôme d'orthophoniste.
K: D'accord. Orthophoniste. Donc ce serait éventuellement traduit en anglais ?
P: Voice Therapist
K: Voice therapist ou Speech and Language Therapist, on a tendance à utiliser aujourd'hui?
P: C'est Speech and Language mais j'étais plutôt dans Speech and Voice, je m'occupais pas du language, je m'occupais des bégaiements, et ou troubles de la voix, des enseignants, de la voix parler, et des comédiens et des chanteurs, que ce soit du classique, de la comédie musicale, du jazz, du rock, etcétéra. (K:D'accord)…Ce qui m'intéressait c'était vraiment de travailler avec les différents soucis que peut emmener les esthétiques qui sont pas le

mêmes soucis, qui ne sollicitent pas la voix de la même manière; donc ça provoque pas forcément les memes dérives, les memes problématiques…qui finissent toujours par quelque chose qui se dégrade, physiologiquement ou organiquement ou les deux. Mais pas forcément avec les memes exigences esthétiques quoi.
K: Tout à fait. Alors ceci a répondu à la question du profession description. Merci.

Number of years in service:
P: J'ai commencé moins spécialisé en 1985, après ca était de plus en plus spécialisé sur la voix des comédiens et chanteurs, jusqu'en 2021. Donc ça fait …
K: Ne vous inquiétez pas, je vais calculer
P: OK
(39+ years)

In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?
P: Alors, c'est quoi les subtypes, j'ai pas compris, il y en a pas 4…c'est yes or no c'est la - if your personal opinion useful for

K: Oui, ça c'est la prochaine question, Bernard, on va rester sur l'autre question pour que je vous explique rapidement, sur l'autre feuille que j'ai donné sur les abstracts, a propos des 4 types sont mentionneées, sur la feuille des abstracts dans l'étude de Simonyan, on parle de brain network disorganization, on parle de dysphonie spasmodiques (I guess), le tremor, la tétanie vocale, ça peut déceler n'importe laquelle qui est dystonie de fonction ou fonctionnelle.
P: …Nous, moi, parce que j'ai travaillé la dedans a l'hôpital, avec des patients, j'ai fait de la recherche la dessus (K:Oui) , alors j'ai beaucoup travaillé sur les dystonies de fonctions (K:Oui) versus tremblements (K:Oui) , qui n'est pas franchement une dystonie, c'est un trouble de la contraction, on est d'accord, mais la dystonie c'est plutôt pour moi tel que je l'avais vu, tel que l'ai travaillé, tel que je l'ai approfondi, c'est un engagement musculaire inapproprié (K:Oui), d'où le terme de 'dys', dans la tonicité des muscles. Alors, si alors si vous voulez mettre le tremblement dans dystonie, si maintenant on mets le tremblement dans la dystonie, why not, euh
K: En fait, c'est pas moi. Ce n'est pas moi qui réclame, c'est dans l'étude de Simonyan sur la feuille des abstracts

P: Je m'en fou un peu, la question c'est qu'on mets bien une distinction entre ce qui est dysphonie spasmodique, tremblement, euh, ce qui dysphonie dysfonctionnelle ou fonctionelle, qui a un gradient spécifique plus progressive
K: Écoutez, comme on a pas beaucoup de temps, et ce n'est pas que j'en ai pas envie de vous écouter, je viens de vous renvoyer un texto qui a une spécificité qui à été relevé par Dr Kristine Simonyan, qui est ORL qui a fait une grande conférence, qui parle, justement, que en 2021, que le monde de L'ORL qui traite la dystonie, justement, la 'dystonie laryngée' est une espèce du surnom,
P: Gros nom
K: généralité, exactement, sur ces dysfonctionnements en générale, et quand on regarde (I just lost the page but) c'est un oeuvre qui, quand on regarde en general (doorbell rings and dog barks) attendez juste une seconde (pause to answer the door)
P: Oui, je comprends, donc votre question est de l'ordre de est-ce que j'ai rencontré les 4 categories de dys pendant mes années travaillées?
K: Exactement! Est ce que vous avez du tout de rencontrer ce genre de problème?
P: Je n'ai fait que ça! Toute ma vie.
K: Exactement, c'est ce que j'ai compris et ce que je voulais dire
P: Mais j'ai pas compris le quatrième catégorie
K: Ok je vais vous envoyer en piece jointe un image - here we are - par texto
P: Il y a spastique, trémor, euh, polyvagal je ne sais pas ce que tout ça, ça veut dire
K: It's not doing it for me, hold on one second, my ipad me donne beaucoup chose dont j'ai pas besoin, shared activities, mes photos….library, ca y est - il y en a 4, dont eux disent: Laryngeal Dystonia, - qui est le grand généralité, Il y a donc le dystonic vocal tremor, irregular vocal tremor, il le mets l'(un a cote de l'autre Essential Vocal Tremor et le Muscle Tension Dysphonia
P: Donc c'est chacun l'un à côté, oui
K: Les 4 genres dont le symptom onset, et les autres médecins qui sont (enfin) délégues pour trouver une (sorte de) diagnostique vont se mettre ensemble, pour discuter des characteristiques, pour l'histoire de ces cas, de l'historique médicale, ou bien même dans un sens psy, et des characteristiques neurologiques de cette dystonie laryngéal.
P: OK
K: Voilà, vous n'avez fait que ça, de toute manière, la question étant, avez-vous vu quelqu'un (patient) qui souffrait de ce problématique, et vous avez répondu bien « Je n'ai fait que ça ».
P: Oui. Que ça.

K: Ok, la question suivante: Dans votre opinion professionel, pensez vous qu 'en accompagnant un chanteur professionel qui a un diagnostique d'une forme ou autre de dystonie laryngeal, est ce que c'est utile d'étudier le 'soi' de tout cela?
P: Le soi?
K: Le soi. Self-related study
P: Alors, moi je dirais, c'est pas encore claire dans votre histoire, la, dans votre question. (Hesitates). Si c'est la dysphonie spasmodique, spastique, ca c'est très neurologique, l'origine on ne la sait pas trop mais le processus est bien identifié de niveau centrale; si c'est un tremblement, pareil c'est quelque chose de tres neurologique, il y a beaucoup de confusion entre eux deux mais ça c'est une autre histoire; ça peut tomber sur la tête de n'importe qui à n'importe lequel moment, il y a des familles de trembleurs, pareil il y a des aspects psychologique du patient, il y a la manière dont le patient va gérer sa pathologie psychologiquement, et la manière dont la psychologie du patient dans sa relation avec sa voix, va (comment dire) aggraver les symptômes ou être a l'origine de symptômes, par exemple le chanteur qui chante trop fort, qui panique, qui sert d'avantage, qui a des problèmes techniques etcetera, tout ce qui va générer psychologiquement autour de ça va amplifier n'importe lequel problème en dysfonction
K: Alors, dans l'entente que self-related study, en faite, enveloppe tout ces topics - sujets que vous venez d'évoquer, dans le sens ou, ma question est mal dirigé - parce que je ne suis pas en train de mettre à tort - ou enfin remettre la volonté à tort sur un chanteur qui souffre de quelque chose d'involontaire, évidement, mais puisque vous évoquez l'aggravement, ça peut s'aggraver justement si on ne connais pas la voix, le dialogue intérieur, le jugement intérieur, ou bien sa relation à sa propre dystonie, sous n'importe lequel forme que ça prends. Ce que j'ai proposé d'évoquer dans cette étude, justement, à savoir que tout ce qui l'auto-étude, self study, étude de soi-même, d'entendre sa voix intérieur, de connaître des theories qui sont reliées dont on parle sur l'état d'être, de la confiance pour un chanteur professionel. Donc j'ai évoqué peu, mais j'ai évoqué a ce niveau ce qui est un module 6 final dissertation pour un MA, qui n'est pas Encore un doctorat, je n'ai que la permission d'écrire 1K mots.
P: OUI
K: J'ai donc fait un cercle focalisé sur plus de connaissances par rapport a soi-même et ses connaissances par rapport a la dystonie laryngée, plus de connaissance par rapport à la psycho-education et de s'éduquer soi-même et sa relation à soi-même; ce qui se lie aussi à la théorie de Self Concept, en soit, c'est à dire encore de se regarder plus profondément en soi, pour voir ce qui peut engendrer un problème de cette nervosité autour de sa technique

vocale, ou cette technique chanteur, ou task-spécifique problème au chant. J'ai aussi évoqué le Polyvagal Theory, en tout cas d'une façon autobiographique pour moi, ca a été mon éxperience que ça m'a aidé énormément a pouvoir gérer une comprehension neurologique par rapport à mes emotions, par rapport à mon ressenti, et m'a enlevé une couche de culpabilité et je suppose, de negativité. Puis il y a aussi, j'ai évoqué, l'efficacité vocale, sur les gestes vocales, la neuroanatomie de ce qui l'incorporation du chant, l'analyse Laban, que je trouve moi-même exceptionnelle, ce qui explore l'amplitude et magnitude d'espace musicale et d'espace vocale que l'on prend dans une tache musicale lié au chant; les relations à soi-même, l'exertion, combien d'énergie l'on utilise pour faire un geste, le contrôle de soir, et finalement, ce qui a été très bénéfique, pour moi, c'était l'auriculothérapie qui est une forme de semi permanente acupuncture, qui a eu des effects tres positifs pour moi.
(P: YEah! Rires)
KDonc, la question est, est-ce que dans votre opinion, pour un chanteur professionnel qui est diagnostique d'un de dystonie laryngée, est-ce qu'entreprendre un étude de soi-même en relation avec ces sujets évoqués, pourrait être bénéfique?

In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:

YES / NO Laryngeal Dystonia (Simonyan, 2021)
YES / NO Psycho-education (Walsh, 2010)
YES / NO Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)
YES / NO Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)
YES / NO Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)
YES / NO Laban Movement Analysis, Embodied Music (Jensenius, 2018)
YES / NO Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)
YES / NO Auriculotherapy Effects on Well-Being (Rangon, 2022)

P: Euh, Je suis pas sûr. L'étude de soi-même en tant qu'apprendre à voir quelle sensation on développe par rapport à un tel geste dans le plus fin par rapport à la perception de son corps c'est une chose. Maintenant, avoir une formation théorique la dessus? Il y a du pour et il y a du contre. C'est comme si vous voulez dire, est ce que c'est important de connaître la théorie de la psychanalyse pour faire une psychanalyse ? Je ne pense pas. Je pense qu Il y a des moments où ça

pourrait même être contre-productif, car justement le risque, c'est de trop intellectualisé son rapport à son mouvement à son corps et ses différents fonctions. Ce qu'on connaît intellectuellement c'est infime, infime, par rapport aux complexités des fonctions motrices perceptibles. Ce qui se passe c'est quand on a compris comment ca fonctionne, on va vouloir mettre la conscience la dedans. Et à ce moment-là, on arrive à des caricatures de geste, c'est-à-dire que les gens vont se dire, a bah les muscles abdominaux se travaillent a l'expiration donc je vais travailler les abdos, mon oblique, transverse, oblique, grand droit, et par expérience je sais que ça fiche le bordel.

K: D'accord, donc, dans votre expérience vous avez jamais vu, je complexifie la à la question. Vous avez jamais vu par rapport à un élève/client/patient qui souffrait qui galéré avec la dystonie laryngée, vous avez jamais vu à travers la thérapie, quelqu'un qui s'est guéri?

P: Si, j'aurais pas fait ça pendant 40 ans si j'avais pas obtenu de résultat

K: Oui, j'adore que vous parliez, nous allons arriver. À la prochaine question, c'est déjà 20 minutes d'interview, je ne veux pas faire ça d'une façon court change, je ne veux pas sembler pressé, mais je ne veux pas vous couper dans votre élan non plus. Est-ce que vous pensez que donc ça peut avoir donc double tranchant ces questions, comment voulez-vous répondre, oui, non, ou les 2, ou c'est trop complexe?

P: Oui, non, les 2, par rapport à quelle question ?

K: Ce que je veux dire, j'ai remarqué dans mon expérience avant d'arriver chez vous personnellement, les exercices fonctionnaient pour moi évidemment, c'est très personnel, j'évoque quelque chose qui ne ferait pas partie de l'étude, puisque c'est personnel, mais ce que j'ai compris de moi-même, c'est que je faisais trop d'effort, trop de mouvements, j'incitais trop de muscles pour une geste qui devait rester calme; du coup il aurait fallu que moi reprendre la relation avec moi-même, avec mon amplitude et la magnitude de ce qu'on me réclame de faire au travail. Maintenant Il y a eu évidemment la complexité à ce moment-là de la mort de mon père était aussi avec les relations autour de moi, ma relation avec moi ma relation avec moi-même avec qui savoir justement quand quelque chose est éveillé la maladie comment ça s'éveiller dans une certaine geste d'arrêter le geste de suite et de calmer au lieu de vouloir s'acharner a ce que ça sort (la voix comme avant) d'une façon satisfaisante, a l'opposé de faire en sort de continuer un geste qui provoque l'acharnement, l'aggravement de ce qui sort comme spasme. Disons que c'est avec ses études la, que j'ai pu prendre conscience de cet « éveil de la maladie » sinon, je ne savais même pas ce qui activait, je dirais, je comprends votre elan a dire qu'il faut pas forcément étudier toute la psychanalyse pour aller faire une psychanalyse , je comprends tout à fait, mais pour quelqu'un qui est d'une nature inquisitoire, et il faut dire que ça fait partie de ma culture a vouloir savoir de

vouloir chercher autour des sujets, est ce que ca peut être benefique, de vouloir chercher ce que veulent dire ces mots.

Please comment why you chose yes or no, or indicate if you recommend other topics to explore:

P: Oui. Bon après,(Hesitant) l'idée c'est que il y a des chanteurs, et j'en vois toujours, ils adorent quand leur trouble peut avoir un nom medical. Et le nom médicale met tout de suite les gens dans une case, de pathologie, et quand on se case dans une pathologie on en devient un peu moins responsable justement, comme si, « je suis malade, j'ai ça j'ai ça, » alors que, si je suis à la fois l'agent, l'acteur, qui m'a emmené à ça, mais l'acteur qui peut me sortir de ça, je trouve plus interessant que souvent, le discours « Ah ouai, je crois que dans ce cas j'ai un trouble neurologique, voila, ça s'appelle comme si comme ça, eh ben voilà soit je me fait opéré soit je prends des médicaments, » alors qu'il faut dire « c'est mon parcours qui m'a emmené à ca, la manière dont j'ai travaillé, donc, psychologiquement, j'ai géré mes différents étapes et mes différents épreuves, et la responsabilité puisque je me suis emmener, je peux m'en sortir, d'une manière responsable, pas culpabilisante, donc j'ai la main sur mon état »
J'ai était pedagogue, je suis pedagogue, je l'ai était a la faculté, je suis tres pedagogue toujours, j'explique plein de chose aux gen des séances, mais j'explique moi ce qui pourrait être utile a ce moment la pour qu'ils comprennent ou on se situe, pourquoi on fait ça, et euh, pour qu'ils puissent s'approprier mais pas avec un exposé théorique.
K: D'accord, quelle, quelle,
P: En tout cas c'est distribuer des éléments d'explication, parce que j'adore expliquer, mais dont le chanteur peut faire quelque chose à ce moment là. Voilà.
K: D'accord
P: Je parle d'un vague gnagnagna qui intervient sur le diaphragme et tout le bazar, mais dire que la il y a un équilibre des forces, entre les forces de resistances laryngées, les forces respiratoires, (Incompréhensible word), cette force est interrompu, on va tout de suite proposer quelque chose pour jouer sur cette équilibre, avoir conscience qu'il y a un équilibre, ou déséquilibre, voila, plutôt, mais je suis scientifique et donc en tant que scientifique, je prétends savoir ce qu'on sait sur la question, bon, peut être maintenant je

suis pas tout a fait…mais j'ai quand même pas mal écris la dessus, sur ce sujet dans les journaux, journal of voice et autres, donc je connais bien la physiologie musculaire and la physiologie du mouvement dans cette fonction, je connais bien les limites des connaissances, et je sais ce qu'on sait pas. Maintenant, dans ce qu'on sait, j'essaie de transmettre au patient, aux chanteurs, ce dont lui il peut faire quelque chose la ou il en est de cette connaissance
K: ok
P: c'est a dire c'est pas la peine que je lui balance des trucs théoriques dont il pourra rien faire dans la séance là, il saura des choses, autrement ça va complètement intellectualiser des vues, et j'en vois encore, des chanteurs qui sont la à chercher dans l'anatomie dans le vertèbre, ceci cela
K: oui tout a fait, qu'il ne faut pas prendre l'information, eu, et supposer qu'une théorie ou explication qui est purement intellectuel va avoir une conséquence sur la physiologie
P: voila, et quand ils ont cet information là, ils s'y accrochent, je trouve que, alors la, l'ostéopathe va leur dire qu'ils ont le troisième orteil accroché, et qu'evidemment ca se répercute sur gnagnagnagna
K: oui oui
P: On perds la globalité, et il y a aussi la disparition de la prise en charge. Évidemment on peut faire l'auriculothérapie, on peut faire l'acupuncture, on peut faire la sophrologie, on peut faire tout un tas de chose, vu que le bonhomme humain on peut tirer un fil et tout le reste vient avec alors…selon les gens, bah, il y en a qui vont être plus sensible a tel approche que d'autre, entre l'ostéopathie
K: Tout à fait
P: Mais, les multiplications souvent dispersent quoi. Il y a des gens qui font un peu de çi un peu de ça, qui trouve une méthode pour çi et puis qui vont voir une spécialiste de ça, puis qui va voir une spécialiste qui travaille sur la langue, un autre qui travaille que sur la mâchoire, un quatrième qui travaille sous la plante des pieds parce que forcément c'est lié avec les problèmes posturales,
K: Ok, ALors comment
P: Et donc quand il y a un problème, et qu'on va voir un spécialiste dans un domaine, c'est sur que cette personne dans son domaine va chercher une solution au sein des outils qu'il a. Si vous avez fin et que vous allez chez le poissonnier, il va pas vous vendre un steak.
K: (Laughs) tout à fait. On passe à la prochaine question, alors, dans votre opinion professionnel, est ce que étudier de près les sujets liés au chanteur professionnels et la

perte de confiance en soi du a une diagnostique de LD peut en soi améliorer sa capacité d'analyse de soi, en contribuant a son niveau de confiance

In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:

- **better self-confidence levels? YES / NO (please comment):**

P: oui, K: et potentiellement réduire le temps de l'apparition des symptoms jusqu'à la diagnostique?

- **potentially reducing time lapse from the onset of symptoms to actual diagnosis? YES / NO (please comment):**

P: j'ai pas compris
K: (repeats question explaining that) Simonyan a publié son étude en citant qu'actuellement ca mets en moyen 5,5 années pour diagnostiquer exactement ce qui ne va pas.
P: de confiance et de conscience, c'est a dire dans l'apparition de ce qui va être nommé, il y a une part qui va soulager le chanteur parce que c'est quelque chose qui existe, qui s'explique et qui se définie en terme de physiopathologique, et euh, ça peut l'aider pour enlever un poids, effectivement « je suis responsable pour ce que j'ai », « c'est moi qui suis l'acteur de , mais ça n'empêche pas que je rentre dans une pathologie dysfonctionnelle, et que voila, ça veut dire on sait où on est, et on sait ca veut dire qu'on a les moyens pour en sortir, une fois qu'on a peu nommer les choses aussi, ca veut dire que derrière on en a des outils pour pouvoir s'en sortir. C'est comme quand si vous avez des troubles de ruminations, et on vous dit ou bah, les ruminations c'est un comportement tout à fait névrotique et définie, et puis il y a plusieurs techniques pour gérer ses ruminations, donc, plutôt que les gens qui sont de nature a passer leurs vies a ruminer et ruminer, leur truc, et bien quand ils voient un psychiatre compétant qui va leur dire « Bah oui mais la rumination, c'est quelque chose, au delà de certain niveau, qui rentre dans un cadre d'origine névrotique » et puis, on peut passer d'un niveau a l'autre, avec certains outils qui sont des therapies cognitives comportementales, ou bien d'autre formes de therapies.
Si on définie la pathologie qu'il a, c'est a dire « Vous avez une dystonie laryngée, c'est à dire quelque chose, blahblahblahblah », c'est a dire qu'on va l'accompagner pour en sortir de

ça. C'est vous qui vous êtes ramener la dedans, vous êtes emmener la dedans, dans ce tremblement, vous n'y pouvez rien, mais là, c'est votre technique, votre travail, la manière dont vous avez géré les difficultés, dont vous avez géré votre technique, dont vous avez géré votre repertoire, dont vous avez géré votre vie, bon bref, donc on arrive la à cette dysphonie, à cette dystonie, bon, ça s'appelle comme ça maintenant, comment on la nomme, comment on en sort. Si on nomme, il faut avoir une porte de sortie. Et pas une porte de déresponsabiliser. On est l'acteur, on reste l'acteur de la ou on est arrivé et de la ou on va.

K: ok tres bien, et pour en devenir, pour quelqu'un par exemple qui n'a aucune conscience, de devenir acteur, de leur propre avenir et de leur propre movement, d'assimiler une forme de responsabilité par exemple, je formalize (reformule) la question pour revenir a la question d'avant, est ce qu'il y a quelque chose dans laquelle une théorie, est ce que vous préconisez une thérapie ou autre, en particulier, qui peut accompagner, si vous vous trouvez vraiment face a quelqu'un qui veut pas, qui n'a pas la propensity d'écouter d'entendre qu'il n'est pas son propre acteur ?

P: Tout travail doit ramener a ça, sinon ça ne sert a rien. Je dois y arriver a ça. Si les gens le chanteur n'a pas cette capacité de devenir son propre acteur, et bah pour moi on passe à cote. Pour moi, La thérapie c'est une connaissance de soi.

K: voila, mais c'est tout a fait ca que j'intime (j'insinue). C'est tout a fait a propos de ça cette étude.

P: c'est l'essence d'une thérapie, sauf si on a un cancer il faut faire une chimio, sauf si on a un truc qu'il faut enlever sur une table d'operation, la on est dans un thérapie ou on n'est pas acteur, puisqu'on est endormi, et je dirais même qu'il y a des formes, pour moi, d'ostéopathie, qui nous responsabilise pas, le chanteur ou le sujet, dans la mesure ou les gens vont chez l'ostéopathe, et disent « Ah c'est miraculeux, quand je suis sortie, tout allait bien »; Mais qu'est ce qui t'ai emmené à cet état la? Et à part l'ostéopathe, quest ce qui fait que vous en sortez? Bah l'ostéopathe, bah rien, c'est a dire, c'est une thérapie passive, et la thérapie passive quand le patient comprends rien de pourquoi il est arrivé la ou pourquoi il est sortie de la

K: ok

P: Tout les ostéopathes sont pas responsable et les gens ils y retournent régulièrement parce que de toute façon les gens au bout de quelques temps se retrouvent dans la meme situation qu'avant.

K: ok, je sais pas comment je vais reformuler ca, mais a peu près, ca répond a ma prochaine question, qui était **Have you ever recommended self-study to a**

professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):

K: En fait, la ou on commence à avoir une discussion a propos du sujet self-study, c'est une responsabilisation de soi, c'est vraiment y prendre accountability, malheureusement, se serait interessant de vous poser la question par rapport au terme français que vous employez, vous, quel est le mot que vous employez pour « accountability » en anglais? Nous je trouve que le mot responsabilité fait reference à un part qui est tres volontaire, alors qu'accountability cest se trouver

P: oui responsabilité c'est culpabilisant

K: exactement

P: Il faut comprendre que la personne est acteur, et c'est à dire qu'elle est responsable mais responsable acteur, c'est à dire dans les 2 sens du terme, c'est à dire on est responsable de sa sortie aussi

K: Oui, oui, tout à fait

P: on est responsable de l'issue, mais c'est compliqué par ce que la responsabilité a cette connotation conjuguée au chrétiens de culpabilité, mais elle a aussi cette dimension philosophique d'auntonomie.

K: Ok tout à fait, bien sûr, c'est de la ou vient

P: c'est difficile à entendre parce que les gens vont entendre ce qu'ils veulent entendre dans un mot comme celui -ci

K: Tout a fait, mais je comprends, que j'ai pu m'en sortir moi-même, c'est surtout avec la responsabilisation de **mon auto-étude**, c'est à dire, ou se fixe ma responsabilité et pourquoi, et quest ce qui est volontaire, et quest ce qui est involontaire de ma part

P: C'est ca, sur quoi j'ai possibilité de l'action, et sur quoi je n'en ai pas

K: après, j'ai pu reconnaître justement avec vous et avec d'autres personnes, d'autres thérapeutes, dont notamment, je vous ai vu, j'ai vu Mailly pour les études anatomiques et fonctionnelles, il y avait aussi surtout mon psychothérapeute qui est tres versée dans la théorie polyvagal qui est, d'où est ce que le nerf sort justement, comment est ce qu'il était histoire des mammifères, (evolutionary history), comment nous nous sentons par rapport a nous memes, quelle est la relation entre la psychoeducation ou la psychothérapie, ou la psychologie et notre propre corps, comment on engendre ca, comment on digère ça, est ce que je ferme le rideau total, j'ai pas envie de savoir? Ou est ce qu'il y a une ouverture a comprendre soi-même, c'est vraiment juste ça; dans les théories que j'évoque, c'est vraiment juste pour approfondir les connaissances de soi-même.

P: Oui, tout à fait, mais ça on a quelque chose qui intrinsèquement culturelle aussi la dedans….
K: Je ne rentre meme pas la dedans, puisque les gens professionnaux avec qulle sont d'origines française, canadiens, allemands. Australiens, voila, il y a la culture a évoquer, pour moi c'est tome 4 la,
P: Pour moi c'est la meme culture tout ça, c'est la culture occidentale, professionnelle, chez nous comme pour le canadien, l'allemand, on est quand meme dans cette relation au corps, que celle que vous allez trouver dans l'orientale africaine, la, si vous en parlez avec eux, ils comprendront pas un seul mot de tout ça
K: Oui, enfin, orientaux vous serez étonné quand meme, là a cette conference là ou j'étais pour presenter par rapport a la theme du polyvagal theory et la psychologie, que j'ai présenté en septembre, j'étais quand même ultra étonné par la façon de regarder son expérience du corps, je parle de ceux qui sont un peu plus versés dans la psychologie des émotions, mais surtout dans les traitement, on traitent les choses beaucoup plus tot, notamment la chine, on est tres versée a vouloir traiter les choses plus tot que plus tard quand ca devient quelque chose de plus sérieux - mais c'est quelque chose que j'ai pu remarquer moi-même durant les 50 présentations que j'ai pu assister
P: Il y a des moments ou je ne t'entends pas si bien
K: Ah, ok, ca va mieux
P: C'est un peu spasmodique parfois
K: ok. Et la on arrive a la dernière question:
Est ce que vous recommandiez donc un peu plus d'étude de soi-même par rapport a tout, a n'importe quel chanteur avec un LD, pour potentiellement pour modifier par rapport aux taches vocales, les mouvements qui ne sont pas sollicites, es

Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms? YES/NO (Please explain):

P: bien sur, mais bien sur, c'est ce que je fais tout le temps
K: Ok, a la fin, j'ai compris que c'est tres facile comme question, ca simplifie beaucoup trop
P: Non mais, je comprends, qu'il y'a des gens qui disent « Voilà, pour rééduquer, vous allez faire 10 fois cette exercice la, puis vous allez souffler 20 fois dans une paille pendant 2 minutes, etc, donc, ceux qui sont pour moi, j'appelle, des méthodes, qui sont quelque chose de négatifs comme approche, de méthodes veut dire qu'on applique une méthode systématique, alors, évidemment on finit par avoir, on a tous, une méthode, moi ma

méthode c'est d'effectivement sensibiliser les gens a ce qui se passe, a les faits, les responses que donne le corps en fonction de ce qu'on sollicite, bien sûr, c'est meme une thérapie

K: Mais je veux vous rejoindre sur ce propos là, tout a fait, c'est pas une simplification d'avoir, de faire reference a une méthode de prévention ou de type protocolaire, aujourd'hui on est beaucoup plus dans l'ontologie, l'épistémologie, d'où vient la personne dans leur façon de penser, comment ils agissent avec leur propre pensé, et comment le corps suit ou dicte la pensée, du coup, the voice study center, la ou j'en suis pour les études, nous aide a reconnaître que chaque cas et different, chaque cas est individuel, car chaque vie est différente. On touche sur chaque sujet un fil conducteur, comme un fil Moebius, comment dire, une façon de regarder qui nécessite un sens pluri, voir multi, voir intradisciplinaire, aborder un sujet (comme le chanteur professionnel qui perds sa confiance après une diagnostique de LD) de manière a respecter chaque perspectif, comme des portes qui s'ouvrent sur cette dystonie LD en particulière, dysphonie, fonctionnement reconnue « dys », non-organisé. Donc si je fais ce parcours, cette étude, c'est pour trouver justement aucun protocole particulier, du genre 3 hail Mary's, dis le Kaddish et après tout sera exaucée, c'est que en connaissant, chacun, un niveau de soi-même dans son rapport a l'eveil, l'eveilement non seulement musicale, et de frustration et de fatigue et de deuil, en lien avec tout ces sujets, cette responsabilité, cette responsabilisation, de s'en sortir, d'avoir envie de s'en sortir, et quest ce que ça engendre sur le corps, qui incarne évidemment les emotions, et les emotions qui incarnent le corps. Donc, tout ca est devenue beaucoup plus pluridisciplinaire, si je puis dire, puisque ca fait 30 ans que j'ai pas été à l'école, et j'ai pris cette étude comme une veste de sauvetage you know, Bernard, j'ai vraiment liée toutes les thérapies en conjonction et simultanément avec ce que nous avons fait ensemble. Et j'ai rejoins cela avec tout ce qu'il fallait toucher dessus sur l'ampleur du mouvement, en terme de plus de possibilités de reduction de mouvement, en amplitude et en magnitude pour pas faire plus en dehors de mon propre cercle de possibilité sans que ca en devient trop sollicitant pour mon corps; mais ça rejoins aussi sur le plan familiale, relationnelle, trans-generationelle, beaucoup de choses qui se rejoignent sur « Qui suis-je, et comment vais-je m'en sortir ». Il faut dire que finalement j'ai pavé ce nouveau chemin, je suis à présent Alto dans le chœur, je suis super confortable de cela, j'ai du enfiler d'autres études vocaux que je n'avais pas encore vue étant Soprano, on m'a pas enseigné par exemple par rapport aux formants de la voix, ce qui est extrêmement important a devoir comprendre comment solliciter la voix sans avoir a faire trop d'effort musculaire; c'était pas l'enseignement que j'ai reçu malgré avoir chanté dans 30 pays différents, a recevoir des prix, a faire des

enregistrements, une carrière importante quoi. Il fallait entreprendre tout ca, et étant chanteuse professionnelle, la nature de mon emploie dicte parfois ce que je dois évidement formuler comme tache (task) vocal, et finalement me voila mille fois plus a l'aise, même si c'est une évitement d'y retourner a ce que j'étais, puisque je ne retrouve plus le comfort dans la tessiture de soprano. Vous me donnez beaucoup de matière, mais je tenterai de tout inclure correctement dans l »étude, votre contact compte énormément pour moi, vous avez pavé un chemin pour penser encore plus intrinsèquement, plus corporellement, qui est sans mesure. Je vous remercie tellement et profondément pour m'avoir aidé sur mon chemin

Voila donc la dernière question, pensez vous que l'on peut bénéficier en étant inclusif de la psychoeducation, l'éducation de soi-même et l'analyse du mouvement dans le management du LD? Donc je parle pas de traitement mais du management

P: explique moi la difference

K: le treatment en anglais fait reference a une finalité a la maladie, que l'on peut sen sortir 100 pour-cent et redevenir ce qu'on était, alors que management insinue que il y a pas de finalité,

P: des composants réversibles, et d'autres moins réversibles, qui vont rester la, bah oui, il y a dans le LD l'ancienneté ou l'on a pratiqué des choses, les phénomènes de l'âge qui va partir de la case depart, d'ailleurs dans aucun domaine de la psychologie peut-on se permettre de retourner a la case de départ. Il faut vivre avec ça et optimiser son fonctionnement, voila, la connaissance de soi, mais moi la connaissance du mouvement du chanteur, la connaissance de système de croyances, les identifier par rapport a sa voix, c'est mon credo

K: donc pour vous c'est une evidence mais s'en est pas pour tout le monde qui traverse cette maladie, je peux vous le dire

P: Mais j'ai des gens, des toxiques, qui sont venues une fois, 2 fois, 3 fois, et sont plus revenues, qui attendent des réponses plaquées, et moi la plupart du temps, répond a leur question genre « bah qu'est-ce qu'il faut que je fasse quand ca fait ca pour faire ça ?» en disant « Je sais pas! », et quand on dit au gens qui sont dans une inquiétude, qu'on essaie de respecter complètement, « bah on va essayer de chercher ensemble », eh bien ca fais fuir les gens

K: Oui, tout à fait

P: parce qu'il y a des thérapeutes qui vont dire « Ah vous avez ça et ça et blahblahblah, et vous devez faire ça », mais bon, on voit que ça marche pas comme ça, mais ça rassure de sortir des grands principes, les gens n'ont pas envie, ça va chercher trop loin la remise en

question, et il y a des gens qui veulent pas se remettre en question. Pourquoi pas hein? J'ai vu des grand chanteurs qui préféraient arrêter leurs carrières en chant, le deuil était moins lourd, moins grand, d'arrêter le chant de faire le deuil du chant, que de retrousser ses manches se remettre en question, prospecter, travailler, et voir ce qu'il y avait a emmener a cet état là. Bon, il faut que je m'en aille

K: Merci, merci! C'est énorme ce que vous me donnez comme information, merci pour votre participation.

P: Bon courage pour votre travail

K: A vous aussi, bon courage et merci encore

Appendix 10. Transcript of Practitioner Interview, colour-coded and Translated to English

Reconnecting With Informed Embodied Confidence: Professional Singers with Laryngeal Dystonia

AN INTERVIEW WITH A VOICE AND SINGING THERAPIST

(Based on the: Questionnaire for Health Care Providers, Voice/Singing Teachers)

Paris, 18 October, 2023

Please provide your professional title(s)/Profession description:

P: Um so, you call it title and not diploma or it means the same thing for you?
K: Yes, diploma or title, yes
P: Well, first, after studying science and biology, I have a DEA (State's Diploma) in Neuroscience, and before the DEA which epresents Diploma Expertise Study, which became Master 2 level. So I have a DEA in Neuroscience from University of Paris 6. That's one thing. After, I did a thesis in science, in movement physiology. (K: Ok) and so, that was done at Salpétrière Hospital in collaboration with University of Orsay (K:yes) so Paris Orsay is Paris 11, Paris 11, and I defended that Thesis in 1993 (K: Ok). So this isn't from yesterday. And parallel to my studies I have a diploma as a Speech Language Therapist.
K: Ok. SLP. So in English we would call that…
P: Voice Therapist
K: Voice Therapist or Speech Language Therapist, we have a tendency to call it, today?
P: It's Speech Language but I was more Speech Voice, I didn't really do linguistic. I took care of speech impediments, stuttering, or voice issues, in teachers, in speaking voice, in actors or singers, whether it was classical genre, CCM, jazz, rock, etc (K: Ok). What really interested me was really to work with different types of ailments that aesthetically different

art-forms can bring, that don't solicit the voice identically, so they provoke different drifts, the same problematics,..which always finish with something that has degenerated, physiologically or organically or both. But not necessarily with the same aesthetic qualities.
K; Ok, yes. This was also the answer to professional description. Thank you.

Number of years in service:
P: I began less specialized, in 1985, then became more and more specialized in actors and singers' voices, up until 2021, so that makes it…
K: Don't worry, I'll calculate (35+ years)
P: OK

In your experience, have you ever had a professional singer as a client who was diagnosed with one of the 4 subtypes of Laryngeal Dystonia?
P: So, what do you mean by subtypes, I haven't understood, there aren't 4… It's yes or no if your professional opinion useful for
K: Oh that's the next question, Bernard, let me just ask you first, or explain quickly, that on the other sheet I distributed, which has abstracts on it, there's one by Simonyan (2021) we speak of brain network disorganization, it speaks of spasmodic dysphonia (P: I guess), tremor, vocal tetany, it aims to describe whichever dystonic vocal issue, whether functional or 'during task' (of function).
P: Because I worked on this inside a hospital, with patients, I did research in this department (K: OK), so I worked a lot on functional dystonia (K: Yes) versus tremor (K: Ok), which frankly is not a dystonia, it's a contraction issue, we agree, but dystonia is more of, from the way I saw it, from the way I worked with it, from the way I examined it, a, inappropriate muscle engagement issue (K: Yes), which is where the term 'dys' comes from, in muscle tone. So, if you want to put tremor into dystonia, if nowadays we categorize tremor into dystonia, um, why not
K: Well, it isn't from my doing. I didn't ask for anything, it's in Simonyan's (2021) study on the abstract sheet I provided
P: I don't really actually care, the question is to distinguish between spasmodic dysphonia, tremor, ugh, which is dysfunctional dysphonia or functional, a specific more progressive phase
K: So, as we don't have a lot of time, it isn't that I don't want to hear you speak about this, but I have sent you a visual of a specific image by text message which was spoken about by

Dr Kristine Simonyan who is an Otolaryngologist treating dystonia, here, it refers to laryngeal dystonia as a sort of nick-name
P: Overall name
K: General name, exactly, about these general dysfunctions, and when we look (oops I just lost the page but) it's a piece, which when we look in general (*here the doorbell rings and dog barks) hang on just one second, so sorry (Pause answer the door)
P: Yes, I understand your question is related to, have I dealt with the 4 categories of 'dys' during my working years?
K: Exactly! Have you ever met with this type of problem?
P. I've ONLY met with this type of problem, my entire professional life.
K: Exactly, that's what I've understood and what I meant.
P: But I still don't understand the 4th category
K: ok, here is an image, here we are, by SMS
P: ok, yes, there's spastic,tremor, um polyvagal, I don't know what that is, or what it means…
K: Hold on, it's not working, hold on one second, my iPad is displaying tons of things I don't need now, shared activities, photos, library, that's it, yes, there it is, so there are 4 (categories), dystonic vocal tremor, irregular vocal tremor, and they align that on the same level as Essential Vocal Tremor and Muscle Tension Dysphonia
P: So they're all next to each other, yes (in this study)
K: the 4 types in which the onset symptoms (are listed), and the doctors who are designated to find the diagnosis get together, to speak about characteristics and history of these cases, medical history or even the psychological sense of it, neurological characteristics or the disease, of this LD.
P: Ok
K: There it sits, you've done this and only this, the question being "Have you had experience with a patient who suffered from a form of LD" and you answered, I verify, "I've done this and only this"
P: Yes, only this.
K: Ok, following question: **In your professional opinion, is self-related study useful for a singer diagnosed with LD?**
P: The Self?
K: The Self. Self-related study
P: Well, I would say that your story really isn't clear, here in your question. (Hesitates); if it's spasmodic, dysphonia, spastic, that is a very, very neurological origin, we don't really

know from where it stems, but the process is identified in the central nervous system. If it's a tremor, same thing, it's very neurological. There's lots of confusion between the two, but that's another story. It can fall on anyone, and at any moment, there are family histories of tremors, just like there are psychological aspect of a patient.

There's the way a patient will cope with their pathology psychologically, and the way psychology of a patient and his relationship with his voice will aggravate the symptoms, or even be the origin of the symptoms, for example, the singer who sings too loud, panics, who squeezes too much, who has technical issues, etc. etc. All of this will generate psychologically and will amplify any dysfunction issue

K: so what's meant to be understood as self related study, really envelops all of these topics, topics, which you just evoked, meaning, **my question might be poorly designed,** because I'm not holding anyone responsible, not voluntarily wrong, for example, a singer, who suffers from something involuntarily, obviously, but because you evoke worsening, it can worsen if we don't know the voice, our inner voice, our inner judgment, or even our relationship to dystonia, no matter what form it takes. What I proposed to bring up in this study, rightfully, is that everything is related to self study, the study of ourselves, hearing our inner voice, knowing theories that are related which speak about our state of being. So I brought up a few studies, on a level which is related to this module 6 sort of final dissertation for an MA. Which isn't a doctorate yet, and I only have permission to write 15,000 words or so. (P:Yes).

K: so I focused and made a diagram of a circle, focusing on acknowledgment of oneself and their knowledge in rapport, to dystonia, more over the knowledge in rapport to psychoeducation, and the idea of educating oneself about our relationship to ourselves; which also is linked to the theory of self-concept, which includes taking a deeper look at oneself to be able to distinguish or determine what causes a problem, like insecurity, or nervousness, around vocal technique, or singing technique, or a task specific singing problem. I also poly vagal theory. And in such a way, that is a little autobiographical for me, because this was my experience, and it helped me enormously to understand and cope neurologically in rapport with my emotions, my deep feelings, and this rapport allowed me to remove a level of guilt I suppose, and negativity. Then I also put in rapport, vocal efficiency and vocal gestures, neuroanatomy of embodied, singing, Leon, movement analysis, which I find, absolutely exceptional myself, because it explores amplitude and magnitude in a space and a vocal space, which we take in each one of our musical tasks, linked to singing. linked to ourselves, exertion. How much energy we are using for a gesture, controlling our movement, and finally, another aspect which was very beneficial

for me. AuriculoTherapy, which is a type of semi permanent acupuncture that really had positive effects on me

P: Yeah ! (Laughs)

K: so the question is, **In your professional opinion, is self-related study useful for a singer diagnosed with LD, through the following topics? Please indicate YES/NO:**

YES / NO	Laryngeal Dystonia (Simonyan, 2021)
YES / NO	Psycho-education (Walsh, 2010)
YES / NO	Polyvagal Nerve Theory (Porges, 2022; Cazden, 2021)
YES / NO	Relationship Theory for Self Concept (Wu, 2009; Hazan, 2009)
YES / NO	Vocal Efficiency/Neuroanatomy Singing Embodiment (Baker, 2023; Louis, 2015)
YES / NO	Laban Movement Analysis, Embodied Music (Jensenius, 2018)
YES / NO	Relationships Self-Study, Self-Control, Exertion (Laboskey, 2004)
YES / NO	Auriculotherapy Effects on Well-Being (Rangon, 2022)

P: Um, I'm not sure. Self related study in terms of what to learn to find which sensation developed in rapport to which gesture in the most fine motor skill in rapport to the perception of one's body is one thing.

P: Now having a theory course about that? There are pros and Cons. It says if you mean to say, is it important to know the theory of psych analysis in order to do a psych analysis? I don't think so. I think that there are moments where it could be even counterproductive, because the risk is to intellectualize the rapport to actual embodied movement and the body's different functions. What we know intellectually is minuscule, really minute, with regards to the complexities of perceptible motor-fonction. what ends up happening is that when we've understood how it functions, we want to insert consciousness, And then we see caricatured gesture, meaning people will say " oh, well, the abdominal muscles work during expiration, so I will work those muscles, my obliques, my transversal, And from experience, I know that it causes problems.

K: Ok, so when your experience, you've never seen wait, I will render complex the question a bit more, You've never seen in relation to a student or client or patient who suffered with LD, you've never seen that through therapy someone has healed?

P: of course, I wouldn't have done it for 40 years if there weren't results to obtain

K: yes, I adore what you're saying, will get there. On the next question, we are already at 20 minutes of this interview, and I don't want to do this as short changed. I don't want to

appear hurried, and I don't want to cut you off in mid-sentence either. **Do you think then, that there's a double answer to these questions, would you like to respond? Yes, no, both yes and no, or is it too complex?**

P: yes, no or both in regards to which question?

K: I wish to explain that I remarked in my experience before coming to see you personally, that the combined exercises worked for me. Obviously, it's always individual, and here I'm bringing up something that really wasn't supposed to be part of the study, because it's personal. But, what I understood of myself was that if I was overdoing movement, putting too much effort in movement, I was soliciting too many muscles for adjure that should've remained calm. Suddenly, I understood that I had to work on the relationship to myself, with the amplitude and magnitude I was using, certainly related to what we are asked to do as vocal tasks at work. Now, there was complexity, obviously, at that particular moment in my life, my father's death, personal relationships around me, my relationship with myself, and the relationship to myself, which got me to understanding that, my arousal state had something to do with my sickness. That my arousal state in a certain gesture could stop if I stopped the gesture before trying to find a way, persisting, finding a way to come back to what I was, and being satisfied with it. This caused the spasm to begin, opposing myself to the body, continuing adjuster, which provoked obsessive decline, which appeared like a spasm. I'd like to say that with my studies that made me be consciously aware of arousal of the sickness, I wouldn't have even understood what was being activated. I would say, that I understand that one must not necessarily begins studies of psychoanalysis in order to do an analysis, I understand completely, but for someone who is of an inquisitive nature,and I must say that's part of my culture to want to know and research topics related to what can be beneficial, to understand what these words mean. **Please comment why you chose yes or no, or indicate if you recommend other topics to explore:**

P: Yes. Ok… the idea that there are singers, and I see them all the time, who adore when their issue has a medical name to it. And that that medical name gives all of a sudden the opportunity to be categorized with a pathology, and then, that categorization in the pathology, makes us slightly less responsible as to say. " I'm sick. I have this and I have that." when if simultaneously, I am the agent, the actor, accountable for what brought me here, but I must be accountable to get myself out of here, I find it more interesting than often hearing " oh, yes, I think that in that case I must have a neurological issue, that's what it is, it's called X, well, either I will be operated or I should take medication" instead of saying " my parkour got me to where I am, the way that I worked so psychologically, I

am responsible for my different stages, and my different woes, and the responsibility, since I brought myself here, I can get myself out of here in a responsible way, non-guilty, so I have control over my state."

I was a pedagogue, I am a pedagogue, I was a pedagogue at the faculty, I am still very pedagogical. Always, I explain lots of scientific things to the people during their sessions. But I explain what could be useful at that particular moment, so that they understand where they are situated, why we are doing this, and how they are able to appropriate the information, without exposing theory.

K: ok, which….which

P: at any rate, it's distributing elements of explanation, because I love to explain, but the singer has to be able to do something at that particular moment. Voila.

K: OK

P: (For example) I'll speak vaguely of something affecting blah blah blah the diaphragm, and everything around it, but I say that in the manner of balancing forces, between laryngeal resistance force, and respiratory related force, because this force is interrupted, I will speak immediately, and propose something to play with this balance, make conscious that there is a balance, or an imbalance, accordingly, but I am scientific. And so as a scientist, I esteem to know what we should know about that question. OK, maybe now I'm not completely there, but I know, and I've written a lot about the subject in scientific journals, such as the journal of voice and others and I know the muscles', physiologically, and movement physiology in this particular function, I know the limits of knowledge, I know what we don't know. Now within what we do know, I try to transmit this to the patient, to the singers, to contribute to what they can do at that moment with their knowledge.

K: Ok

P: what I mean is, it's not necessary that I throw out there see theoretical stuff that would be totally not useful in the session, they'll know things, otherwise, it will completely intellectualize their point of view. And I still see singers who are trying to look for anatomy in the vertebrae and this and that.

K: Yes, I get it, we mustn't take the information, and suppose that theory or explanation is purely intellectual, and will have a consequence on the physiological

P: exactly. And when they get the information, they attach to it, and so I'm aware, that, for example, when the Osteopathe tells them that their third toe is attached, that it has a repercussion on blah blah blah blah.

K: yes, I understand

P: we lose the systemic global, and then there's also coverage, obviously we can do a regular therapy, obviously we can do Acupuncture . Obviously we can do Sophrology, we can do all sorts of things, since mankind can pull a string, and bring every subject with it, some will be more sensitive to one approach and others to osteopathy.

K: yes, I understand

P: but replying means spreading yourself thin. Some people do a little bit of this in a little bit of that and find a method for this or that and will find a specialist for this then go see a specialist for the tongue work, another one who works on the jaw, a fourth, that will work on the soles of the feet because of course it must be a postural issue.

K: ok, then how

P: (interrupts) and so when there's a problem, and we'll go see a specialist for this domain of the problem, it's a propos this person in their specialist domain will go and find a solution in the tools that they have. If you go to the fishmonger, he's not gonna sell you a steak.

K: (laughs) Yes, I understand. We will proceed to the next question, then:

In your professional opinion, can investigating any/all of the aforementioned topics improve a professional singer's capacity to self-analyze, therefore potentially contributing to:

- **better self-confidence levels? YES / NO (please comment):**

P: Yes (understand the question)

- **potentially reducing time lapse from the onset of symptoms to actual diagnosis? YES / NO (please comment):**

P: I haven't understood.

K: **potentially reducing time lapse from the onset of symptoms to actual diagnosis? Simonyan published her study which states that at the moment, the average diagnosis time is 5.5 years to find out what's really wrong.**

P: in all confidence and consciousness, I mean, when what's to be diagnosed actually appears, there's a part of it that will relieve the singer because something exists, something gets explained, and gets defined in terms of a physiopathology. And, that can help to take some of the weight off, effectively.

P: " I am responsible for what I have.", " I am accountable, but that does not stop me from having a functional or dysfunctional pathology, and here we are, that means we know where we are situated. And we know that we will appropriate the means to get out of it.

Once things are named, it means that we may find the tools to be able to get out of it.
This is like when you have rumination issues, and somebody says. " Well, these ruminations are like neurotic and defined behavioral issues, and there are several techniques to cope and manage these ruminations", so, instead of people who are of that nature, spending their time, ruminating and ruminating, whatever is bothering them, there will be a competent psychiatrist who will tell them, " well yes, but ruminating is something, above and beyond a certain level, that fits in a neurosis category".

And then we can move along, with certain tools that are cognitive behavioral therapies, or some other form of therapies. And if we defined the pathology that there is there, meaning." you have Laryngeal Dystonia, meaning you have something, blah blah, blah blah, blah blah", meaning, we will accompany you to get out of that.
You've gotten yourself into it into this tremor state. It is certainly not your fault, but we need to rework your technique, your work, the way in which you've coped with difficulties, the way in which you've coped with your technique, the way in which you've coped with your repertoire, the way in which you've coped with your life, And on and on, until we get to this dysphonia, to this dystonia, if it's called that now, or, however it's called, how do we get out of it. If we give it a name, there needs to be an exit door. Not a door that takes away accountability. We must be the actor, we must remain accountable from where we came, and for where we're going.

K: OK, very well, and for someone to become, for example someone who has zero consciousness, to become accountable of their own future, and their own movements, to assimilate a type of responsibility and accountability. For example, I'm now reformulating the question to come back to. Is there something, in a theory, is there some type of therapy or other in particular, that can accompany if really, you are facing someone who has no propensity to listen to the fact that they are not their own actor, accountable?
P: Any work must bring us there, otherwise it serves no purpose. I have to arrive at that place. If people, the singer, has no capacity to become accountable, their own actor, well for me I'm off the rails. For me therapy is all about knowing yourself.
K: there it is, but this is everything I'm insinuating, or trying to justify. This is exactly what my entire study is about.

P: well, this is the essence of therapy, except if one has cancer and has to do chemo, unless you're on an operating table and have to have something taken out, at that moment, we're in a therapy, where we are totally not accountable, since we are knocked out, and I would even say that there are some forms of osteopathy, that do not give us accountability. When

the singer or the subject, at the moment that they show up at the Osteopathe, says " Oh it's miraculous when I came out of there, everything was great". But what brought you to that state in the first place? And besides going to the Osteopathe, what will get you out of that state? "Well, the osteopath". Then, nothing. Meaning, this is a passive therapy, and a passive therapy is about when the patient doesn't understand anything about why they got to where they are or how they'll get out of where they are.

K: ok

P: The osteopath is responsible and people return regularly to see them because inevitably after a certain timeframe, people end up being in the same situation they began with.

K: OK. I have no idea how I'm going to reformulate this, but that answered my next question, really:

Have you ever recommended self-study to a professional singer with LD, to potentially modify unwanted movement during vocal tasks? YES / NO (please comment):

K: in reality, when we begin to have a discussion about the topic of self study, we speak about accountability of oneself, it would even be interesting to try to find a French term to use with you, what is the term you use for accountability?

P: yes, the term "responsibility" can evoke a sense of guilt

K:Exactly

P: one must understand that the person is actor, that they are responsible, but the responsible actor, meaning, in each sense of that word, meaning we are responsible for our exit as well.

K: yes, yes, absolutely.

P: we are responsible for the exit, but it is complicated because responsibility connotation when conjugated in a Christian way, guiltiness, but it contains also this philosophical dimension of autonomy

K: OK, absolutely, of course, that's where it comes from.

P: it's difficult to hear because people will hear what they want to hear in a word, such as this.

K: absolutely, but I understand, that I found a new path myself, within the accountability of my own self study, meaning, I glued my responsibility, and why into what is voluntary and what is involuntary through observing my part.

P: Yes, that's it, what do I have the possibility to act upon, and on what do I have no possibility to act?

K: consequently, I was able to recognize with you, and with other therapists, other people, notably, well, I saw you, I saw Mailly, for the anatomical studies and functions, but there was also my psychotherapist, who is very versed in poly vagal theory, which is where the theory is employed in the nervous system, it is held within evolutionary history to understand, mammal behavior, how we feel in relationship with ourselves, what is the relationship between psychoeducation and psychotherapy, or psychology, and our own body, how to go about that, how to digest it all. Do I close the curtain completely because I don't want to know? Or is there an opening to understand myself, and that's where the key issue is, in these theories that I evoke, it's really all about deepening consciousness about ourselves

P: yes, completely, intrinsically cultural.

K: I haven't even dared getting into that, since the professional practitioners I've worked with, were French, Canadian, German, Australian, so much culture needs to be evoked that that's like book number 4 in the series

P: for me, it's all the same culture all of that, it's occidental, culture, western, professional, at home with us for the Canadian German we are all together in the relationship to our bodies, differently than the relationship you'll explore in an oriental or African practitioner, if you begin to speak of that with them, they won't understand a word of all of this

K: yes, well, the Orient would surprise you. At the conference, where I spoke to present the poly vagal theory, meats, psychology last September, I was rather fascinated by the way (oriental medicine) philosophy reports their relationship to the body. I'm talking about those who are more versed in psychology and emotions, but also in treatment and management, they address potential issues much earlier, especially the Chinese, They address, treating issues much earlier in the process of depletion or degradation, before it becomes something much more serious, but that was what I managed to gather during the 50 presentations that I watched in that context.

P: there seem to be moments where I can't hear you.

K: ah, I'm sorry, is that better?

P: it's a bit spasmodic sometimes

K: (laughs) OK. We come to the last question. (Rephrased into:) would you recommend then, a little more study about the report to oneself, to any singer, who has LD, to potentially modify their own relationship to vocal tasks and unsolicited movement

Do you think it would be beneficial to include psycho-education and movement analysis in the management of LD diagnosis or symptoms? YES/NO (Please explain):

P: of course!, But, of course, that's what I've done the entire time

K: OK, the result of this, I've understood, is that my question is not simple, I've in fact needed to over simplify.

P: no, but I understand, that some people say " OK, to rehabilitate, you're going to need to do 10 times this exercise and then 20 times breathing like this into a straw during two minute intervals, etc. etc." are what I call method that are potentially a negative way of approaching, methods that are applied systematically.

Obviously we all have a way of working, my method is to sensitize people to what's happening, to the fact, and the bodies responses in rapport of what we are asking it to do, and so this is the therapy.

K: this is where I become eye to eye with you on this issue, completely. The point isn't to simplify having a preventative or interventional method that's cookie cut protocol for everyone. We are much more into the ontological and epistemological stance, understanding where a person came into their way of thinking and how they behave with their way of thinking. And how the body follows or dictates thought. And so, the voice study center, which is where I am for my studies, helps us recognize that each case is different, each individual, and each life is different. Each topic of study, we touch a weaving theme, like a Mobius theme, that waves through a way of looking at flurry or multidisciplinary intra-disciplinary ways of looking at a subject…for example, how a professional singer would lose their confidence after having an LD diagnosis, so that we respect each perspective like doors that open on the topic of this dystonia, in particular dysphonia, or LD functioning of any "dys", which is disorganized. If I'm doing this parkour, this study, it's to include no specific protocol, as in three Hail Marys, and one Kaddish, and after everything will be OK…. however, in knowing each one of us, a level of ourselves in rapport in relationship with our arousal state, the arousal state not only musically, but in relationship to frustration and fatigue and grief, in relationship to all of these difficult subjects, this responsibility and accountability to move on, to wish to move on, and what it holds in the body which embodies all of the emotional states just as the emotional states embody what the body does. Really, all of this has become more evident through Paris disciplinary study, if I may so say, I haven't been to school in 30 years, but this study was like a life vest. You know, Bernard, I really linked these different therapies and studies in conjunction, and simultaneously with what you and I did together. And I also adjoined

with all of this, a connection to amplitude and movement reduction, and the possibility of movement reduction, with amplitude and magnitude to not go beyond exertion effort, because exertion generates too much energy from my body. And this goes with my family, relationships, my interpersonal relationships and my relationship to what is transgenerational. Because all of these aspects connect to the sentence" who am I, and how am I going to move on?". Must say finally that I paved this road, I'm now an alto in the choir, and I'm very comfortable with that. I had to study different vocal techniques that I had not seen as a soprano, learn about force of the voice, learn about how to solicit the voice without preempted, muscular effort. This is very different than the teaching I had received, and despite singing in 30 different countries, receiving prizes, doing recordings, and having an important career. I had to undertake all of this study, as a professional, singer, and the nature of my job in the choirrequires me to do difficult vocal tasks, and here I am 1000 times more comfortable even if I'm avoiding going back or trying to go back to what I was because I'm no longer comfortable in soprano tessitura. You have given me tons of material that I will try to include properly in the study, your contact with me, counts enormously for me, you have paved away for me to think, more intrinsically, more embodied, which is immeasurable. Thank you so very much profoundly for what you helped me with on my path. now we arrive at the last question, do you think one can benefit from psychoeducation and movement analysis and education of oneself in the management of LD symptoms? I'm not talking about treatment but management.
P: what's the difference? Explain it to me?
K: treatment in English refer to a certain finality of that pathology, where, in management insinuates that there is no finality (cure)
P: reversible factors, and others less reversible that remain, then, yes, in LD there is a type of seniority where we practiced things, the phenomena of age that gathered from a depart departure base, which permits the question" in any psychological domain, can we come back to the beginning?" we have to live with it all and optimize our behavior our function, Voila, knowledge of ourselves, knowledge of the movement in report to singing, knowledge of our system of belief, identifying our beliefs in relationship to our voice. That's my credo.
K: so, for you, it's obvious, but for people who are going through this pathology, it isn't so obvious I can tell you
P: oh, but I have toxic people, who come two or three times and who never come back who want plating answers. And for the most part respond to their question." well, what am I supposed to do about this in order to do this?" by saying "I don't know", and when I say to

people who are deep in worry, whom we try to completely respect " let's see what we can search together", it makes them run.

K: yes, completely

P: because there are therapies that will say " you have this, and that and blah blah blah blah blah, you should do this", but we see regularly that it doesn't work that way, but it does reassure people to listen to big principles, although people have no desire, no capacity for self questioning, some people do not want to ask themselves any questions. Why not hey? I have seen great singers Who preferred to stop their singing careers. The grief was less heavy, smaller to stop singing than it was to pull up their sleeves and start asking themselves questions, prospecting, working, and discovering what brought them to where they were. All right, I have to go.

K: thank you thank you! You've given me so much information, thank you for your participation

P: good luck with your work

K: to you, too, courage, and thank you again.

Appendix 11. Model SVHI 2nd ed.

Questionnaire of Singing Voice Handicap Index. (Jacobsen, 1997; Sobol, 2020)

(1) It takes a lot of effort to sing.	Never	Almost never	Sometimes	Almost always	Always
(2) My voice cracks and breaks	Never	Almost never	Sometimes	Almost always	Always
(3) I am frustrated by my singing.	Never	Almost never	Sometimes	Almost always	Always
(4) People ask “What is wrong with your voice?”	Never	Almost never	Sometimes	Almost always	Always
(5) My ability to sing varies day to day	Never	Almost never	Sometimes	Almost always	Always
(6) My voice “gives out” on me while I am singing.	Never	Almost never	Sometimes	Almost always	Always
(7) My singing voice upsets me.	Never	Almost never	Sometimes	Almost always	Always
(8) My singing problems make me not want to sing/perform.	Never	Almost never	Sometimes	Almost always	Always
(9) I am embarrassed by my singing.	Never	Almost never	Sometimes	Almost always	Always
(10) I am unable to use my “high voice.”	Never	Almost never	Sometimes	Almost always	Always
(11) I get nervous before I sing because of my singing problems.	Never	Almost never	Sometimes	Almost always	Always
(12) My speaking voice is not normal.	Never	Almost never	Sometimes	Almost always	Always
(13) My throat is dry when I sing.	Never	Almost never	Sometimes	Almost always	Always
(14) I’ve had to eliminate certain songs from my singing/performances.	Never	Almost never	Sometimes	Almost always	Always
(15) I have no confidence in my singing voice.	Never	Almost never	Sometimes	Almost always	Always
(16) My singing voice is never normal.	Never	Almost never	Sometimes	Almost always	Always
(17) I have trouble making my voice do what I want it to.	Never	Almost never	Sometimes	Almost always	Always
(18) I have to “push it” to produce my voice when singing.	Never	Almost never	Sometimes	Almost always	Always

(19) I have trouble controlling the breathiness in my voice.	Never	Almost never	Sometimes	Almost always	Always
(20) I have trouble controlling the raspiness in my voice.	Never	Almost never	Sometimes	Almost always	Always
(21) I have trouble singing loudly.	Never	Almost never	Sometimes	Almost always	Always
(22) I have difficulty staying on pitch when I sing.	Never	Almost never	Sometimes	Almost always	Always
(23) I feel anxious about my singing.	Never	Almost never	Sometimes	Almost always	Always
(24) My singing sounds forced.	Never	Almost never	Sometimes	Almost always	Always
(25) My speaking voice is hoarse after I sing.	Never	Almost never	Sometimes	Almost always	Always
(26) My voice quality is inconsistent.	Never	Almost never	Sometimes	Almost always	Always
(27) My singing voice makes it difficult for the audience to hear me	Never	Almost never	Sometimes	Almost always	Always
(28) My singing makes me feel handicapped.	Never	Almost never	Sometimes	Almost always	Always
(29) My singing voice tires easily.	Never	Almost never	Sometimes	Almost always	Always
(30) I feel pain, tickling, or choking when I sing.	Never	Almost never	Sometimes	Almost always	Always
(31) I am unsure of what will come out when I sing.	Never	Almost never	Sometimes	Almost always	Always
(32) I feel something is missing in my life because of my inability to sing.	Never	Almost never	Sometimes	Almost always	Always
(33) I am worried my singing problems will cause me to lose money.	Never	Almost never	Sometimes	Almost always	Always
(34) I feel left out of the music scene because of my voice.	Never	Almost never	Sometimes	Almost always	Always
(35) My singing makes me feel incompetent.	Never	Almost never	Sometimes	Almost always	Always
(36) I have to cancel performances, singing engagements, rehearsals, or practices because of my singing.	Never	Almost never	Sometimes	Almost always	Always

Appendix12. Andragogy Sample

Andragogy

Adult Learning Theory

http://teachinglearningresources.pbworks.com/w/page/30310516/Andragogy--Adult Learning Theory

The two dimensions of andragogy as elaborated by Knowles are its assumptions about the characteristics of adult learners and the process elements of adult education that stem from these characteristics. He initially related four basic assumptions and added a fifth and sixth in later publications.

1. **Self-concept:** As people mature, they move being a dependent personality toward being more self-directed
2. **Experience**: As people mature, they amass a growing set of experiences that provide a fertile resource for learning
3. **Readiness to learn**: As people mature, they are more interested in learning subjects that have immediate relevance to their jobs or personal lives
4. **Orientation to learning**: As people mature, their time perspective changes from gathering knowledge for future use to immediate application of knowledge. As such, adult learners become more problem-centered rather than subject-centered (Knowles, 1980)
5. **Motivation to learn:** As people mature, they become more motivated by various internal incentives, such as need for self-esteem, curiosity, desire to achieve, and satisfaction of accomplishment
6. **Relevance**: As people mature, they need to know why they need to learn something (Knowles, 1984). Furthermore, because adults manage other aspects of their lives, they are capable of directing or, at least, assisting in the planning and implementation of their own learning.

Self-direction

About the same time that Knowles introduced andragogy, self-directed learning appeared as another model to help distinguish adult learners from children. Not only did Knowles indicate that self-directed learning is one of the key assumptions of adult learning, but he also contributed to the literature with his book entitled *Self-Directed Learning: A Guide for Learners and Teachers* (1975). His book explains the concept and outlines how to implement it through learning contracts.

According to Knowles (1975), in its broadest sense, self-directed learning describes a process "... in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes" (p. 18).

Being self-directed signifies that adult students can and should be allowed to participate in evaluating their learning needs, planning and implementing the learning activities, and evaluating those experiences. Knowles further stated that individuals can be assisted in becoming more self-directed when given appropriate learning tools, resources, experiences, and encouragement. For example, educators might provide assistance to individuals or groups of learners in locating

resources or mastering alternative learning strategies. The learners would then seek out this assistance through technology or learning centers.

Knowles asserted three reasons for fostering self-direction. First, he argues that convincing evidence reveals that proactive learner, those who take the initiative in learning, learn more and learn better than passive or reactive learners, who wait to be taught by a teacher. “They enter into learning more purposefully and with greater motivation. They also tend to retain and make use of what they learn better and longer than do the reactive learners” (1975, p. 14). Next, self-directed learning parallels the natural processes of psychological development. “An essential aspect of maturing is developing the ability to take increasing responsibility for our own lives—to become increasingly self-directed” (p. 15). Finally, many new developments in education place significant responsibility on the learner to take the initiative in their own learning. “Students entering into these programs without having learned the skills of self-directed inquiry will experience anxiety, frustration, and often failure, and so will their teachers” (p. 15).

Knowles’ Andragogical Assumptions	
Concept of the Learner	During the process of maturation, a person moves from dependency toward increasing self-directedness, but at different rates for different people and in different dimensions of life. Teachers have a responsibility to encourage and nurture this movement. Adults have a deep psychological need to be generally self-directing, but they may be dependent in certain temporary situations.
Role of the Learner's Experience	As people grow and develop they accumulate an increasing reservoir of experience that becomes and increasingly rich resource for learning—for themselves and for others. Furthermore, people attach more meaning to learning they gain from experience than those they acquire passively. Accordingly, the primary techniques in education are experiential ones—laboratory experiments, discussion, problem-solving cases, field experiences, etc.
R**eadiness to Learn**	People become ready to learn something when they experience a need to learn it in order to cope more satisfyingly with real-life tasks and problems. The educator has a responsibility to create conditions and provide tools and procedures for helping learners discover their "needs to know." Learning programs should be organized around life-application categories and sequenced according to the learners' readiness to learn.
Orientation to Learning	Learners see education as a process of developing increased competence to achieve their full potential in life. They want to be able to apply whatever knowledge and skill they gain today to living more effectively tomorrow. Accordingly, learning experiences should be organized around competency-development categories. People are performance-centered in their orientation to learning.

Appendix 13. Model PSVHI for Pro Singers facing LD

Appendix 13

Laban Movement/Music Analysis meets the professional singer's tasks

The following questionnaire is related specifically to task-oriented related questions for professional singers who may experience symptoms of any form of laryngeal dystonia. It is a self-perception checklist to be used as a model exploring the **intended embodied movemen**t, magnitude, amplitude, speed, tempo, harmonic overtone value, resonance value, bodily motion factor and the **result** confidence level. The questionnaire groups together multifaceted and multifunctional experiential questions, concerned with sensations, somatic responses, psychological reactions, acceptance of negative emotions paired with disorganized movement results, and is meant to remind and encourage exploring commitment to new sensations.

1) Specific Voice Tasks

	1) **I feel excessive exertion in my body when I sing:**	2**) My voice cracks or breaks or gives out when I sing:**	3) **My voice makes a sound I don't control when I sing:**	4) **My voice gets hoarse raspy or tired during or after I sing**:	5**) I feel pain, dryness, tickling or choking when I sing:**
Forte					
Piano					
Straight-Tone					
Sotto Voce/ Whisper					
High or very high notes					
Mid-voice					
Low notes					
Ascending passages					
Descending passages					
Sustained notes					
Staccato notes					
Growl					
Crescendo					
Diminuendo					
Portamendo/ Glissando					
SOVT					

Vowels/ Consonants : _____					
Sprechstimme					

As a follow up to 1), please comment on the area of the body where you sense you feel exertion.

Discuss:_____
_____
_____

2) - Confidence measure

I am frustrated by my singing	Never	Sometimes	Often	Always
I get upset by my singing	Never	Sometimes	Often	Always
I don't trust the onset of my voice when performing a vocal task	Never	Sometimes	Often	Always
I'm embarrassed by not being able to complete my singing tasks	Never	Sometimes	Often	Always
I get nervous before a performance because of my singing problems	Never	Sometimes	Often	Always
I experience loss of confidence because of lack of control over my singing	Never	Sometimes	Often	Always
I suspect I'm not hirable because of my singing issues	Never	Sometimes	Often	Always
I am incompetent as a singer	Never	Sometimes	Often	Always
I have lost performances because something went wrong with my voice	Never	Sometimes	Often	Always
I'm worried my singing voice will cause me to lose money	Never	Sometimes	Often	Always
I'm constantly thinking about technique while I sing	Never	Sometimes	Often	Always
I feel humiliated by my singing voice	Never	Sometimes	Often	Always
I'm in danger when I sing	Never	Sometimes	Often	Always
I feel judged when I made a mistake or when my voice is out of control	Never	Sometimes	Often	Always
I've cancelled because I just couldn't perform	Never	Sometimes	Often	Always

As a follow up to 2), please comment on any issues you may want to express.

Discuss:_____
_____
_____

3) Embodiment related questions

Please relate any cramping, seizing, spasming, or other unpleasant or unusual sensations happening in the body when singing

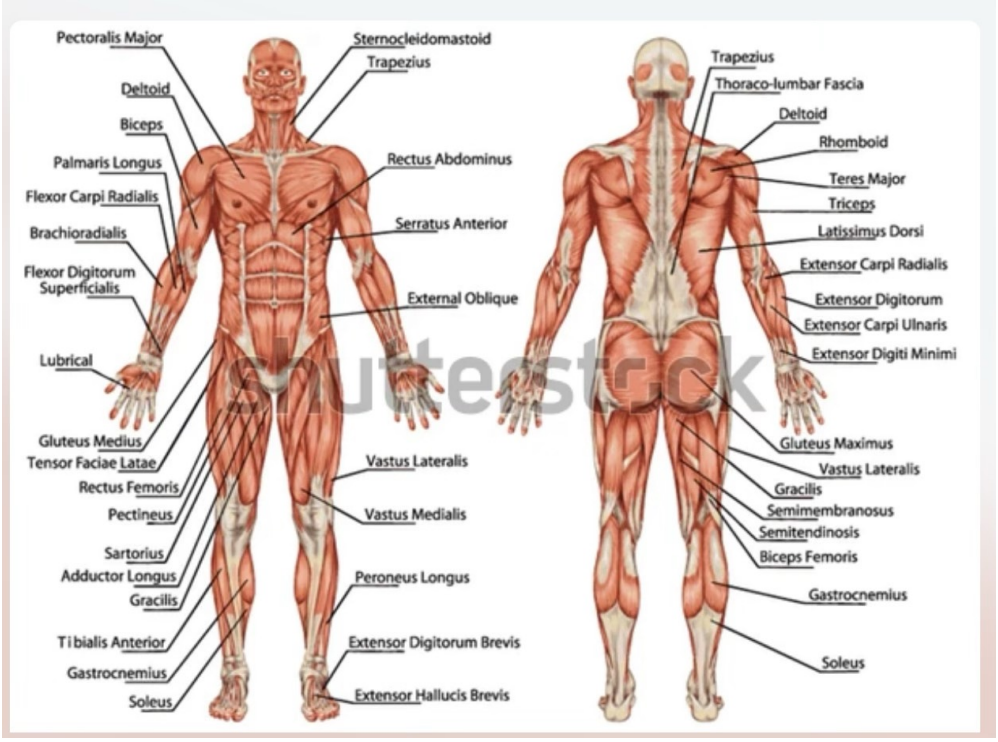


Figure 1: a body musculature guide from Shutterstock to point to in case of need (

) accessed March 1, 2024

Laban Movement Analysis (LMA) Figure:

Recently I began formulating a guide to consider when shaping phrasing with the voice. This guide is inspired by choreographer and dancer Rudolph Laban, who spent his professional life considering strategies for notating movement in relation to amplitude and magnitude, effort, exertion, space, weight vs lightness and direction (Jensenius, 2018; Ames, 2019).

Labanotation, or notating movement in respect to **time, weight, space and flow,** helps the artist measure the effort in which conscious, chosen movement takes shape within a patterned practice of dance. In explaining the movement analysis procedure in which ***Laban's (1950) Effort Framework*** encompasses, one can consider, as though chartering, a journey, or a voyage, how the body moves within the context of phasing a piece of music in a similar fashion. Ames (2019) theory on using Laban's efforts to define movement in five music genres suggests that the body responds to music by moving, using particular examples of concisely defining music nuances within what the body is willing to experience.

Jensenius (2018) took the following chart into interest to illustrate how methods for studying music in relation to body motion were useful to get a sense of musicological referencing and methodological approaches for notating contextual embodied reflection. I use this chart from Jensenius' (2018) study in relation to LD and the problems that affect coordination, movement, motor coordination and vocal tasks required in a piece of vocal music. A visual reference can produce discussions based on pedagogical or andragogical methods here, and can potentially help determine what a professional singing artist can and can no longer do while considering meliorative practice (Shusterman, 1998; Tarvaïnen, 2019).

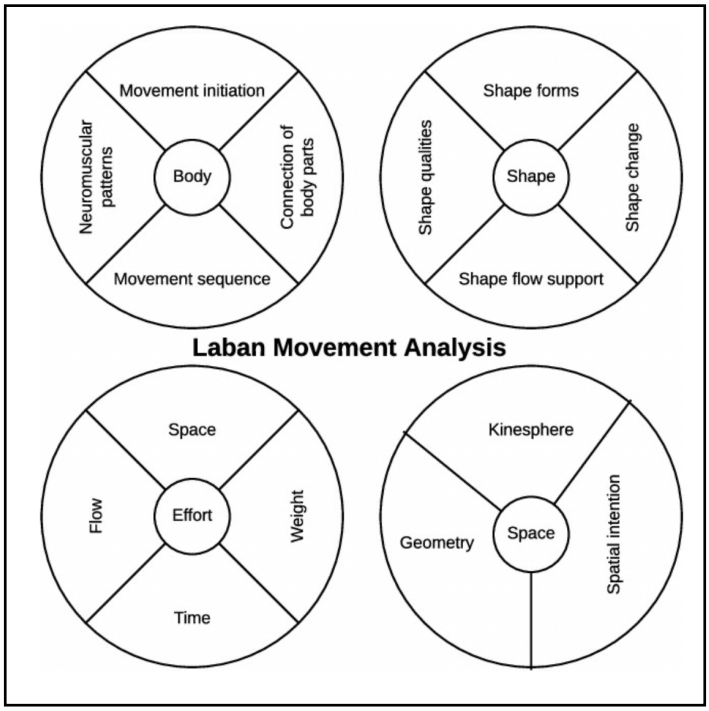


Figure 2: Jensenius (2018) uploaded this figure in order to display the categories in LMA. Accessed March 1, 2024.

Some thoughts to consider on singing embodiment in the regaining confidence while identifying can or can't do of professional singers with LD:

Strong: movement, which is considered strong relates to when a person needs to make potential effort while performing a vocal task.

Light: in opposition to strong, light movement requires less potential effort

Sudden: sudden movement in a phrase that requires a change in volume, magnitude, amplitude, tempo, meter

Sustain: a movement in a phrase that requires sustaining breath, sustaining thought, prolonged time or focus spent on a particular phasing movement.

Resonant strategy: To what degree in which harmonics are used of accentuating efficacy

Breathiness: intentional whisper tone

Chiaroscurro: The extent in which whoop tone or twang work in favor of transmitting a desired emotional message in a particular planned sound

Weight: What happens when we shift our weight, whether seated or standing, during a difficult vocal passage? Is there any difference in phrasing or physical activity to note?

Tempo : Precise intrinsic sense of rhythmic consistency

(Klickstein, 2009; Jensenius, 2018; Tarvaïnen, 2018; Lerman, 2003)

Appendix 14. Brochure Functional Dystonia

Q. Is there something wrong with the functioning of the nervous system in functional dystonia?
A. This is the subject of intense scientific research. The fact that many people with functional dystonia can have complete resolution of symptoms suggests that underlying brain function is normal or can return to normal.

Q. Do many people have functional dystonia?
A. The prevalence of functional dystonia is unknown. It is uncommon but may be under-diagnosed.

Q. My neurologist has told me I have functional dystonia. Could it have come from a recent car accident?
A. In some cases, functional symptoms can begin after a traumatic experience such as a car accident. It is often the case that there are other factors as well.

Q. How long does functional dystonia last?
A. The outcomes of functional dystonia vary. In some cases, the symptoms completely and rapidly disappear. In others, the symptoms remain severe and debilitating. An accurate diagnosis explained appropriately seems to have a positive impact, particularly if it is understood and accepted by the person affected.

Q. What form of treatment would a psychiatrist recommend?
A. The psychiatrist would assess each person individually. Treatments might include addressing any anxiety and depression present with either medications or different types of counselling or psychotherapies. This might focus on day to day issues the person is coping with or exploration of past negative or traumatic experiences.

Help us help people with Dystonia by becoming a member, assisting with fundraising or joining/starting up a support group.

Go to our website or contact the association directly for information

Dystonia Network of Australia Inc. (DNA)
Registered Charity ABN: 66 348 949 649

Email: info@dystonia.org.au
www.dystonia.org.au

Disclaimer
The information contained in this leaflet is of a general nature only. Please consult a Movement Disorder Specialist or Neurologist if you have specific questions regarding your condition.

Dystonia Network of Australia Inc.

Functional Dystonia



What is
functional dystonia?

Functional dystonia refers to a condition with symptoms similar to dystonia but which are due to underlying psychological factors rather than a brain disease. Functional dystonia is sometimes referred to by other terms, including 'psychogenic dystonia'.

The cause of functional dystonia seems to be subconscious, where the person is not aware that the symptoms may be under voluntary control. The features of functional dystonia can be similar to other causes of dystonia, including abnormal postures of any part of the body, either fixed in one position or occurring from time to time and varying in severity. In some cases, functional dystonia can be a form of "conversion disorder", where the physical symptoms are triggered by a psychological trauma.

How is
functional dystonia diagnosed?

Diagnosis is based mainly on the clinical judgement of the specialist neurologist, as with most forms of dystonia. Where possible, positive clinical diagnostic criteria are used by the neurologist to reach the diagnosis of functional dystonia. It is important for this reason that the neurologist has a wide knowledge of, and experience with, many forms of dystonia. Early diagnosis means that the correct treatment can begin and is crucial in preventing ongoing frustration for the patient. Specialised tests including recordings of muscle and brain activity may be helpful in some situations. Functional dystonia can take many forms. One of the most common is "fixed dystonia" which is often associated with severe pain and sometimes swelling.

The diagnosis of functional dystonia should be made by a neurologist who has specialist knowledge in this area. Some patients report that they have never been less stressed and therefore feel that the dystonia cannot be functional. However, functional dystonia can occur with or without psychological symptoms. Furthermore, other forms of dystonia are often accompanied by psychological symptoms such as anxiety and depression.

The psychiatrist has an important role to play in assessing the person's psychological state. If a psychological cause is identified, addressing this can cure the functional dystonia. However, it is common that no psychological cause can be identified, even after review by a psychiatrist experienced in the field. In some cases, a definite neurological diagnosis of functional dystonia and subsequent discussions can improve or even cure functional dystonia but psychiatric review is still recommended to help to reduce the chance of symptom recurrence. Early diagnosis and an openness to consider the diagnosis of a functional cause, play an important role in managing the condition.

How is
functional dystonia treated?

A multidisciplinary rehabilitation approach can sometimes be highly effective. This includes a team of health professionals experienced in helping people with functional symptoms working together to look for strategies to control and overcome the dystonia.

Other than the specialist neurologist and psychiatrist the team may include rehabilitation specialists, physiotherapists, occupational therapists and speech therapists. Others, such as a pain specialist, may also have a role, depending on the nature of the symptoms.

What is
the long term outlook?

How the person is given the diagnosis is important, to ensure that the person understands the diagnosis and the treatment offered. This must be delivered in a sensitive, non-judgemental way with a clear outline of treatment options that works towards managing or treating the symptoms. It is important that the person understands the diagnosis to avoid unnecessary repetition of tests, hospital admissions and further physical and emotional distress.

With acceptance of the diagnosis and treatment, many patients can experience a complete recovery.

FAQs

Q. If there is no test for dystonia except for the genetic types, and it doesn't show up in an MRI, does this then mean that most people with dystonia have functional dystonia?
A. Dystonia does not have any obvious abnormalities of brain structure unless it is secondary to another neurological condition such as traumatic brain injury. The term functional dystonia has the advantage of suggesting a likely cause for the symptoms, and allows separation of functional dystonia from idiopathic dystonia (where the cause is yet to be defined).

Appendix 15, BFMP7013 (Wierzba, 2023)

Liz Lerman's Critical Response Process℠
THE BASICS

Liz Lerman's Critical Response Process℠ helps to shape constructive dialogues about works-in-progress. Using a series of steps guided by a facilitator, it affords both the maker and a group of responders a chance to ask questions, share reactions, and voice opinions with the goal of building a stronger work of art. The Process offers artists valuable information and engages professional peers, audiences, and community members in the art-making process. Beyond its application in the arts, the Process contains useful approaches for all kinds of feedback conversations at home and in varied work settings.

The Critical Response Process is outlined briefly below. We encourage people interested in using the Process to order *Liz Lerman's Critical Response Process,* a 62-page book available from Dance Exchange, which offers a more in-depth exploration of the process and concrete guidance for facilitators. For information on webinars, trainings, and further study opportunities, visit LizLerman.com.

THE ROLES

- The **artist** offers a work-in-progress for review and feels prepared to question that work in a dialogue with other people.
- One, a few, or many **responders** -- committed to the artist's intent to make excellent work -- engage in the dialogue with the artist.
- The **facilitator**, initiates each step, keeps the process on track, and works to help the artist and responders use the process to frame useful questions and responses.

THE PROCESS

The Critical Response Process takes place after a presentation of artistic work. Work can be short or long, large or small, and at any stage in its development.

THE CORE STEPS

1. **Statements of Meaning:** Responders state what was meaningful, evocative, interesting, exciting, striking in the work they have just witnessed.

2. **Artist as Questioner:** The artist asks questions about the work. After each question, the responders answer. Responders may express opinions if they are in direct response to the question asked and do not contain suggestions for changes.

3. **Neutral Questions:** Responders ask neutral questions about the work. The artist responds. Questions are *neutral* when they do *not* have an opinion couched in them. For example, if you are discussing the lighting of a scene, "Why was it so dark?" is not a neutral question. "What ideas guided your choices about lighting?" is.

4. **Opinion Time:** Responders state opinions, subject to permission from the artist. The usual form is "I have an opinion about _____, would you like to hear it?" The artist has the option to say no.

How does this research apply to my inner dialogue? Am I relating to myself fairly?
What is maladaptive perfectionism?
What is the form of the critique? (negative or positive)
Is my inner dialogue productively connecting my mind with my body?
Am I stinging myself?
As teachers, can we identify critique as a necessary complaint when accessing an artistic performance?
Are critiques imbued with passion, (or lack of winning a prize in the context of international singing competition), ways of intentionally and intimately connecting aesthetic values of unspoken ideas, values and assumptions?
How does the competition process function?
Are you expected to take the criticism quietly?
How can you extend internal dialogue by knowing that your performance authenticity is valuable, and how to determine what needs tweaking to better your next performance?

Some important answers according to Liz Lerman (2003):

I noticed that the more I gently uestioned my students, the more deeply we could understand their own work. Its motivation and meaning to the creator became the basis on which feedback was given. I found that I could raise all of my concerns through questions and the context they established, and, amazingly, encounter no defensive resistance. Next I took these ideas back to the peer-to-peer artist dialogues that had had been so frustrating to me….
By publishing my first descriptions of the Process in their quarterly newsletter (subsequently reprinted in High Performance magazine), this organization gave me a forum for bringing it to a wider public and a chance to formulate language representing the Process. Much of that language is incorporated in this publication. In the decade that has passed since I began using and teaching the Critical Response Process, I have been pleased to watch its progress, both within the immediate circle of Dance Exchange activities and out in the wider world in the hands of a diverse group of thoughtful and enterprising practitioners. It has been gratifying to see the Process embraced by people in a range of disciplines, for such varied purposes as curatorial decision-making in gallery settings, mid-semester course assessment in higher education, and audience talkback for staged readings of scripts-in-progress. It has continued to evolve —I am still making discoveries about its implications and applications—yet remarkably hold its center in the four original core steps. I’ve used its principles more and more as a guide for conversations beyond the arts (my daughter’s arrival at adolescence has offered particularly fertile ground for this exploration). And whether conducted formally, or simply tapped as a source of ideas for asking and answering questions, the Critical Response Process has helped me constantly in my conversations with peer artists, with people I am mentoring, and in the development of my own artistic work.