

# Evidence-Based Voice Pedagogy (EBVP), Part 3: Student Goals and Perspectives

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[Editor's Note: This article is the third in a multi-part series that explores and further defines each of the three components of the Evidence-Based Voice Pedagogy (EBVP) framework, as outlined in Kari Ragan's 2018 article "Defining Evidence-Based Voice Pedagogy: A New Framework."<sup>1</sup> Each article discusses a single component of the tripartite framework, which consists of Voice Research; Teacher Expertise and Experience; and Student Goals and Perspectives. The order in which these components are presented in this series should in no way be seen as creating a hierarchy of importance.]

## INTRODUCTION

**T**HE INITIAL INSPIRATION for Evidence-Based Voice Pedagogy (EBVP) was Evidence-Based Medicine (EBM) and Evidence-Based Practice (EBP).<sup>2</sup> This article elucidates the third component of the Evidence-Based Voice Pedagogy (EBVP) framework, Student Goals and Perspectives. As defined in EBVP's target article,

Student Goals and Perspectives acknowledges that optimal pedagogical/teaching outcomes require consideration of the interests, values, needs, and choices of the individuals we teach. It recognizes the value of a humanistic approach that accounts for factors unique to the individual that will impact their learning process. This requires voice teachers to take a collaborative approach in order to identify the student's goals and perspectives both at the outset of and throughout their learning experience.<sup>3</sup>

In the latter decades of the twentieth century, cultural forces in the United States abetted the dissolution of the European master-to-apprentice model in teaching singing, while sparking a more holistic approach to teaching in general. The twenty-first century has seen cognitive science proposed as the "third pillar of voice science," and related calls to include it as a foundation in modern voice pedagogy due to its emphasis on how students actually learn.<sup>4</sup> The authors of the current article are further informed by a twenty-first century approach that combines "science-informed voice pedagogy" with the needs and perspectives of each student.<sup>5</sup> Voice teachers have an inordinate and unique power dynamic with students that must be consciously—and conscientiously—considered.

Voice teachers have a tremendous responsibility to singers who rely on their expertise. The dynamic relationship between the voice teacher and the singer

is complex and requires empathy, compassion, and intuition. The teacher holds a position of authority over a musical instrument that resides within the body and impacts closely on the identity and spirit of another human being. Voice teachers have a profound role in the lives of the singers who place significant trust in them.”<sup>6</sup>

When EBM became the “buzz word” of the medical world in the 1990s, it conveyed a modern, progressive approach to practicing medicine. EBM is described as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.”<sup>7</sup> At its inception, many of the EBM discussions revolved around the need to balance clinical expertise based on scientific evidence along with the lived experience of practicing clinicians, because neither component alone was sufficient for accurate diagnosis and an adequate treatment plan. There was some criticism, however, that the founders of EBM, while including good clinical practice as part of their overall approach, did not go far enough to define the elusive quality of this dual competence. This lack of specificity, combined with “the separation of knower and knowledge and the creation of truths external to human relationships” seems to have left the movement vulnerable to powerful interests (especially economic ones) that diluted its “original desire to value both science and art.”<sup>8</sup> Now, after more than twenty years since EBM’s appearance and the adoption of its model by many other fields, some critics have labeled EBM as a field “potentially ‘in crisis’” and called for its reform.<sup>9</sup>

To avoid these pitfalls in Evidence-Based Voice Pedagogy, it was its author’s intention that from its inception the tripartite framework of EBVP be considered as a unified whole for the primary reason that, while a certain degree of professional competence can be acquired through voice science research and self-education, in the current authors’ opinion, an over-emphasis on science-based voice pedagogy can tend to devalue practice-based expertise.<sup>10</sup> Part 2 of this journal series focused on the value of teachers’ expertise and extensive experience.<sup>12</sup> Here in Part 3, we further explicate the “student goals and perspectives” component of EBVP so that as it evolves as a teaching model, the complex and interpersonal nature of effective voice teaching will include a humanistic/holistic approach;

as any experienced voice teacher knows, there is an art to catalyzing science.

## HUMANISTIC EDUCATION

The inclusion of a humanistic approach in the “student goals and perspectives” component of EBVP was intentional and is key to this discussion. “Humanistic education” has its roots in the ancient world, was revived during the Renaissance, and today consists of “facilitating persons to lead flourishing lives: to develop and employ soundly their innate powers, to make the best use of humanity’s greatest achievements, to actively engage in world betterment, and ultimately to shape for themselves autonomous, meaningful, and worthy life.”<sup>12</sup>

A humanistic approach further advocates a holistic approach, arguing that the whole is more than merely the sum of its parts; by advocating creativity while learning, there is an emphasis on personal growth, which leads to the ultimate goal of teaching: self-directed learning on the part of the student.<sup>13</sup> In medicine, holistic care refers to the care of the entire patient in all aspects of their well-being. In a humanistic and holistic approach to learning, the teacher fosters a heuristic environment to engage the student more fully and casts their critical view through the lens of empathy, which, as we shall see, boosts learning. Such an approach in voice pedagogy requires a paradigm shift from the historic and authoritarian master-to-apprentice model that has been the tradition in our field, to a collaborative model between teacher and client. Applied to the teaching of singing, we would see students as more than just their instruments, but as vocalists with particular needs and preferences, which necessitates a comprehensive assessment of each individual.

## PREFERENCES, NEEDS, AND GOALS

Let us now return to the inspiration for EBVP, which was EBM, and investigate both their similarities and differences *vis-à-vis* the notion of “student goals and perspectives.” To start, let us agree that the work of a physician and the work of a voice teacher are different; one is licensed and works in a clinic or hospital, while the profession of singing does not carry licensure. To add to the comparison, while the physician is often concerned with matters of life and death, the teacher

of singing is tasked with something altogether different, yet no less important: *human flourishing*. This is a fundamental tenet of positive psychology, the primary purpose of which is to amplify the positive elements in a client's life, thereby contributing to their potential to flourish, rather than seek their flaws and neuroses, thereby pathologizing their conditions and inhibiting their growth.<sup>14</sup> This stark difference perhaps reveals the fundamental difference between a physician and a teacher, which is the search for pathology. Most people see a physician when they are sick, in pain, or otherwise unwell. In this case, the client's needs are obvious and rather primal: "Please, make it stop hurting!" The physician ideally discovers the cause of the disease and roots it out; on the way to this conclusion, the doctor may ameliorate the patient's pain.

By contrast, the basic need of a singer who seeks instruction from a knowledgeable voice teacher is to enrich and enhance what they are already doing. By this description, the definition of *vocology*, with its emphasis on "habilitation" rather than "rehabilitation" is apt.

Vocology is . . . the science and practice of voice habilitation, which includes evaluation, diagnosis, and behavioral intervention. The emphasis in this definition is on habilitation rather than rehabilitation. Habilitation is the process of enabling, equipping for, or capacitating. Voice habilitation is therefore more than repairing a voice, or bringing it back to a normal state. It includes the process of building and strengthening the voice to meet specific needs.<sup>15</sup>

So the work of a physician and the work of a voice teacher are fundamentally different, because the needs of a patient differ from the needs of a singer. And considering needs, a conflation of the term "needs" with the following terms throughout the EBM literature—*goals, priorities, values, preferences, and wishes*—bears a closer look, for words are not empty of meaning, especially when they become amalgamated into action.

As already noted, the ultimate need of the patient is for the doctor to cure disease. We assume that patient and doctor agree on this need, though exactly how it is addressed is a calculation made by the physician alone, from diagnosis to treatment. The patient's role is to simply comply with the doctor's orders. In the voice studio, student needs are expressed quite differently and often

erroneously, because what students think they need and what teachers deem a responsible reaction can be diametrically opposed. Here are four examples:

1. I need to gain a high B flat right now!
2. I need to drop out of this degree program because I think I'm going to win on *American Idol*!
3. I need to learn to scream because my stage director is demanding it.
4. I need to make it through one more performance, and then I'll go on voice rest.

In example number one, a wise teacher may well agree that a young tenor may "need" to be able to sing that particular pitch in order to eventually have a career, but she would just as wisely know that forcing this frequency before the tenor has mastered control of the rest of his voice is a huge risk. Example number two may reveal a student's dreams or delusions, neither of which may be in the immediate best interests of the student; and examples three and four, if waved on, could quickly lead to pathology, regardless of whether these singers have bills to pay.

These examples reveal the role of the voice teacher as an assessor of need. Clients pay for the teacher's wisdom, which includes making judgments about whether the singing and performance opportunities that students think they need are actually in their best interests. In the historic master-to-apprentice model, the teacher might channel old-fashioned parenting and declare their negative appraisal of the need without explanation. In the twenty-first century, this approach simply does not work. Worse, it can erect a fruitless battle between teacher and student that is hardly fertile ground for learning. At its most extreme, emotional battles of will between master and apprentice may evoke the stress response of the autonomic nervous system, specifically the sympathetic nervous system (SNS), which is primed to secrete stress hormones when confronted with many different sources of arousal, including excitement, danger, and anger. The body's immediate physical responses to the activation of the SNS include increased heart rate, muscle tension, and difficulty breathing; these are all conditions which make actual singing much harder, much less learning to sing.<sup>16</sup>

It is important to note here that there are several ingredients that must attend the ability to learn anything at all, be it a language, an instrument, or a golf swing.

Those requirements include desire, attention, motivation, and emotion; we have to want to learn, we have to desire to pay attention, and we have to care enough to keep at it. All of these requirements are damaged when under attack from the SNS (which we also know colloquially as the “fight or flight” response”). Any teaching that involves shaming, insults, or physical abuse of any kind obviously has no place in the ethical voice studio. Yet even a perceived imperiousness coming from a master teacher who brooks no interrogation of their pronouncements could evoke the SNS in a sensitive student. And while it may be tempting to nurse the notion that such students should just “toughen up” or “get over it,” an incredible finding from neuroscience regarding the SNS is that it operates not only outside our awareness, but actually *ahead* of it.

People respond to [anxiety] in two fundamental ways: emotionally and physically (subjectively and objectively). It may seem that we experience these two basic responses in a predictable, linear trajectory that goes something like this: I feel nervous (cause) so my heart starts to pound (effect). But a mind-blowing finding from scientists like Sapolsky is that this trajectory actually plays out the other way around: we do not experience increased heart rates because we feel nervous—we feel nervous because our heartbeat increases.<sup>17</sup>

In other words, even if the sensitive student himself is determined to stay calm while enduring the ministrations of a “tough love” approach, his SNS will overrule him; as psychiatrist and trauma researcher Bessel van der Kolk has noted in the title of his landmark work, *The Body Keeps the Score*.<sup>18</sup> If these reasons were not enough for eschewing the so-called “tough love” approach to teaching, any who remain wedded to this outmoded approach should consider this final piece of evidence against it from the medical literature. According to a 2003 report from the World Health Organization, among the strongest indicators that patients will comply with their doctor’s treatment plan (called “adherence”) are “physician warmth and empathy.” These factors “emerge time and again as being central” to what causes people to follow their doctor’s orders, outpacing regard for their physician’s skills, knowledge, or status.<sup>19</sup> Voice teachers must comprehend that teaching with anything less than human warmth is simply not effective. In fact,

adding empathy to the teacher’s tool-kit allows difficult discussions to be had, including what, in the teacher’s view, the student truly needs. In conclusion of this section, it is recommended that the third component of EBVP should leave “student needs” up to the judgment of the teacher, and incorporate this assessment into the joint venture of goal setting.

## GOAL SETTING

Goal setting is a specific tool that has many advantages: it is inexpensive, demands nothing more complicated than paper and pen, involves both student and teacher, and best of all, it has been shown repeatedly to actually work. The benefits of this simple tool have been covered in this journal and elsewhere, so readers are encouraged to consult these resources as a background to the following condensed version.<sup>20</sup>

Goal setting is simply the conscious act of listing one or several goals that the learner intends to reach. Goal setting has been shown to stimulate motivation and eventually, to actually increase achievement. However, several guidelines must be followed, which include the following:

- The goal setter must be the student musician himself, not his teacher, parents, or friends.
- The goal must be valued by the goal setter herself, not the dreams of another in disguise
- Goals must be very specific, not vague.
- Goals should be written down and reviewed often (think of diet or exercise advice posted on the bathroom mirror).
- Goals must be realistic and actually achievable.
- Finally, goals should exhibit some variety between both short term (easy) goals and longer term ones. Teachers can have a lot of positive influence here.
- Goals must answer the question “How?” One study reported that students who were required to not only state their goals but also write about exactly how they intended to achieve them were more likely to succeed.<sup>21</sup>

A practitioner of EBVP should consider drafting goals along with their clients, taking into account both the teacher’s assessment of student needs, as well as students’ own unique perspectives on how singing fits into their life and, yes, their flourishing.

## CONCLUSION

Evidence-Based Medicine was the model for Evidence-Based Voice Pedagogy, and while the two models share commonalities, including the physiological nature of an instrument that resides within the body, the field of voice teaching is unique due to many factors. The most fundamental of these include the artistic endgame of fine singing and the relatively more egalitarian relationship between teacher and singer, as well as its timespan, often measured in years. Due to the complexities of this interpersonal relationship, client “goals and perspectives” has been an essential component of the tripartite EBVP framework since its inception. The broader field of voice pedagogy itself has evolved to include cognition as its “third pillar,” articulated as “a priority shift in pedagogy from the content of the teacher’s brain to the landscape of the learner’s mind.”<sup>22</sup> This shift entails the crucial addition of human warmth and empathy in the skillset of the teacher, for as we have seen, these traits enhance both students’ learning and their adherence to assigned protocols. Thus, EBVP aligns seamlessly with the third pillar of science-informed voice pedagogy, for singers are more than just their instruments; they are people with particular needs and preferences, and it is the teacher’s obligation to use a humanistic approach to help them flourish. As voice teachers, it is imperative that we collaborate with our clients in assessing their needs and honoring their goals. As practitioners of EBVP, we must use an approach that balances all three of its components—*voice research; teacher expertise and experience; and student goals and perspectives*—in equal measure.

## NOTES

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Great is the sun, and wide he goes  
Through empty heaven with repose;  
And in the blue and glowing days  
More thick than rain he showers his rays.

Though closer still the blinds we pull  
To keep the shady parlour cool,  
Yet he will find a chink or two  
To slip his golden fingers through.

The dusty attic spider-clad  
He, through the keyhole, maketh glad;  
And through the broken edge of tiles  
Into the laddered hay-loft smiles.

Meantime his golden face around  
He bares to all the garden ground,  
And sheds a warm and glittering look  
Among the ivy's inmost nook.

Above the hills, along the blue,  
Round the bright air with footing true,  
To please the child, to paint the rose,  
The gardener of the World, he goes.

Robert Louis Stevenson,  
"Summer Sun"