

Reported Vocal Habits of First-Year Undergraduate Musical Theater Majors in a Preprofessional Training Program: A 10-Year Retrospective Study

^{*},[†]Erin N. Donahue, ^{*},[†],[‡]Wendy D. LeBorgne, [§],^{||}Susan Baker Brehm, and [§],^{||}Barbara D. Weinrich, ^{*}Dayton, [†],[‡]Cincinnati, and [§]Oxford, Ohio

Summary: Objective. Collegiate-level musical theater performance students are a specialized group of vocal performers, who rely on frequent and optimal voice use for their academic advancement and ultimate livelihood. The purpose of this study was to gather information to develop a greater understanding of vocal health and practice patterns of incoming collegiate-level musical theater performers.

Study Design. Data obtained from questionnaires completed by freshman musical theater majors were retrospectively analyzed to gather information about baseline vocal habits of the participants.

Methods. Results of a questionnaire were obtained from incoming freshman musical theater students at the Cincinnati Conservatory of Music over a period of 10 years (2002–2011). One hundred eighty-eight participants (female = 90) (male = 98) with an average age of 18.28 years (standard deviation = 0.726) were included.

Results. Results specifying participants' self-reported vocal training and practice habits, vocal health and hygiene practices, and current vocal symptoms or contributing factors to potential voice problems are provided.

Conclusions. Data obtained from the participants revealed that the potential for vocal problems exists in this group of performers, as over half of the subjects reported at least one current negative vocal symptom. The findings from this study provide information that may be useful for individuals who are involved in the training of vocal performers.

Key Words: Musical theater—Singers—Vocal hygiene—Voice—Practice habits—Vocal performers.

INTRODUCTION

A healthy laryngeal mechanism is imperative for performers who desire long and successful careers.¹ Preprofessional collegiate-level musical theater majors represent a unique population of students who rely on optimal voice production for their educational pursuits and their eventual employment opportunities. These elite students are expected to participate in long rehearsals (sometimes up to 8+ hours a day), full performances (five to eight shows per week), vocal coaching, and private voice lessons. In addition, high-energy physical tasks such as dancing, stage combat, and acrobatics are often required during performance.

Health screenings for collegiate-level athletes before sports participation have been extensively used to assess the athlete's current overall health and identify potential health problems that may put the athlete at risk for injury.² Reported results from these health screenings for athletes have resulted in demographic, anthropometric, and psychological baselines resulting in improved injury prevention and management within a given sport.^{2,3} These screenings commonly consist of a medical history focusing on sports-related problems and a physical examination.³ This model may be used for students in the area of vocal arts who are considered to be vocal athletes. Due to

the physical, vocal, and psychological demands on the musical theater performance student, a vocal health history and laryngeal screening examination may be implemented to obtain a baseline and begin a database for this population. As there has been limited previous data examining baselines for the musical theater population, a vocal health history obtained through the use of a questionnaire serves to collect information about an individual's vocal hygiene, vocal training history, and practice habits, along with other relevant vocal information. Students were queried regarding their previous vocal training. Formal vocal training has been documented to improve the quality of the singing voice.^{4,5} Vocal practice habits that were included on the questionnaire included information on whether or not participants regularly warm-up and cool-down, as well as how often and how long they practice songs and perform scales/vocalise. Vocal warm-ups have been widely considered best practice for singers; however, the length of time spent and types of vocalise performed are highly variable.⁶ Previous literature on general vocal health and hygiene practices gained through questionnaires has been limited to primarily studies completed on teachers, choral singers, and professional singers.^{7–9} However, no study to date has specifically investigated the vocal hygiene and practice habits of the collegiate-level musical theater population, who are in their formative years.

The purpose of this retrospective study was to develop further understanding of vocal hygiene and practice patterns within the population of incoming collegiate-level musical theater students through analysis of questionnaire results. The results of this study will inform clinicians working with this population about typical behaviors and habits, which may indicate increased potential risk for a future vocal problem and/or pathology. This study will be the first of its kind to provide a database indicating the need for baseline data in an elite performing population.

Accepted for publication November 27, 2013.

From the ^{*}The Blaine Block Institute for Voice Analysis and Rehabilitation, Dayton, Ohio; [†]The Professional Voice Center of Greater Cincinnati, Cincinnati, Ohio; [‡]Cincinnati College Conservatory of Music, TAPAA, Cincinnati, Ohio; [§]Department of Speech Pathology and Audiology, Miami University, Oxford, Ohio; and the ^{||}Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio.

Address correspondence and reprint requests to Erin N. Donahue, The Blaine Block Institute for Voice Analysis and Rehabilitation, 1222 South Patterson Blvd., Dayton, OH. E-mail: edonahue@soents.com

Journal of Voice, Vol. 28, No. 3, pp. 316–323

0892-1997/13\$36.00

© 2014 The Voice Foundation

<http://dx.doi.org/10.1016/j.jvoice.2013.11.011>

METHODS

Participants

One hundred eighty-eight participants over a 10-year period with a mean age of 18.28 years (standard deviation [SD] = 0.726; range = 18–24 years) were included in this study. All participants completed a vocal health questionnaire (Appendix A). The participants included 90 females and 98 males. All incoming first-year undergraduate Bachelor of Fine Arts musical theater majors at the University of Cincinnati College-Conservatory of Music completed this questionnaire as part of a general vocal health screening. This has historically been considered a top training program for undergraduate musical theater performers.

Procedure

Data for this study were obtained from vocal health screenings, which are performed on an annual basis (data are included from 2002 to 2011) with incoming undergraduate musical theater majors in conjunction with the Professional Voice Center of Greater Cincinnati. The screenings were performed before classes beginning in the fall semester of the first year, during orientation week. At the time of screening, students had begun to audition for various main stage casting and placement into vocal studios. However, none of the students had begun formal training or coursework at the time of the screening. The vocal health screenings lasted approximately 15 minutes for each participant. Participants completed a questionnaire (Appendix A). The questionnaire included questions on basic demographic information (eg, age, voice type), any previous or present vocal symptoms, practice routines, vocal hygiene, and other pertinent health information (eg, medications, medical problems). In addition, the clinician, a voice pathologist with 16 years of clinical experience, obtained a brief verbal history including any voice complaints or concerns. A stroboscopic screening examination was also performed and subsequently reviewed by a Board-Certified Otolaryngologist within the ENT Group at The Christ Hospital.

Analysis of data

Information obtained from the questionnaire was deidentified and entered into a database for descriptive analysis including calculation of mean values, SDs, and frequency counts of categorical data.

RESULTS

Vocal training and practice habits

Participants indicated information about their level of vocal experience on the questionnaire in the form of years of singing before beginning formal voice lessons (Figure 1) and years of formal voice training (Figure 2). In addition, information about the participants' current amount of voice use was noted in hours of singing per day (Figure 3). The participants indicated their practice routines on the questionnaire including the frequency of practicing scales (Table 1), length of time spent practicing scales (Table 2), and the frequency of practicing songs (Table 3). Participants also reported whether or not they regularly performed vocal warm-ups and/or cool-downs (Figure 4).

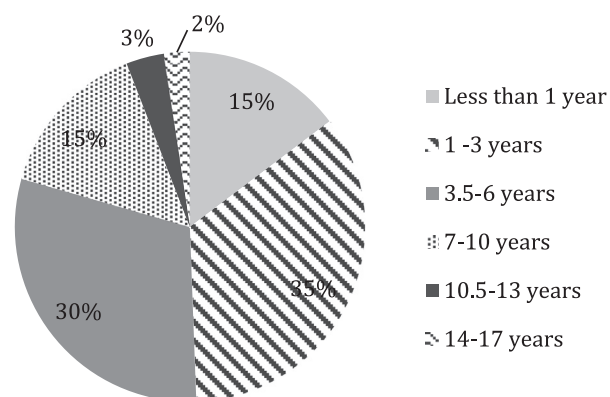


FIGURE 1. Number of years of active singing before beginning voice lessons.

Vocal hygiene

One hundred fifty-three participants indicated no history of smoking. Only one participant indicated that he/she smoked regularly at the time of the study. This participant reported smoking a half a pack of cigarettes daily for 4 years. Thirty-three participants indicated some history of smoking; however, the amount of smoking was generally insignificant (ranging from “tried it one time” to “one pack per month”). All the 33 participants with a smoking history indicated that they did not currently smoke cigarettes at the time of the study. The participants reported fluid intake including the amount of coffee, soda, and juice per day (Figure 5), alcohol per month (Figure 6), and water per day (Table 4).

Vocal symptoms

Of the 188 participants, eight (4.7%) noted that they were experiencing current vocal problems that would prevent them from auditioning at the time of examination. Thirty-one (16.5%) participants reported receiving treatment for a voice problem in the past. Participants indicated the etiologies, symptoms, and voice problems that they received treatment for in the past (Table 5). The participants also noted any current vocal symptoms that are known to be associated with the presence of a voice disorder on the questionnaire (Table 6). Seventy-nine (42%) participants indicated that they had a recent cold (recent was defined as within 3 weeks of the study). Sixty-eight participants (36.2%)

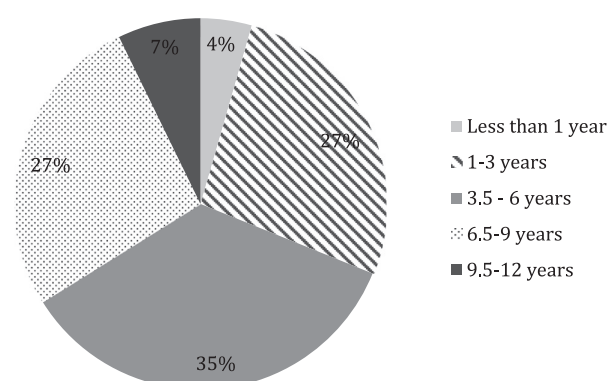


FIGURE 2. Number of years of formal voice lessons.

Download English Version:

<https://daneshyari.com/en/article/1101956>

Download Persian Version:

<https://daneshyari.com/article/1101956>

[Daneshyari.com](https://daneshyari.com)