

A Joyful Noise: The Vocal Health of Worship Leaders and Contemporary Christian Singers

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Summary: Contemporary commercial music (CCM) is a term that encompasses many styles of music. A growing subset of CCM is contemporary Christian music, a genre that has outpaced other popular styles such as Latin, jazz, and classical music. Contemporary Christian singers (CCSs) and worship leaders (WLs) are a subset of CCM musicians that face unique vocal demands and risks. They typically lack professional training and often perform in acoustically disadvantageous venues with substandard sound reinforcement systems. The vocal needs and risks of these singers are not well understood, and because of this, their training and care may be suboptimal. The aim of the present study was to investigate the vocal health of this growing population and their awareness of standard vocal hygiene principles. An online questionnaire was designed and administered to participants in the Americas, Europe, Australia, and Asia. A total of 614 participants responded to the questionnaire, which is made available in English, Portuguese, and Spanish. Many participants reported vocal symptoms such as vocal fatigue ($n = 213$; 34.7%), tickling or choking sensation ($n = 149$; 24.3%), loss of upper range ($n = 172$; 28%), and complete loss of voice ($n = 25$; 4.1%). One third of the participants ($n = 210$; 34%) indicated that they do not warm up their voices before performances and over half of the participants ($n = 319$; 52%) have no formal vocal training. Results suggest that this population demonstrates low awareness of vocal hygiene principles, frequently experience difficulty with their voices, and may face elevated risk of vocal pathology. Future studies of this population may confirm the vocal risks that our preliminary findings suggest.

Key Words: Vocal health–Vocal hygiene–Contemporary commercial music–Contemporary Christian singers–Worship leaders.

INTRODUCTION

Contemporary commercial music (CCM) is arguably the largest music genre in the United States.¹ CCM is a broad category that includes diverse genres such as musical theater, cabaret, country, experimental, folk, gospel, jazz, rock, and rhythm and blues.² CCM singers are less likely to have formal training and awareness of vocal hygiene (p. 225).¹ These singers are often reluctant to seek professional training because the majority of voice teachers offer a primarily classical vocal technique and are not fully aware of contemporary style characteristics.^{1–4}

Contemporary Christian music is a subcategory of CCM that is growing exponentially. In the last 10 years, it has surpassed popular genres such as classical, jazz, and gospel, selling over 60 million compact discs a year annually.⁵ The economic impact of contemporary Christian music is significant, and most major mainstream retailers in the United States have recognized Christian music as a commercially viable and lucrative product.⁶ Recent studies have shown that “[contemporary Christian music] is one of the most widely consumed forms of commercial music entertainment for America’s 70–80 million white evangelical Christians.”^{7–9}

Contemporary Christian singers (CCSs) and worship leaders (WLs) are a specific population of CCM singers whose vocal risks and vocal hygiene awareness levels are not well understood. As a result, this population of singers may be underserved by the voice community and may experience unnecessarily high rates of vocal pathology. This problem has been examined in

several Australian studies: Dawson investigated the vocal health of 108 solo singers of Christian church music teams during the 2004 Hillsong conference in Sydney, Australia, and reported a general lack of vocal health awareness among that population (p. 21).³ Robinson, in his dissertation on contemporary WLs in Australia, found that most of these singers are untrained and have poor vocal health self-awareness.¹⁰ It is likely that contemporary Christian singers and worship leaders (CCSs/WLs) outside of Australia face similar vocal risks.

The purpose of this self-report survey (administered as an online questionnaire) was to investigate the prevalence of vocal symptoms, vocal pathologies, and the level of vocal hygiene awareness in CCSs/WLs internationally. The study investigated the following questions: What is the level of vocal hygiene awareness of CCS/WL participants? What are the vocal complaints/symptoms reported by CCS/WL participants? What physician-diagnosed vocal pathologies are reported by this population?

METHODOLOGY

A self-report survey study design was chosen to investigate this population of singers.¹¹ Data were analyzed with descriptive statistics to provide a useful summary and description of the sample, and the investigation was conducted in full compliance with the Shenandoah University Institutional Review Board. The survey was available from August 16, 2012 to October 28, 2012, and participation was solicited via snowball sampling using electronic mail and social media Web sites. E-mail invitations were initially sent to contacts in the industry known to the primary investigator (who has 20+ years of experience working with CCSs and WLs). The researchers recruited contemporary Christian artists and bands through their Web sites and social media pages. In addition, e-mails were sent to universities and teaching institutions that offer worship degrees.

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Participants

All self-described CCSs/WLs 18 years of age or older were accepted as participants. The questionnaire was available in English and was additionally translated into Spanish and Portuguese by certified translators.

Questionnaire

The questionnaire design was consistent with similar studies¹²⁻¹⁵ and contained 33 questions: 28 were closed-ended questions and 5 were open-ended questions.

Part I questions were related to the participants' age, country of residence, and level of professional experience. In this section, the participants identified themselves as either CCSs or WLs, and indicated their level of vocal instruction (if any) and the average duration of their weekly practice and performance sessions. In Part II, the participants were asked to describe their singing voices and their level of satisfaction with their vocal range and quality. The participants were also asked to name a commercially successful singer or band that best describes the style of music they perform. Part III questions examined the participants' vocal health awareness, complaints of vocal symptoms, and incidence of physician-diagnosed vocal pathologies. Previous studies have identified these symptoms as detrimental to the singing voice.¹⁴⁻¹⁶ The symptoms included vocal fatigue, tickling or choking sensation while speaking or singing, change in pitch of the speaking voice, difficulty in volume or projection, lump in throat while speaking or singing, strained voice, voice breaks or cracks when speaking or singing, loss of upper range, loss of lower range, and complete loss of voice. Responses to vocal symptom queries were recorded using a 5-point Likert scale: "always, almost always, sometimes, almost never, never."^{17,18} In the last question, the participants were asked if they have been diagnosed by a physician with any of the following voice

disorders: laryngitis, vocal fold nodules, edema, vocal fold paralysis, vocal fold polyp, vocal fold cyst, muscle tension dysphonia, vocal fold granuloma, and vocal fold hemorrhage.

RESULTS

A total of 614 individuals from the following countries and regions participated: United States and Canada (n = 263; 42.6%), Brazil (n = 197; 32.9%), South America (excluding Brazil) (n = 49; 7.9%), Central America and Mexico (n = 59; 9.6%), Europe (n = 25; 4.1%), Australia (n = 9; 1.5%), and Japan and Korea (n = 10; 1.6%). Of the participants, 66.1% (n = 408) were male and 33.4% (n = 206) were female.

A total of 329 participants (n = 329; 53.3%) identified themselves as professional CCSs/WLs, either full time or part time. The majority of the participants perform primarily in churches (n = 566; 91.7%) and use sound reinforcement regularly when singing (n = 505; 81.9%). Of the participants, 52% (n = 319) identified themselves as self-taught, and 29.8% (n = 183) reported private study (eg, interested students taking voice lessons in a private setting, not for college credit, not including applied lessons for academic purposes). Of the respondents, 11.2% (n = 69) have a bachelor's degree in worship, and 2.6% (n = 16) have a master's degree in worship. These results are summarized in Figure 1.

In part II of the questionnaire, the participants were asked to describe how they perceive their voices. The majority described their voices as "normal" (n = 456; 73.9%) and reported being happy with their vocal quality either "always" (n = 80; 13%) or "almost always" (n = 259; 42%).

In part III, 30.8% (n = 190) of the participants reported drinking water "only when thirsty," 17.2% (n = 106) clear their throats frequently, and 23.2% (n = 143) said that their voices "feel worse in the morning." Of the participants, 70.2% (n = 433) never had to cancel a performance due to a voice problem. The vocal

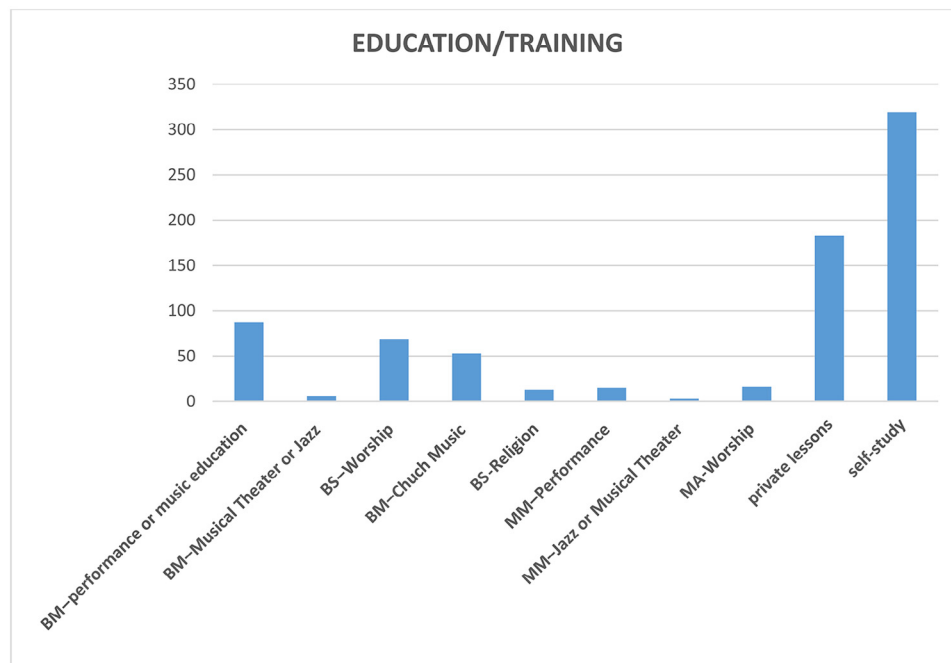


FIGURE 1. Question 11: Which of the following best describes your vocal training: check all that apply.

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