

HELP! I NEED SOMEBODY! CONSIDERATIONS WHEN WORKING WITH THE TRANSGENDER COMMUNITY

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Statements from ASHA website

- Individuals who are transgender may elect to have voice and communication therapy to help them use their voice in a safe way. The speech-language pathologist (SLP) provides **voice** and **communication** training. The SLP will look at a variety of aspects of communication:
 - VOICE PRODUCTION
 - vocal quality
 - pitch
 - resonance
 - intonation and stress pattern(the rhythm of speech)
 - volume/intensity
 - rate (how fast or slow the person speaks)
 - language
 - speech sound production (articulation)
 - pragmatics (social rules of communication)
 - nonverbal communication

What do we hope to accomplish with this population?

- Aid each client in achieving a gender congruent voice in an efficient and safe manner.
- Client-specific treatment plans
- Behavioral intervention, surgery or a combination of the two

Who makes up a typical transgender voice caseload?

- Most clients seeking voice/speech therapy are transfemales.
 - Hormone therapy has not been perceived to have a significant effect on voice or the perception of feminine voice.
- 10-25% of transmales seek our services.
 - 75-90% of trans men will achieve acceptable voice results, lowering of pitch into a gender neutral or male range, after 4-5 months of hormone therapy.
 - Male speaking patterns must be learned through behavioral therapy.
 - Difficultly adjusting to laryngeal alterations
 - Difficultly naturally adopting male speaking patterns

Evaluation considerations

- Every transgender client needs to undergo a thorough voice evaluation before starting therapy
 - Identify or rule out vocal pathologies, laryngeal irritants (e.g., reflux) that would compromise the voice modification process
- Obtain client's vocal profile
 - Habitual speaking pitch, overall accessible pitch range
 - Habitual loudness/range, overall accessible range
 - Intonation patterns/contours
 - Voice quality (CAPE-V)
 - Aerodynamic capabilities
 - Stimulability
 - Role play scenarios – observe what client considers feminine presentation
 - Consider their ability to match pitch, recognize differences regarding voice production
 - What does their comfort zone look like? How willing are they to jump outside those boundaries?
- Counseling
 - Discuss client's perception of his/her voice
 - Listen to other voices for comparison, awareness development
 - Provide a safe, secure welcoming environment that supports voice exploration

Table 9.1. Scale for patients to rate aspects of preferred voice

My voice is... or I would like my voice to be...

Not musical					very musical
1	2	3	4	5	
Not tense					very tense
1	2	3	4	5	
Non-authoritative					very authoritative
1	2	3	4	5	
Not accented					strongly accented
1	2	3	4	5	
Not unusual					very unusual
1	2	3	4	5	
Not aggressive					very aggressive
1	2	3	4	5	
Not pleasing					very pleasing
1	2	3	4	5	
Not masculine					very masculine
1	2	3	4	5	

Table 9-2. Patient response form to identify preferred voice style/patterns

Voice Style Patterns

A person I would like to sound like is _____

A person I wouldn't like to sound like is _____

I'd describe my mother's voice as _____

I'd describe my father's voice as _____

The best aspect of my voice is _____

The worst aspect of my voice is _____

People I don't respect of my voice is _____

People who respect my voice is _____

Describe specific aspects to target during treatment:

Pitch _____

Loudness _____

Rate _____

Speech rhythm/variability _____

Accent/dialect _____

Cultural Markers _____

Gender Markers _____

Social Interactions _____

Public Speaking _____

Performing _____

Authority Level _____

Tension Level _____

Confidence Level _____

Spontaneous/Spontaneous _____

Telegraphing _____

Armoring Habits _____

Establishing treatment goals

- Consider the client's
 - Specific communication needs
 - Biological constraints
 - Personality
 - Age, generation, cultural influences
 - Access to therapy
 - Goal sequence
 - Transfer and maintenance

Behavioral treatment considerations: PITCH & RESONANCE

Feminization

Masculinization

- **Pitch**
 - Strong marker for perception of female voice = Avg. speaking pitch of **180 Hz**, range of **~140-300 Hz**
 - Avg female pitch = 225 Hz; avg male pitch = 125 Hz
 - Gender neutral pitch range = 155-185 Hz
 - Increased speaking pitch contributes to voice feminization, but does not necessarily result in listener perception of speaker as female
 - Proximity of habitual pitch to **pitch floor**
- **Resonance**
 - Impacted by length of pharynx and size of sinuses
 - Combination of both pitch and resonance are found to contribute to perceived femininity
- **Pitch**
 - Relationship of habitual speaking pitch to the pitch floor should be considered
 - Target habitual pitch and range that client can produce and maintain without laryngeal fatigue or development of muscle tension patterns
- **Resonance**
 - Increased chest resonance is suggested
 - Observe hyper/hypo-resonance aspects, target a balanced oral and nasal resonance

Therapy Approaches to address pitch modification

- **Resonant Voice Therapy**
 - Increased forward resonance fosters feminine voice quality & increased speaking pitch with focus on easy production – goal = no laryngeal strain or effort
- **Flow Phonation**
 - Balanced exhalation and phonation to achieve vocal efficiency powered by adequate airflow
 - Target desired voice quality (somewhat breathy/light for MtoF, stronger/heavier/louder for FtoM)
- **Vocal Function Exercises**
 - Voice exers designed to strengthen and balance laryngeal musculature & achieve balance between airflow and muscle effort

Behavioral treatment considerations: INTONATION & INTENSITY

- Pitch variability when speaking
 - Feminine communication patterns targeted for transfemale clients
 - Upward intonation patterns
 - Larger semi-tone range within utterances
 - Masculine communication patterns targeted for transmale clients
 - Decrease pitch variation, while avoiding monotonicity
- Intensity as a perceptual cue to convey information
 - Males tend to speak slightly louder than females
 - Transfemale clients will benefit from modification of their loudness range to maintain desirable aspects of feminine voice quality
 - Male speakers tend to accent/stress points with shifts in loudness more noticeably than with pitch

Surgical Intervention Considerations

- Target with trans female clientele = elevate pitch by altering vocal fold tension, mass or both
 - **Vocal fold elongation** (Cricothyroid approximation procedure)
 - Stature front aspect of thyroid cartilage to cricoid ring
 - Pitch lowers over time as tissues stretch or suture pull through cartilage
 - **Reduce vocal fold mass and length** (Vocal fold reduction procedure)
 - Can be combined with laryngeal prominence reduction and/or shortening of the pharynx
 - Results have been unpredictable re: overall vocal quality and range
 - **Increase tension** (produce scar on vocal folds)
 - completed through the mouth
 - Results are variable as healing and scar production can be unpredictable
 - Pitch is significantly elevated but pitch/loudness ranges are reduced; modest increase in roughness noticeable in clients over 50 years of age
- **Surgical intervention is rarely indicated with trans male clients**
 - Relaxation thyroplasty is possible to reduce vocal fold tension
 - Sometimes vocal fold tension is less controllable after surgery; voice is often perceived as more rough and soft (less volume control)

Other communication considerations

- Speaking rate and articulation
 - Rate varies across individuals
 - Articulation is not about sound production with this population, more about precision/clarity and appropriate culturally/socially for each client
 - Easy vs hard onsets; smooth, connected speech vs short, distinct speech production
 - Women tend to devoice vowels more than male speakers do
 - Light white precise consonant production is a female speech characteristic
- Language
 - Vocabulary
 - Tag phrases, hedges, conditional clauses associated with feminine language patterns
- Pragmatic elements
 - Laughter & other non-speech vocalizations that can draw negative attention
- nonverbal communication
 - Body language and movement
 - Posture
 - Relationship to communication partners



- <https://www.youtube.com/watch?v=dYajXigBOK4>

References

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 - Refer to citations included with this article for surgery-related, acoustic and aerodynamic research with this client population