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Voice and Communication Across the Gender Continuum

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Voice and Communication Across the Gender Continuum

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Learning Objectives

After this course, participants will be able to

- Describe the differences between masculine, gender-neutral and feminine characteristics related to voice, speech-language, and non-verbal communication.
- Identify reasons why individuals seek therapy to alter vocal and communication gender perception.
- Identify tools, strategies and techniques that can be used to facilitate gender-congruent voice and communication, and to assess change.
- Explain the importance of cultural awareness and the use of culturally sensitive terminology.

Disclosures

- Financial: Ms. Nolan is receiving a paid honorarium for this presentation.
- No relevant non-financial relationships exist.
Cultural Awareness

- Gender identity is not binary for everyone, rather, it’s a continuum
- Do not assume all individuals who identify as transgender will transition…because they don’t
- Some who do transition will undergo one or more surgeries, and some will not

- Be mindful that it’s an individual journey, and no two people or journeys are alike.

He, She, They?

- Don’t make binary gender assumptions about pronoun use
- Ask for pronoun and name preferences
- It’s okay to ask questions…sensitively
Why People Seek Therapy

It’s a personal choice, and not everyone wants to change their voice and communication, however:

- Some people want to be able to “code switch” based on communication settings and partners
- Some want to build confidence
- Sometimes it’s fear-based…people they are afraid of physical harm because their voice does not match their outward appearance
- Most desire a voice and communication style that is more congruent with their gender identity, regardless where on the continuum they identify

What Influences Gender Perception of Voice and Communication?
Gender-perception is influenced by:

- Pitch and pitch range
- Resonance
- Anatomical and hormone differences
- Cultural gender influences

- Remember the continuum...some people will have more gender-neutral characteristics at baseline, and some will want to develop them

Pitch and Pitch Range

- Feminine pitch is higher and pitch range is typically broader
- Masculine pitch is lower with a typically more constricted range
Resonance

- Deep, chest resonance is perceptually more masculine
- Forward, oral resonance is perceptually more feminine

Cultural influences

Perceived as feminine:
- More pitch variation
- Softer word attack with more articulatory precision
- Greater use of gestures, varied facial expressions, open body posture
- More “colorful” word choices, indirect language

Perceived as masculine:
- Less pitch variation and more word stress
- Harder onset and articulatory contact
- Fewer gestures, closed body posture, less touching
- Use of more direct language/communication
Anatomy and Hormone Influences

- Smaller vs larger anatomy impacts pitch, range, resonance, and breath support
- Testosterone, taken over time, generally lowers pitch
- Estrogen does not elevate pitch

WHERE TO START?

EVALUATE FIRST
Why Evaluate?

Feminizing or masculinizing voice is not a vocal, motor speech, or language disorder, so why evaluate?

- To rule out vocal fold pathology and/or recommend a consult if someone presents with s/s vocal fold dysfunction
- To establish baseline function
- To educate client about therapy and expectations

Evaluation Components

- Initial Contact
- Initial Visit
  - Medical History
  - Med list
  - Formal/Informal Voice-Communication and vocal hygiene assessment
  - Administer self-ratings
  - Probe
  - Educate
*Initial Contact

- Can be via phone or in person, and sometimes, meeting with someone before scheduling initial session makes sense
- Allows clinician to provide a brief overview and potential client to ask questions
- Important because commitment to therapy is essential for client to progress
- Gives an initial snapshot of a client’s voice
- Establishes pronoun and name preferences early in the relationship

Initial Visit-Interview

- First and foremost, establish rapport
- Confirm pronoun and name preferences
- Collect patient medical history, and look for history of seasonal allergies and reflux
- Ask about other professionals (endocrinology, counseling, psych) and support system
- Get a current med list
- Find out about prior treatment or self-help
- What does the client hope to accomplish?
Initial Visit: Evaluation-Informal

Whether using a formal instrument or not, it’s important to:

- Listen to present voice for s/s strain, harshness, hoarseness, or any other sign of potential vocal fold pathology, and refer if indicated
- Collect objective and subjective data on pitch and loudness from word to conversation level
- Look at oral motor function and breath support
- Observe non-verbal communication behaviors

Initial Visit: Formal Instruments

- Recommended if any s/s vocal fold pathology is perceived during interview
- When in doubt, refer—it is better to have a client scoped to rule out a problem than to attribute it to poor vocal hygiene and risk making things worse
- Don’t skip the instrumental evaluation
- Use a vocal hygiene questionnaire
- Administer a self-assessment to gauge impact of present voice-communication vs where the client wants it to be
Initial Visit-Pitch Probes

- Have a keyboard or keyboard app to cue
- Probe higher and/or lower pitch and range to establish point of strain and set initial target pitch and range
- Cue using a keyboard/keyboard app
- Listen for signs of strain and adjust accordingly
- Temper expectations

Initial Visit-Educate about:

- Vocal mechanism and gender-influenced voice and communication characteristics
- Appropriate vocal hygiene-train relaxation exercises and good vocal hygiene the first day
- The time-line and expectations—how well someone does depends on a variety of factors including: baseline status, number of session/week, and practice outside the therapy room
Goal-Setting

- Set realistic goals, and remember that ultimately what matters is a good quality voice with no signs of strain that reflects the client’s perception of self
- Involve the client to make therapy more relevant and meaningful

Initial Visit Wrap-Up

- Ask for questions, then answer them honestly

- Provide a folder for hand-outs, clinic information, app recommendations, and exercise/practice worksheets…review this information for the client
TREATMENT

Achieving An Authentic Voice

Load Your Toolbox

- Relaxation, breath support, and warm-up exercises
- Visuals (exercises, vocal hygiene)
- Instrumentation to objectively measure pitch, pitch range, and loudness (can be low or higher tech), and to record for playback
- Water
Make Stimuli Functional

- Together with the client choose high function, high frequency words, phrases, and sentences: client’s full name, names of friends and family, occupational words, address, longer greetings and common social phrases, questions, etc.
- Add high-interest, client-selected reading (poetry, song lyrics work well), work/school presentations, role-plays and structured conversation
- Progress to functional voice-based speech communication tasks like informational phone calls, unstructured conversation, and extra-clinical outings to a coffee shop or library

Potential Therapy Targets

- Pitch
- Resonance
- Pitch Range and Intonation
- Articulation
- Language
- Non-Verbal Communication
- Automatics
A Typical Session

- Begins with brief conversation and a review of journal/homework to discuss successes and problems during practice and communication exchanges
- Relaxation exercises—laryngeal and cervical
- Vocal warm-ups at phoneme and syllable levels targeting pitch, pitch range, and resonance
- Work across areas at present linguistic level, with all speaking tasks in client’s target pitch range
- Final conversation and assign homework
  * Positive and corrective verbal feedback occurs throughout the session, and video and audio recording is used to facilitate self-assessment

Warm-Ups

- Laryngeal, cervical relaxation, and breathing exercises
- Vocal warm-ups in target pitch range
- Monitor for tension
Therapy Target: Pitch

- Most significant factor in gender perception of voice, but if it’s the sole focus, all you’ll have is a higher or lower pitched voice lacking all of the other vocal, speech, and communication characteristics that impact gender perception.
- Cue target pitch across tasks, but watch for client hyper-focus on it and re-educate if you need to.
- Remember: the goal is always a good quality voice that is perceptually masculine or feminine.

Pitch Specifics

Feminine

- Don’t go too high or voice won’t sound natural.
- 170-185 Hz is generally a realistic target.
- Watch for high and low pitch creep—high, because often client doesn’t think they sound high enough; low, because the tendency is for many clients to revert to lower pitch in between tasks and in higher level contexts.

Masculine

- Pitch may already be in a masculine range if client has been taking testosterone for a while.
- 125-140 Hz is generally a realistic target.
- Watch for pitch creep, because pitch and range can gradually increase, especially if resonance moves forward or linguistic level is higher.
Targeting Pitch

- Start at phoneme level, and advance to client-specific words, phrases and sentences
- Focus on a good quality pitch free from strain
- Incorporate the target pitch across tasks, and encourage it between tasks
- Use a keyboard to cue, models (if appropriate), and a pitch analyzer for visual and auditory feedback
- Make good vocal hygiene a part of treatment, and address abusive vocal behaviors immediately

Therapy Target: Resonance

Appropriate resonance is critical for an authentic sounding voice, and it’s a hard concept for many clients to master. Remember:

- Feminine resonance is forward and oral
- Masculine voices are deep and resonant

- Without appropriate resonance, the voice will not sound authentic, even at the target pitch
Resonance Specifics

Feminine
- Reduce laryngeal focus
- Establish forward, oral resonance and an open vocal tract
- Softer versus breathier
- Less intense

Masculine
- Shift resonance lower
- Establish deep, chest resonance
- Make sure breath support is adequate
- Deep, rich quality

Targeting Resonance
- Begin with /m/, /i/, and /m/ + /i/, and voiced/voiceless C + V constructs at target pitch and in pitch glides focusing on an open vocal tract and light contacts
- Increase linguistic complexity to word level, then introduce phrases and sentences as your client gains mastery
- Contrast deep versus oral resonance
- Verbally and visually cue for focus—deep for masculinizing and forward/oral for feminizing—and use videos and/or auditory feedback, and educate client
Therapy Target:
Pitch Range and Intonation

- Feminine voices generally use greater bandwidth and have a more musical quality, use pitch versus word stress for emphasis

- Masculine voices generally have a more confined range, use word stress more than pitch change for emphasis

Range and Intonation Specifics

Feminine

- Start with 4-5 semitones above and below target pitch in glides, and work your way up to 7+
- Watch the bottom end, because the tendency is to drop too low, with a broad low range and restricted upper range
- Focus on balance—above and below the target pitch

Masculine

- Start with 5 semitones above and below target pitch in glides, and work your way to 3-4 semitones
- Watch the top end, because the tendency is for pitch to creep up, and for a broad top range with restricted low range
- Focus on balance—above and below the target pitch
Targeting Pitch Range

- Establish a comfortable pitch range and make using it a part of your sessions early on in vocal warm-ups (using /i/) and across tasks
- Expand (feminine) and reduce (masculine) pitch range as sessions progress
- Monitor vocal quality for appropriate resonance and for signs of strain and harshness
- Use a keyboard to cue, models, and a pitch analyzer for visual and auditory feedback

Targeting Intonation

American English intonation patterns are the same, but pitch changes are more broad in feminine-sounding speakers, more narrow in masculine-sounding speakers, so consider:

- Use of contrastive stress drills
- Including emotional words and expressions
- Practice rising and falling intonation
- Incorporate different sentence types (questions, statements, etc.)
Therapy Target: Articulation

- Differences can be subtle, so you don’t need to go after this out of the gate and you may not need to address it at all

Articulation Specifics

Feminine
- Promote light articulatory contacts and easy onset
- Slightly lengthen vowel productions with less force behind plosives
- Smooth the word-to-word and utterance-to-utterance flow

Masculine
- Shorten consonant and vowel productions with increased force behind plosives
- Increase word-to-word and sharper utterance-to-utterance distinction
Targeting Articulation

- Words containing diphthongs are great choices to practice lengthening (feminizing) or shortening (masculinizing) in word-level productions
- Poetry and song lyrics work well for short practice utterances
- View peer models on video or in day-to-day conversations to increase awareness
- Visual feedback to show contrasts between smooth, flowing articulation and short breaks between words is often helpful

Therapy Target: Language

- Gender-based cultural language differences are variable as language is dynamic
- Address this if you need to, and it can be an education piece
Language Specifics

Listen for cultural gender-based differences in the use of:

- Elaborative language
  Feminine: “That dress is absolutely spectacular on you!” versus
  Masculine: “You look nice.”

- ‘Polite’ sentence structures
  Feminine: “If it’s not too much trouble, could you pick up the dry cleaning?” versus
  Masculine: “Can you get the dry cleaning?”

- Indirect communication
  Feminine: “I’m tired…are you tired?” versus
  Masculine: “I’m going to bed.”

- Tag questions
  Feminine: “You like this, don’t you?” versus
  Masculine: “Do you like this?”

Targeting Language

- Use may be based on communication setting and partner(s) vary from person-to-person
- Often education is enough, and allows client to find their comfort zone without direct intervention (unless it is something they specifically want or need to work on)
- Start slow with picture description, and then move to structured and unstructured conversation
The Best of the Rest

- Non-Verbal Communication
- Automatics

Therapy Target: Non-Verbals

- Start with a homework assignment-have the client simply observe variations in gender-based communication styles, and record their observations
- Review videos of masculine and feminine speakers to practice identification of gender-influenced behaviors (smiling, eye contact, proximity and attention to speaker, posture, facial expressions, gestures, etc.)
- Explicitly instruct feminine or masculine behaviors-a little at a time so the client does not become overwhelmed!
- Address if you need to; education may be enough
Therapy Target: Automatics

Automatics are harder to volitionally manipulate, and they include:

- Throat clearing and coughing
- Sneezing
- Laughing

Educate and explicitly teach, but also address these as they occur naturally within the therapy session.

Wide variations between all individuals, but feminine automatics are often softer, quieter, and with less amplitude, and masculine automatics are generally louder, deeper, and with greater amplitude.

Putting it All Together

- Keep it functional—choose activities based on client interests
- Think outside the box—phone calls, drive-thru ordering, voice mail
- Introduce novel partners and/or groups
- Conversation worksheets
- Make it fun
Does It Work For Everyone?

- Most people achieve some change and all have reported increased communication confidence
- Practice outside the clinic room is essential
- Motivation and commitment matter
- Expectations should be realistic because the goal is always a good quality, natural, gender-congruent voice with gender-matched communication characteristics

DISCHARGE

Assessing Progress and Planning for Discharge
How Long Do We Treat?

- Highly variable, but generally 6-12+ months
- Frequency of treatment matters
- Practice is essential to yield maximum improvement in minimum amount of time
- Also dependent upon how much the new voice and communication styles are being used, and whether or not the client needs to code switch

Measuring Success

- Client reports satisfaction and increased confidence, often citing communication exchanges outside therapy when friends, family, co-workers or strangers respond positively in a novel communicative exchange
- Objective measures demonstrate change, and you can use a simple Likert scale to have client self-rate confidence outside the clinic setting
- Re-administer voice self-evaluation and compare to intake
- Ask unfamiliar listeners to assess using a 5-point Likert scale (1=masculine to 5=feminine)
Discharge Criteria

- Voice is authentic, and habituated
- Goals are met and client has achieved a good quality, gender-congruent voice and communication characteristics
- Client expresses confidence across communication contexts
- Commitment issues

Follow-up?

- Phone call at 2 week intervals, then 3, then monthly for the first 3 months to answer questions and assess maintenance
- Consider re-start if client commits to attending sessions regularly and practice outside the clinic
- Conversation groups an option if enough interest
Final Thoughts

- Therapy is a collaborative effort between clinician and client working toward a common goal as a team
- Clinician and self-assessment are necessary and are NEVER about judgment; we are working together to habituate new vocal, speech-language, and communication patterns
- No two people are alike, and no two voices are alike—we want the voice to suit the individual

Reaching Out

If you are interested in locating potential clients:

- Reach out to the community groups in your area who work with transgender and gender non-conforming individuals
- Attend a meeting and talk about the services you provide
- Look for and network with other medical professionals who provide services to the transgender community
Questions?

References


