Working with Transgender and Gender-Expansive Persons' Voices: A First Consultation Handbook for Voice Professionals

MODULE 5 BMPF7074D

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COMPONENT 1: PROJECT PORTFOLIO

1.1. INTRODUCTION

As a voice coach and singing voice specialist, I have been approached by members of the LGBTQIA+ community, particularly transgender and gender-expansive (TGE) individuals, who have difficulty in finding vocal coaches, singing teachers, or speech and language therapists—whether public or private—who possess sufficient expertise in communication and voice issues related to gender diversity.

I am very grateful to live and practice in Barcelona, one of the most diverse and respectful cities worldwide, known for its stance on gender, sexual orientation, and personal freedom (Masi and Rodó-Zarate, 2026). In Europe, Spain appears among the top five countries for LGBTQIA+ rights in the ILGA Rainbow Map, especially for transgender people (ILGA Europe, 2025, cited by Masi and Rodó-Zarate, 2026). Catalonia leads in legislation and policy, while Barcelona, through its City Council, promotes diversity and is recognised as a highly LGBTQIA+ friendly city, attracting many community members as tourists and residents (Masi and Rodó-Zarate, 2026).

Law 4/2023 aims to promote true and effective equality for transgender people and to protect the rights of LGBTQIA+ individuals in Spain, representing a major step forward in social justice and equality (Martínez Rodríguez, 2023). However, because few studies examine the linguistic strategies TGE people use to manage their voice in everyday social contexts (de Souza, 2025), voice and communication training for gender-diverse people also shows shortcomings in Spain.

This context, along with my personal commitment to the LGBTIQIA+ community, motivates me to expand my understanding of both the technical and psychosocial aspects of voice coaching for TGE people. As described by Vastine and Butcher (2024), a practitioner providing gender-affirming voice care (GAVC) needs to be prepared to advocate at the intersections of trauma, racism, transphobia, neurodivergence, disability justice, and more, as essential for improving care, assessments, and research of underrepresented populations, including TGE people.

A voice practitioner has a lot to understand and deconstruct before starting work with TGE voices. However, a short handbook, a resource that is difficult if not impossible to find both online and in physical spaces, could be a good start. I am therefore proposing an informed TGE students' first-consultation protocol as the first chapter of a future guide of best practices for GAVC practitioners to be used in private practice and culturally grounded in Spain's current social and legal situation.

1.2. PLANNED PROGRAMME OF STUDY

Theoretical Influences

The idea of developing a local protocol for GAVC practitioners first arose from reading the Standards of Care for the Health of Transgender and Gender-Diverse People, Version 8 (SOC-8) by Coleman et al. (2022), particularly Chapter 14, which is entirely devoted to Voice and Communication. This chapter provides essential information and guidance for voice and communication specialists, adopting a broadly inclusive and intersectional perspective on gender identity, moving away from the binary understanding that has historically dominated research (Coleman et al., 2022). The download link for the open-source file is provided in Appendix One of this study.

The SOC-8 references the transmasculine voice research conducted by Azul et al. (2017; 2022) or Azul and Hancock (2020) as theoretical frameworks for a culturally responsive and person-centred approach to TGE voice coaching. Azul and Hancock's research on the importance of voice professionals ensuring the well-being of TGE clients has informed part of the work I am proposing herein.

Best Practice Influences

In this line of person-centred approach, Mills and Stoneham (2017; 2021) provide a guide that challenges voice as a fixed binary ideal and replaces it with patient-led desired results (Lorimer and Rutter, 2025).

Also, 'The Singing Teacher's Guide to Transgender Voices' (Hearns and Kremer, 2018) offers a useful starting point for TGE voice coaching, especially for TGE singers. Recommended to me by a TGE student, it is especially notable in a limited research field (Lorimer and Rutter, 2025). While more publications appear, few are high quality, as

speech-language therapy for trans people is still developing (Leal, Rocha da Silva, and Nemr, 2025).

Methodological Influences

I started developing this project while teaching a single TGE student, and I applied for a three-month interruption of my studies. By the time I am writing this work, I am working with four TGE students. My initial perspectives have evolved through research, experience and intuition. Inspired by Marshall's (2010) studio-based research model, I have drawn on Schön's (1983) approach of reflection-in-action and reflection-on-action and Gibbs' (1988) six-stage reflective cycle. I have drawn on Rolfe, Jasper, and Freshwater's (2020) model of 'What, So What, Now What' for the 'Know-What' section of this review.

Aims and Objectives and Expected Learning Outcomes

This study aims to contribute to developing of a procedure that improves voice coaches' practice of gender-affirming voice therapy through empathetic, compassionate, and empowering approaches, especially locally and nationally. This will be done through a set of ideas for pedagogical strategies that stem from practice-based research (PBR) and may address both the technical and emotional aspects of transgender voice care.

Timescales and Review Dates

The dates and deadlines originally scheduled for this project have been affected by a three-month interruption in my studies. This scheme reflects as clearly as possible how I have organised my time and work for this project.

- January 2026: I plan to continue reading and collecting literature for the artefact idea I had already considered after Module 4.
- February 2026: I decide on the specific artefact, including why it is necessary and what gaps it needs to fill. I begin reading two key capital books related to the work.
- March 2026: I watch lectures in playback. I start journaling about the process.
- April to July 2026: I interrupt my project development for personal reasons.

- July 2026: I reschedule my calendar so I can continue developing the artefact I left in April and start writing Component 1.

Gantt Chart (July-September 2026)

Module 5 Assignment — Gantt Chart

Project timeline: 15 July – 10 September 2026

Phase / Activity	Start	Finish	Notes
Choose Methodologies	15 Jul	22 Jul	Review the different models
Write Component One	23 Jul	7 Aug	Expected final date: Aug. 7
Write Component Two	31 Jul	7 Sep	Expected final date: Sept. 7
Development of the Artefact	15 Jul	31 Aug	Ongoing activity across phases
Review Written Work	15 Aug	1 Sep	Review and refine written work
Send Draft to VSC	7 Sep	10 Sep	Draft submission

Legend

- Choose Methodologies
- Write Component One
- Write Component Two
- Development of the Artefact
- Review Written Work
- Send Draft to VSC

Key Milestones

22 Jul	Methodologies selected
7 Aug	Component One expected completion
31 Aug	Artefact development period ends
1 Sep	Review of written work completed
7 Sep	Component Two expected completion
7–10 Sep	Draft sent to VSC

Note: Dates are shown as provided. Component Two overlaps with Component One, and Artefact Development runs concurrently.

Figure 1: Gantt Chart with timescales

Ethical Considerations

Although this work is highly influenced by my professional experience with TGE students, it does not disclose personal data or individual stories. Given the sensitive nature of the subject, I have reinforced rigour through a thorough literature review.

Assessment Criteria

The development of this artefact needs to demonstrate a multi-dimensional philosophy of compassion, cultural competence, and reflective practice that helps us understand the intersections of gender and privilege (Mills and Stoneham, 2021). The meaningfulness

of this artefact development will be supported not only by peer validation but also by validation from TGE students in my everyday practice.

1.3. METHODOLOGICAL APPROACHES

In this chapter, I outline the methodological approaches I am using to develop the artefact in a three-part structure whose components unfold simultaneously: the creative process, the review process, and the reflective process. I also apply the models described concurrently.

According to Marshall (2010), studio-based research (SBR) entails a reflexive studio practice (praxis) that encompasses a continual cycle of action-reflection-action. Marshall's (2010) proposition of a triangulated research design is grounded in a rigorous, albeit continuously evolving research inquiry or statement, and aligns with the making-reflecting-writing (or exegesis) processes inherent in studio-based research. These processes are simultaneous; therefore, they move away from a linear procedure (Marshall, 2010). As Winter (2023) points out, Marshall considers the written element important, but the creative work pivotal.

Consequently, my approach aligns perfectly with Marshall's (2010) methodological design, which triangulates Aesthetico-Active Research, Hermeneutic Phenomenology, and Thematic Analysis. I view my artefact not only as an educational proposal but also as an evolving artistic work in progress, as the counselling profession blends art and science (Taylor, 2020). In Schön's words: 'professional artistry' (Finlay, 2008).

Aesthetico-Active Research entails reflection in practice, facilitating continual learning and development by responding to both familiar and unfamiliar situations in real time (Marshall, 2010), a constant occurrence in my practice. Every real class dedicated to a TGE student left me with something to reflect on and write about in my artefact, which I shaped over a term of classes.

As a second process, Marshall (2010) advocates Hermeneutic Phenomenology, which merges the intuitive nature of the creative process with its subsequent examination in progressive phases to reveal our biases (Phenomenology), followed by interpreting what we have been examining (Hermeneutics). Neubaure, Wiktop, and Varpio (2019) state that the researcher-practitioner learns from the other's experience to maximise studio-

based learning. They also use their past knowledge to guide research, as it informs the inquiry. This forms the initial section of my artefact, focusing on effective allyship. In this context, an unbiased approach to the research is not feasible, and this issue should be considered in a critical reflection (Neubaure, Wiktop, and Varpio, 2019).

Marshall (2010) shares philosopher Wilhelm Dilthey's three-component hermeneutic formula (described by Inwood in 1998): the lived experience as a starting point, followed by the expression of the creative artefact or text as a tangible output of the lived experience, to finally reach a point in which life understands itself rather than the creator experiences a cognitive moment. Therefore, his understanding becomes an interpretive process that has no final result (Marshall, 2010), described by Esser-Hall (2000, p.288) as "perpetual beginnings" that generate new questions and ideas (Marshall, 2010; Esser-Hall, 2000).

These observation-interpretation processes will be completed through a Thematic Analysis of the body of work by identifying key themes and patterns, grouping them into categories, linking one to another, and establishing relationships among them (Marshall, 2010). This analysis will provide the definitive (for this assignment) structure for the creative work (the artefact) itself, covering the more relevant aspects of the artefact in a clear and defined manner. This part of the process has become highly relevant to shaping my artefact, as I needed to select very clear main themes from the many extracted to develop a sound protocol.

For the written review of the creative process, I have followed Nelson's (2022) PBR model because I find the Know-That/Know-How/Know-What structure very helpful for critically analysing the themes I have extracted from my previous literary review and my practice, informed by the literature but also driven by intuition.

I have used an interdisciplinary approach to reflection. Schön's (1983) model has been my primary approach to reflection because of his notions of reflecting-in-action, or thinking while doing, and reflection-on-action or after-the-event thinking (Finlay, 2008). This approach involves assessing strategies as I go, changing approaches depending on the situation and addressing each case as unique (Bassot, 2016; Bertolini et al., 2010). I have developed my artefact while constantly learning from my experiences in the studio, the literature I have been re-reading, and my students' shared experiences, connecting with my feelings (Finlay, 2008).

Schön's approach considers the complexity, unpredictability and messiness of professional practice (Finlay, 2008). Therefore, to clarify and organise my thoughts, I have combined Schön's (1983) approach with Gibbs' (1988) six-stage cycle (see Fig. 2).

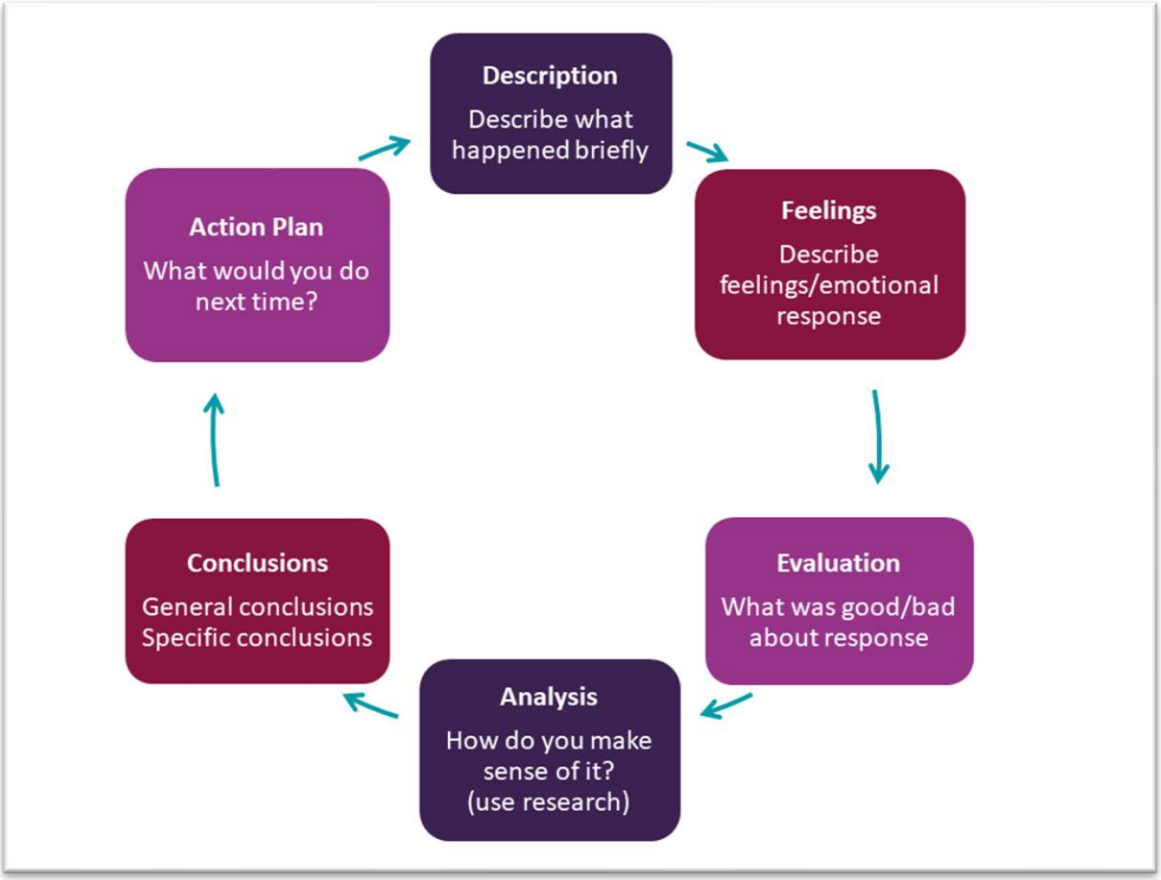

Figure 2: Gibbs' Reflective Model (1988) interpretation of the University of Hull (2011).

As Finlay (2008) points out, Schön's approach has received criticism for its lack of precision and clarity, for ignoring the context of the reflective process, or for its atheoretical and apolitical quality. I have tried to fill these gaps and facilitate a deeper reflection by using Gibbs' model, although this approach has also drawn criticism for not examining core values in practice, such as commitment to quality and respect for difference (Finlay, 2008). Still, I do not feel ready for more sophisticated models with more layers of reflection, and I prefer to draw on simplicity for the time being.

COMPONENT 2: PROJECT REPORT. CRITICAL REVIEW OF THE ARTEFACT.

2.1 INTRODUCTION

Context for the Study

The artefact I am proposing here (Appendix One) and assessing in the following review is a first consultation handbook for voice professionals who work with transgender and gender-expansive persons (TGE). Although in my assignment for the previous module I used the term "gender nonconforming", I have changed it to gender-expansive, which serves as an umbrella term for any gender expression that goes beyond the binary (Snethen et al., 2026).

I acknowledge that I lacked sufficient knowledge regarding voice care for transgender and gender-expansive (TGE) individuals prior to a transgender male student reaching out to me for assistance one year ago. However, I had attended a single course with Gillian Stonehall at the Voice Study Centre in 2023, and my interest in this field grew, driven by my personal dedication to the LGBTQIA+ community's rights and needs.

Nevertheless, I lacked a clear understanding of how to conduct the initial interview with my new student as well as the subsequent sessions. I asked about his specific requirements and focused on the technical aspects of his current voice to alleviate the discomfort he had expressed about his voice in particular situations, but while that may have represented a reasonable initial effort, I was convinced it was insufficient.

Since I run my practice in Barcelona, I tried to find local references to voice and communication practices (both peer-reviewed and grey literature, as well as experiential, aside from the literature reviewed for the previous module), with no success.

Consequently, I elected to dedicate my master's research to developing a best practices guide for voice professionals working with TGE students in Barcelona, as I had been unable to find any guidance within my local teaching community.

Writing a first consultation handbook will be my first step towards developing a complete guide; therefore, the first consultation handbook is the artefact I propose in this work.

Theoretical Frameworks

The SOC-8 (Coleman, 2022) became my primary tool, as I considered it an essential reading for anyone working with TGE students (see Appendix One). Coleman et al. (2022) revised the Eighth Edition of the World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) to provide clinical guidance for healthcare practitioners. Their objective is to facilitate access for transgender and gender-expansive individuals to safe and effective methods that enhance physical health, psychological well-being, and self-fulfilment, thereby fostering enduring personal harmony with their gender identity. In this vein, I have also drawn on the work of David Azul and Adrienne Hancock. Both promote a transdisciplinary, person-centred approach to speech-language therapy that supports gender-diverse clients by integrating a culturally responsive strategy to address minority stress, microaggressions, coping mechanisms, and resilience (Azul, 2022).

I would also mention two studies that influenced the creation of my handbook: a TGE voice care best practices by Ilacqua et al. (2024) and a framework for understanding effective allyship by Pietri et al. (2024).

Professional development and growth are inherently linked with reflective practice (Hamilton, 2017). Moreover, personal growth is also inherently related to reflection. This review began with several open questions that stemmed from a personal experience as a voice coach working for the first time with TGE students who needed voice and communication therapy. The situation demanded a degree of personal and professional growth achieved through practice, study and reflection on the available literature and intuition.

Methodological Rationale

To organise my thoughts and ideas accurately, I have drawn on Marshall's (2010) model of studio-based research (SBR). My written exposition is guided by Nelson's (2022) approach to practice-based research to ensure clarity in developing the artefact. I have followed Schön's (1983) and Gibbs' (1988) models of reflective practice because their simplicity helps address chaotic thinking.

Aims and Objectives of the Critical Review

The main aim of this critical review is to develop and support with evidence the validity of the artefact I am presenting: a comprehensive, helpful mini-guide for conducting a first consultation with a TGE person seeking voice counselling. This mini-guide aims to be person-centred, created and written through an intersectional approach from the perspective of effective allyship.

The objectives I am seeking to achieve to fulfil this main aim are the following:

- Following the previous module, offering a scope of the existing literature on TGE voice and communication, adding new published research.
- Extracting from the reviewed literature themes and subthemes that will constitute the foundations of my artefact.
- Identify in the literature themes that I have extracted from my personal experience during this year working with TGE students, to provide solid arguments for their continuance.
- Conceptualise and explain these themes and subthemes in a clear and understandable manner, proving their importance in the success of the artefact.

2.2. CRITICAL REVIEW

This critical review develops three main themes and their subthemes extracted from the cycle of reflection, represented in this graphic. Due to word count constraints, only some subthemes have been developed.

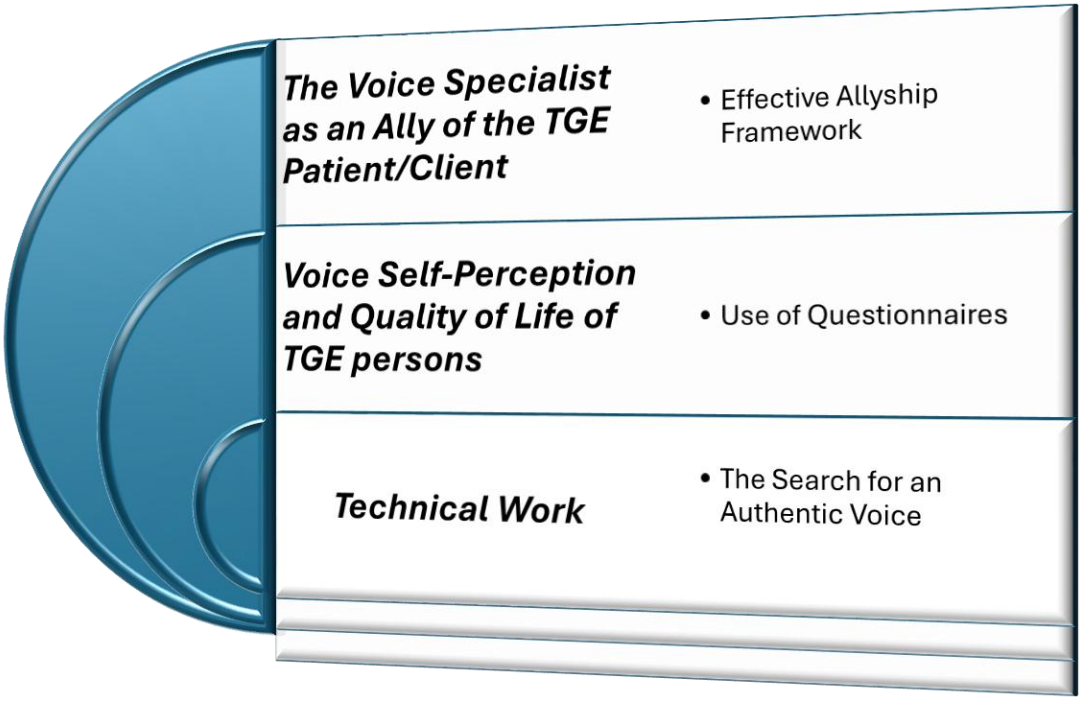

Figure 3: Graphic of Themes and Subthemes for the Critical Review.

2.2.1. KNOW-THAT

Theme One: The Voice Specialist as an Ally of the TGE Patient/Client

As Ilacqua et al. (2025) recognise, gender-affirming communication research on acoustic, biological and perceptual factors is increasing; however, less attention is given to the relationship between client and voice practitioner. Leal, Rocha da Silva, and Nemr (2025) show in a scoping review that current literature does not clearly specify the particular voice care needs of transgender individuals, and there is still limited support for effective practices used by voice coaches. As a developing field, research on voice care for trans persons remains scarce in high-quality studies (Leal, Rocha da Silva, and Nemr, 2025).

However, studies such as Ilacqua et al.'s (2025) are a valuable starting point for professionals who work with TGE people. In this assignment, the first theme delves into the relationship between the voice specialist and their patient/client, grounded in allyship.

Effective Allyship Framework

According to Ilacqua et al. (2025), an "ally" in the TGE community is a cisgender person who works to reduce the oppression towards TGE people. Pietri et al. (2024) define ''effective allyship" as engaging in allyship activities that are meaningful and beneficial to members of marginalised groups, ultimately fostering their psychological well-being. An ally does not declare themselves; rather, marginalised individuals believe the person is engaged in effective allyship (Pietri et al., 2024).

Hancock and Haskin (2015) explain that "cultural competency" in health care services entails providing services that appropriately consider patients' cultural beliefs, behaviours, and needs, according to the Centers' for Disease Control and Prevention, National Prevention Network (2008) definition. Hancock and Haskin (2015) also describe the cultural competency framework as progressing through stages: awareness (knowledge), sensitivity and authentic motivation (attitudes), competency and action-orientation (skills), and mastery in all-inclusivity (Turner, Wilson, and Shirah, 2006; Pietri et al., 2024). Pietri et al. (2024) call this the "four As framework" for effective allyship (see Fig.1).

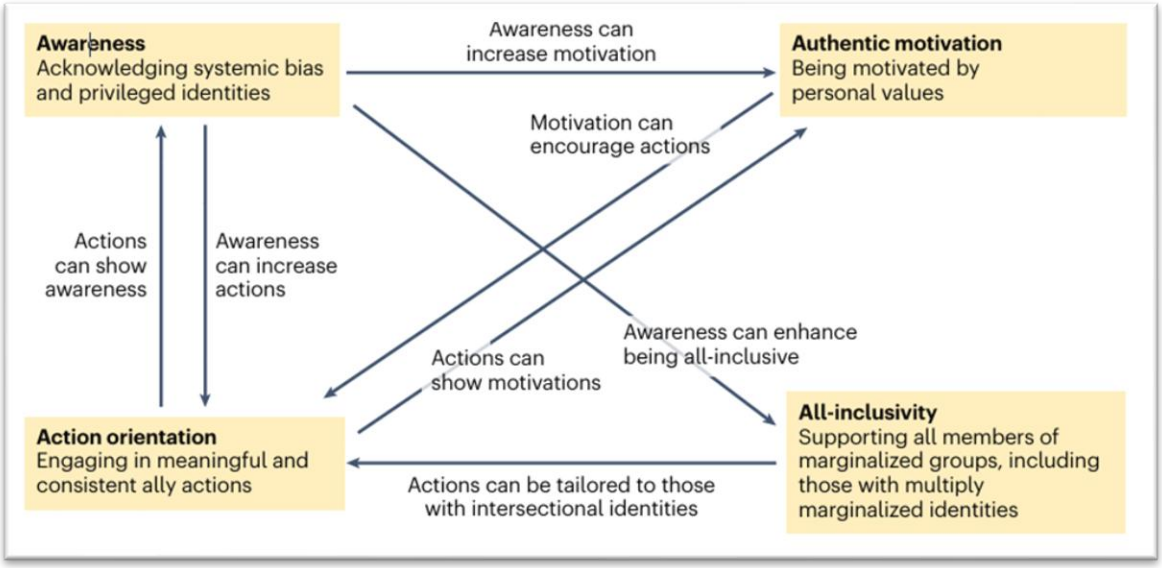

Figure 4: The 'Four "As" Framework' for effective allyship (Pietri et al., 2024)

In this line, Azul et al. (2022) suggest that speech-language pathologists (SPLs) should proactively support the well-being of their gender-diverse clients through a series of innovative practices discussed in the Know-How section. I should point out that although SPLs are specifically mentioned in this case (in Spain and Catalonia, SPLs, *logopedas,* are registered speech and language therapists with clinical training), I extend these recommendations to voice specialists who work with TCG students/clients: that is, singing teachers, vocal coaches, or executive voice coaches.

Intersectionality

The need for an intersectional approach when working with TGE persons is a topic in its own right, but I include it here as a subtopic, as it is also closely linked to the specialist-client relationship and contributes to effective allyship (Kuper, Wright, and Mustanski, 2018). As stated by Golden and Oransky (2019), TGE individuals and their families possess various social identities such as race, ethnicity, socioeconomic status, and gender-affirming family therapy should examine how gender identity intersects with and is understood alongside other familial identities. In the geographical and social context of my practice (Barcelona), effective allyship and intersectionality are also closely tied to the urgent need to find a nonviolent resolution to the conflict between radical “gender critical” feminism and transfeminism (González, 2023).

Neurodivergence should also be considered in an intersectional approach: Strang et al. (2024) document that gender-diverse people are 3 to 6.4 times more likely to be autistic than cisgender individuals (Warrier et al., 2020). Strang et al. (2024) outline a series of strategies to develop personalised care and support plans for neurodivergent TGE persons that will be outlined in the Know-How chapter.

Cultural awareness involves not only understanding group-specific terminology, but also developing sensitivity, as deeper understanding fosters attitudes, actions and dedication to reducing inequities. (Hancock and Haskin, 2015). Knowledge, attitudes and action form the foundation for cultural competence, which is ultimately demonstrated by respecting and earning individuals’ trust (Hancock and Haskin, 2015).

Theme Two: Voice Self-Perception and Quality of Life of TGE persons

Adrienne Hancock's research is pivotal to understanding the relationship between voice perception and the quality of life of TGE persons. Hancock (2017) revealed that many transgender women have reported that how others perceive their voice, as well as their own perception, can influence their emotional responses and negatively affect their participation in life. When providing gender-affirming voice care, Hancock and Haskin (2015) recognise that it is essential to consider the individual's goals, cultural background, and overall quality of life. Multiple factors unique to each person can affect outcomes such as voice perception, emotional well-being, mental health, and social participation (Hancock, 2011). More research in this line indicates that transgender individuals often feel dissatisfied with their voices, and this can affect various aspects of their lives (Barra, Gusmão, and Araúio, 2020). Hormone therapy, voice feminisation surgery for transgender women, and speech-language therapy are effective in helping achieve a voice aligned with gender identity (Barra, Gusmão, Araúio, 2020).

Use of Questionnaires

As Bultynck et al. (2017) highlight, assessing patient satisfaction with their voice is vital during gender-affirmation processes because of its psychosocial effects. This underscores the value of self-assessment questionnaires that gauge how individuals perceive their voice and communication (Nygren et al., 2025). The Transsexual Voice Questionnaire for Male-to-Female (TVQ-MtF) is a useful tool (Bultynck et al., 2017), developed from Jacobson et al.'s (1997) Voice Handicap Index (VHI), which evaluates psychosocial impacts of voice disorders (Bultynck et al., 2017). Dacakis et al. (2013) report that this tool is used reliably in clinical practice. Language changes within trans and gender-diverse communities have led to the name's modification, with Dacakis and Davies (2012) renaming it The Trans Woman Voice Questionnaire (TWVQ). The questionnaire is freely accessible in multiple languages (La Trobe Communication Clinic, 2025) and included in Appendix Two. Hancock et al. (2025) further note that for transgender and gender-diverse people assigned female or presumed female at birth (PFAB), the TWVQ, initially designed for those presumed male at birth, may not adequately address their needs. To date, only one patient-reported outcome measure focusing on voice parameters in PFAB has been developed—the Swedish "Voice and Communication Situation Questionnaire Developed With and For Transgender and Gender-Diverse People Presumed Female At Birth" by Nygren, Sand, Hancock, and Azul in 2021 (Purdy, 2023). This questionnaire is linked in Appendix Three.

Finally, I would like to close this segment with Holmberg et al. (2023), who affirm that active client participation in goal setting promotes empowerment and a feeling of control.

Theme Three: Technical Work

The Search for an Authentic Voice

As Cozart Steele (2019) outlines, a collaborative model that combines SLP training with singing is the best way to approach voice care and communication for TGE persons. However, this approach is not always possible, largely because of financial circumstances (Cozart Steele, 2019). In this light, Cozart Steele (2019) suggests that an SPL with a musical background can represent a helpful ally. However, without voice pathology, a TGE client can work with a voice teacher with adequate training (Cozart Steele, 2019). As Mills and Stoneham (2021) point out, being a TGE person does not entail a voice disorder *per se.* In fact, suggesting a clinical procedure prior to a voice session is not appropriate or trans-affirmative if a vocal pathology is not suspected (Mills and Stoneham, 2021).

Vocal attributes like pitch range, registration, resonance, and articulation provide cues or gender markers that influence perceptions of masculinity or femininity in a voice (Hearns and Kremer, 2018). A voice specialist working with TGE voices would benefit from having phone conversations and/or recordings of their students, such as voice notes, to outline appropriate exercises for the first consultation: breathing exercises, vocal warm-ups and/or repertoire.

Although much of the focus in gender-affirming research is on changes in the fundamental frequency (F0) in speaking pitch, 40% of gender perception is related to F0, and most of gender perception is attributable to additional acoustic variables such as formant frequencies (resonance) and vocal quality (Conroy, Karcher, and Pasternak, 2022). More recent literature has focused on participant-reported outcome measures examining voice-related quality (Conroy, Karcher, and Pasternak, 2022).

Coleman et al. (2022) reference Hancock and Siegfriedt (2020) and Mills and Stoneham (2017) to outline the role of the voice and communication specialist. This specialist's practice should encompass various skills, including speaking and singing exercises, mindfulness, relaxation techniques, respiration, pitch and pitch range exploration, voice quality assessment, resonance/timbre, loudness, projection, tongue tension, jaw tension, facial expressions, gestures, posture, movement, social introductions, as well as

fostering resilience and assertiveness in response to misgendering using the wrong pronoun or name (Coleman et al., 2022). A recent study conducted in Belgium (Papeleu et al., 2025) revealed the importance of voice and communication training for reducing misattribution and increasing voice satisfaction among TGE persons.

The current situation, however, as described by Coleman et al. (2022), proves that formal education curricula for voice professionals often lack specific or sufficient training on working with transgender and gender-diverse populations. Coleman et al. (2022) support the idea that voice and communication specialists should undergo specialised training to effectively support the TGE community. In the same vein, healthcare providers involved in transgender health need to inform patients about the possible and varying effects of hormone treatment on voice and communication (Coleman et al., 2022).

2.2.2. KNOW-HOW

Theme One: The Voice Specialist as an Ally of the TGE Patient/Client

The following steps outline Pietri et al's (2024) effective allyship framework of "the four As".

Steps One and Two: Awareness and All-Inclusivity

The initial step toward effective allyship involves recognising the group one aims to support and adopting an intersectional approach to understand how members of this group may face multiple layers of discrimination (Pietri et al., 2024). Discrimination adversely affects health and overall well-being (Ilacqua et al., 2024). According to the Health 2030 report by the US Department of Health and Human Services, LGBTQIA+ individuals tend to face greater health disparities and are more prone to be affected by substance abuse, mental illness, and violence (Ilacqua et al., 2024).

Awareness

Educating oneself about a group's history of oppression and engaging with members of the group and its subgroups to learn about their experiences is key (Pietri et al., 2024). Jolley et al. (2025) prove that parasocial intergroup contact with transgender influencers reduces transphobia.

During these interactions, it is essential to ask what actions would make marginalised individuals feel supported (Pietri et al., 2024). Azul et al. (2022) suggest accessing a variety of knowledge sources: perspectives of the client's significant others, voice world colleagues, journal articles, podcasts, social media, clinical guidelines, fiction and poetry, so as not to limit knowledge approaches to SLP literature. As Mills and Stoneham propose: "When in doubt, ask" (Mills and Stoneham, 2021, citing Vincent, 2018, p.20). The first consultation protocol presented here offers some starting points (see Appendix Five, p.39).

Use of Pronouns

Ilacqua et al. (2024) found that TGE voice patients felt their SPL had created a safe space for them by broadcasting their pronouns first and using inclusive language and practices. Mills and Stoneham (2021) also advocate that voice experts, especially cis people, care to introduce their pronouns in the first instance. This practice is included in the first consultation protocol as essential (Appendix Five, p.40). In practice, Mills and Stoneham (2021) recommend slowing down the talk and cognitively preparing for the appropriate language.

To ensure proper understanding and usage of correct terminology, this study highly recommends downloading the "Frequently asked questions on gender diversity, health, and human rights—an introduction to key concepts" by the World Health Organisation (WHO, 2024; see Appendix Four). The first consultation protocol includes a thorough Glossary of Terms to be read and understood before any first consultation with a TGE student (Appendix Five, p.44)

A Safe Place

Following the suggestions of Azul et al. (2022) and Holmberg et al. (2023), voice professionals should take responsibility for creating an environment that promotes the client's well-being, both physically—such as providing an all-gender bathroom—and emotionally, where clients can openly express fears (Holmberg et al., 2023). The first consultation handbook offers a set of recommendations (Appendix Five, p.40).

Additionally, voice practitioners should explore what well-being means to each individual as well as other key concepts, which may or may not align with the professional's own views (Azul et al., 2022). Holmberg et al. (2023, p.2256) refer to this as a "therapeutic alliance".

Steps Three and Four: Authentic Motivation and Action-orientation

Assertiveness and Advocacy

Proactive, consistent, inclusive behaviours, sometimes at a high cost, coming from a genuine motivation, will be sustained by the ally (Pietri et al., 2024). According to Azul et al. (2022), voice professionals should build the capacity to respond assertively to external and societal, systemic prejudice, discrimination and stigma. Allyship is an iterative process that requires constant reflection, awareness and knowledge expansion (Pietri et al., 2024).

Intersectionality

Mills and Stoneham (2021) invite us to think non-binary, away from white-privileged patriarchal descriptions of events, and allow people to use their own identity descriptors. Parameters such as First Nations status, ethnicity and race, dis/ability, or sexuality must be considered (Coleman et al., 2022). Additionally, the SOC-8 recommends adhering to best-practice guidelines for language translation to create high-quality written resources that are culturally and linguistically suitable for the local context. Translators must understand TGE identities and cultures to ensure literal translations are culturally appropriate and safe for local TGE communities. Translation should follow established quality assurance processes (Coleman et al., 2022).

Figure 5: Canva design in Catalan and English of the ‘Espai Segur/Safe Space’ flag displayed in my studio’s window.

Theme Two: Voice Self-Perception and Quality of Life of TGE persons

Voice-gender incongruence, where a person's voice does not match their gender identity, can cause vocal strain, fatigue, emotional distress, and elevate the risk of suicidality (Pan et al., 2025). Azul et al. (2022) note that the anxiety and distress triggered by voice-related gender dysphoria may result in limited speaking activity, social isolation, challenges in finding employment, and subsequent financial instability.

Coleman et al. (2022) recommend offering voice and communication counselling before starting hormone therapy, as some patients might face disappointment if their expectations are unrealistic (Coleman et al., 2022). According to Hodges-Simeon et al. (2021), in their study on testosterone treatment and speech masculinisation, participants rated voice as the aspect they were least satisfied with before transition compared to other traits. These points are crucial and should not be overlooked. Health professionals supporting TGE individuals through their transition need a comprehensive understanding of voice-related factors.

Hodges-Simeon et al. (2021) found that testosterone therapy (TT) is linked to a more masculine speech, which can enhance well-being. TT thickens the vocal folds, resulting in a lower pitch (Eagen, Brennan, and Hilger, 2025). Numerous studies on testosterone-related voice changes in transgender men indicate a significant decrease in fundamental frequency (F0), or pitch, to about 60-70 Hz within three to four months of treatment (Hodges-Simeon et al., 2021).

However, Hodges-Simeon et al. (2021) also suggested that TT alone might not be enough to fully masculinise speech. These findings highlight the vital importance of a voice professional in any gender affirmation process. As discussed earlier, TT typically results in a deeper voice, but it often causes side effects like hoarseness, sore throat, vocal fatigue, and pitch fluctuations, which can lead to dissatisfaction (Papeleu et al., 2025). In fact, the majority of participants in a study by Azul, Hancock, and Nygren (2021) perceived testosterone therapy as a barrier to healthy voice function, despite lowering the voice.

Additionally, some transgender and gender-diverse people either lack access to or choose not to pursue testosterone treatment, as seen in non-binary individuals (Coleman et al., 2022; Papeleu et al., 2025). Papeleu et al. (2025) suggest that focusing on intonation—such as downward pitch at the end of utterances and flatter speech—can

help achieve gender-congruent communication patterns. Although implementing these techniques in daily life can be difficult due to guilt linked to vocal gender norms (Holmberg et al., 2023), the benefits usually outweigh these challenges (Papeleu et al., 2025). Machado de Souza (2025) presents vocal modulation as a tool for identity expression and resistance, viewing it as an active, creative process that challenges traditional binary norms. Guided by Butler's (2011) performativity theory, gender is seen as something that can be performed through acts that contest societal norms, with the voice playing a key role in negotiating personal identity in social contexts.

Mills and Stoneham (2021) suggest relational voice work in the initial stages: the voice practitioner uses their voice model to show that change is possible. The practitioner needs to contrast facial, pharyngeal, and chest resonances at the same pitch (Mills and Stoneham, 2021).

In Mills and Stoneham's words (2021, p.124): " Relational voice work is the heart of the exploration".

Theme Three: Technical Work

The Search for an Authentic Voice

When working with TGE persons, the voice practitioner needs to reassess questions and instructions for breathing and body connection to support the students' autonomy (Hearns and Kremer, 2018). The *Starting with Breath Work* section of the handbook offers a set of suggested exercises (Appendix Five, p.41).

Breathing

TGE singers and speakers encounter specific challenges related to body awareness and breathing (Hearns and Kremer, 2018). TGE persons may wear body-shaping garments (binders) to alter their appearance and alleviate dysphoria symptoms, such as the feeling of incongruence with their body as an expression of gender identity (Reynolds & Goldstein, 2014). Gender dysphoria may cause discomfort, resulting in dissociation from the body or hypervigilance, which can hinder their ability to connect with their bodies or increase anxiety (Hearns and Kremer, 2018; Reynolds & Goldstein, 2014). Gender dysphoria refers to the distress caused by incongruence between one's sense of self and their biological sex, often feeling female despite being male (or vice versa), sometimes experiencing mixed gender neutrality (Barrett, 2017).

Hearns and Kremer (2018) describe the challenges of using chest binders or waist binders: limited movement of the ribs, diaphragm, and abdominal muscles; chronic tension in the back, shoulders or neck; changes in blood flow. However, the voice practitioner should not suggest removing the binder (Hearns and Kremer, 2018). Along these lines, Conroy, Karcher, and Pasternak (2022) propose stretches that focus on releasing tension, spinal alignment and connection to breath to foster a calming response. Mills and Stoneham (2021) recommend bouncing on heels while breathing in and breathing out as the heels touch the ground.

Hearns and Kremer (2018) suggest that an open and empathetic chat about breathing, along with a series of exercises described in the artefact (Appendix Five), is advisable.

Pitch

As Hearns and Kremer (2018) note, maintaining a pitch range that aligns with the singer's identity manifests uniquely for each individual. Reassuring students that they do not need to alter their pitch range or register to find an authentic voice helps build confidence and trust as they develop their instrument (Hearns and Kremer, 2018).

Resonance

Optimised breath support helps resonance (Conroy, Karcher, and Pasternak, 2022). Mills and Stoneham (2021) propose chest and pharyngeal resonance development by chest tapping, low humming, tongue root release, and jaw release for trans men, transmasculine and non-binary persons. Hearns and Kremer (2018) point out that an important part of hormonal transition in trans men and transmasculine persons involves the larynx's adjustment and descent. For some singers, a lower larynx position might feel disorienting when they try to maintain proper technique suited to their style. Others may see it as an opportunity to develop a deeper, more masculine voice, thanks to a longer vocal tract and richer resonance. Maintain open communication about how these changes affect the student's voice, and encourage them to express any discomfort or concerns during this transitional phase.

Conroy, Karcher and Pasternak (2022) also suggest drawing on the resonant voice approach (Verdolini Abbot, 2008) for trans women and transfeminine people: self-evaluation through kinesthetic targets, such as vibration in the lips, eyes, or nose. An increase in estrogen and a decrease in progesterone can cause swelling of the vocal folds and thick mucus production (Hearns and Kremer, 2018, citing Kadakia, Carlson, & Sataloff, 2013), hindering vibration and increasing the risk of damage. Estrogen also decreases fibroblast cells vital for tissue repair (Mukudai et al., 2015), making trans women more prone to damage after hormone therapy. In adults who experienced

testosterone changes during puberty, larynx enlargement and vocal fold size are permanent (Davies & Goldberg, 2006); therefore, voice therapy does not significantly alter larynx structure, voice range, or tone but may reduce muscular tension, aiding students in producing a lighter sound. Although it doesn't substantially change vocal range or timbre, it offers psychological and emotional benefits, boosting confidence and communication (Hearns and Kremer, 2018).

Suggested warm-up exercises for the first consultation session are in Appendix Five, pp.41-42.

2.2.3 KNOW-WHAT

My critical examination of the artefact put into practice follows Rolfe, Jasper, and Freshwater's (2020) model of 'What, So What, Now What', which I have also approached through the main themes extracted for the critical review.

Theme One: The Voice Specialist as an Ally of the TGE Patient/Client

What?

I have had the chance to put into practice what I have been learning through my readings: I have not stopped reviewing literature while writing and teaching. My primary goal with this artefact is to find factual validation from my TGE students, who seek voice care and communication, as well as singing. By *validation,* I mean not only optimal outcomes from voice routines and exercises, but also the confirmation of my effective allyship and its subsequent impact on my students' well-being. Regarding my goal of having my colleague's approval, I have not shared this project with anyone yet, as it must first be validated by the University.

So What?

The 'Four As Framework' (Pietri et al., 2024) has guided me towards my goal of effective allyship. Starting with a clear political positioning on my social media and constantly seeking readings and information online that broaden my horizons and recalibrate my bias as a cis white woman are my everyday actions towards awareness. As Pietri et al. (2024) assert, awareness feeds motivation, and the more I learn, the more I need to be politically outspoken and active inside and outside the studio. I have also paid special

attention to intersectionality at a time when my country is experiencing a rise in far-right sentiment and racism (Alcaraz, 2024). I have also proactively asked my students about their feelings and emotions when coming to my studio. Three of my four students have reacted very positively, especially one who introduced me to their mother: she was very thankful and confirmed that our weekly session was “therapy” for them, in their own words.

Still, after losing one of my four TGE students for reasons they did not disclose, I concluded that I did not take a clear stance with them from the beginning; instead, I took a progressive approach. What I have learned from this is that although person-centred care is key (Mills and Stoneham, 2021), I may not start as mildly as I did; I may take clearer stances. As Mills and Stoneham (20121) affirm, as voice practitioners we need to hold a position beyond cisheteronormative vocal constructs from the initial appointment. A teacher is responsible for building cultural competence, noticing when automatic or subconscious assumptions arise about someone’s gender identity, and setting those assumptions aside (Hearns and Kremer, 2018). Hearns and Kremer (2018, p. 27) frame this awareness as a “teacher’s journey” that begins with internal reflection.

Now What?

As previously noted, my future plan of action includes clear positioning on some sensitive topics, not only publicly (my social media, blog, etc.) but also during our first conversation with TGE students. However, what I find most important is that I constantly and proactively ask my students how they are feeling in the studio and what they need to feel better. Mills and Stoneham (2021, p.56) call on the “Rogerian Conditions”, which claim that the client knows best (Rogers, 1961). These conditions result in positive acceptance, empathy and congruence (Mills and Stoneham, 2021).

The objective is to foster a pedagogy of facilitation, based not only on technical capability but also on the facilitator’s values and beliefs (Mills and Stoneham, 2021). Although clear positioning and meaningful behaviours are necessary, research shows that small gestures (wearing a pin, displaying a rainbow flag) also support allyship (Pietri et al., 2024).

Theme Two: Voice Self-Perception and Quality of Life of TGE persons

What?

In order to foster self-assessment and promote the "Rogerian Conditions" approach (Mills and Stoneham, 2021), I adapted the two questionnaire models previously mentioned: The Trans Woman Voice Questionnaire (TWVQ) by Dacakis et al. (2013) and The Voice and Communication Situation Questionnaire Developed with and for Transgender and Gender-Diverse People Presumed Female at Birth (Nygren et al., 2021), both listed in Appendices Two and Three, respectively.

So What?

The questionnaires take time to complete, so I hand them to the students to complete and return with the filled-in answers in our second session. In our first session, however, we discuss many questionnaire questions, always from a student-centred perspective. So far, my students have preferred conversation over homework; however, including a written document with pre-set questions designed by specialists may be a very helpful, reliable, culturally responsive and person-centred assessment tool for both students and voice specialists (Nygren et al., 2025).

Now What?

My sessions with TGE students have been individual only. Mills and Stoneham (2021) advocate for the proven benefits of group work rather than limiting therapy to individual sessions. According to Mills and Stoneham (2021), groups provide a safe space to explore voice, shared learning and feedback, shared exploration of anxiety in certain situations, shared acceptance of vulnerability, and also exploration of honesty, presence, and resilience. Discussing the option of group sessions with TGE students is a necessary action I must take to provide a better service. Mills and Stoneham (2021) consider emotional intelligence (EI) a useful framework for group exploration. Self-awareness and empathy are two key abilities necessary to conduct an EI approach (Mills and Stoneham, 2021). An EI self-evaluation test can be found here: https://www.mindtools.com/axbwm3m/how-emotionally-intelligent-are-you/ (Mills and Stoneham, 2021).

Theme Three: Technical Work

What?

Research evidence shows that an individualised, person-centred approach is essential to align voice and identity (Papeleu et al., 2025). Moreover, the search for an authentic voice is not a fixed process: expectations, desires, and motivations change over time (Papeleu et al.,2025).

As I centre my studio activity in 1:1 sessions, my ability to design individualised strategies for every student has grown. In my short experience, I have seen that following the same hormone therapy, every voice reacts differently to it. Furthermore, every student has their own vocal priority (Kelly George interviewed by Hearns and Kremer, 2018), and I check them every term. Technical work must be carefully tailored.

So What?

As I believe in a personalised approach to any type of voice training, this will be no different for TGE students. However, it is essential to ensure the voice specialist receives specific and ongoing training on the effects of hormone therapy on the voice when designing technical routines. As a starting point, I recommend the Hearns and Kremer book (2018, p. 87), which offers a thorough explanation in chapter 6, Hormones and Voice.

Now What?

Mills and Stoneham (2021) consider the voice practitioner a ‘voice explorer’. Even though trans voice research has increased in the last ten years, the responsive vocal practitioner needs to offer guidance with ‘no fixed map of the territory’ (Mills and Stoneham, 2021, p. 85). Mills and Stoneham (2021) advocate for awakening self-awareness and vocal rediscovery of the voice practitioner prior to working with clients.

2.3 CRITICAL REFLECTION (following Gibbs' Reflective Model)

Description

My initial reflection on the process of creating and revising my artefact focuses on my own bias. Mills and Stoneham (2021) consider it crucial to identify and understand the lens through which we see ourselves and the world, making our unconscious biases conscious, as a personal growth process and a political act. Although I have been connected to the LGBTQIA+ community for most of my adult life, I am aware I live in cisheteronormative privilege.

Another essential point I have to consider is the method used to gather information. Everyday journaling is difficult for me; the only time I was able to properly journal was ten years ago, following Julia Cameron's (1993) 'The Artist's Way' three morning pages. I rather randomly take handwritten notes and write thoughts and ideas in a notebook I use for my students, or on Post-its and loose sheets of paper, aside from my class planner. The third point I have noted is that I have been unable to explore the topics and subtopics proposed in the review in sufficient depth, because of word count restrictions. Furthermore, I have left out several subtopics that I would have liked to explore, without even mentioning them. Themes such as intersectionality in effective allyship and hormone treatments need to be addressed in more depth.

Feelings

To adequately describe the feelings that arose during the process of creating and revising my project, I have used Gilson and Freeman's (2009) 'Feelings Word List'. I have also linked these feelings to emotions and included them as part of the reflective cycle, following Galli and New's (2022) revisited Gibbs' model of reflection. I have also used the *Emotional Thesaurus* on the One Stop for Writers (2026) website. These literary tools also help me in my everyday practice, especially when working with TGE students.

When reflecting on my own bias, following the effective allyship approach (Pietri et al., 2024), I have encountered myself feeling ashamed of my privilege as a cis white woman who lives in an open and relatively safe community. Feelings of regret and discomfort have arisen in a very moving way.

Awareness of nervousness and worry is related to frustration, stress and anxiety, since keeping up with my project at the same time as working full-time as a voice coach has

exhausted me. On the other hand, feelings of joy and enthusiasm have also accompanied me, and still do, throughout my studio-based learning process. Shared amazement, excitement and euphoria have arisen when technical work sessions have proven successful with my students. Engagement, enthusiasm and energy also appear the more I learn from experience and literature, although the flip side of this aliveness is that it escalates to nervousness and anxiety when I cannot comply.

Evaluation

Regarding the feelings of guilt and shame that arise when making my unconscious bias conscious, I have worked on a set of proposals by Mills and Stoneham (2021) which foster an empathic and humble approach to teaching TGE students. They suggest '*becoming friends'* with our unconscious bias (Mills and Stoneham, 2021, p.25) and kindly challenge them. The process is rewarding (Mills and Stoneham, 2021). I have been fortunate enough to learn on the job while working with TGE students who came to my studio without previously knowing that TGE voice and communication is my field of study. In other words, I have literally applied Marshall's (2010) studio-based research approach.

I am aware that my writing dynamic is not compatible with the methodical approach required for work of this nature. Nor is it compatible with the rigorous practice of my profession, now that my studio is growing. In this regard, I have done reflective work to de-escalate negative emotions and turn them into something positive for my project: vulnerability and gratitude. On the other hand, sometimes enthusiastic feelings come across too intensely: it is my duty to be hopeful and express satisfaction without becoming too passionate. Every session will be different, since voice training is a dynamic, evolving process, in which goals and objectives shift over time (Papeleu et al., 2025).

Analysis

Letelier (2025) asserts that TGE persons face sanctions for not conforming to traditional gender roles, yet their actions can also challenge and reshape these norms. Vocal training and voice professionals can support this process after consciously examining their biases. Following Butler's (1988) idea of performativity, reshaping norms entails nuanced negotiation between personal needs and societal expectations. In Letelier's (2025) words, Butler (1988) advocates for ranging from conformity as a survival strategy to subversion as a form of resistance.

Because gender is experienced along a spectrum (Hearns and Kremer, 2018), voice professionals working with TGE students (and, in my point of view, all voice professionals) should be aware of gender diversity and expansion. Hearns and Kremer (2018) use comedian Sam Killerman's (2017) depiction of *The Genderbread Person* to illustrate the gender spectrum.

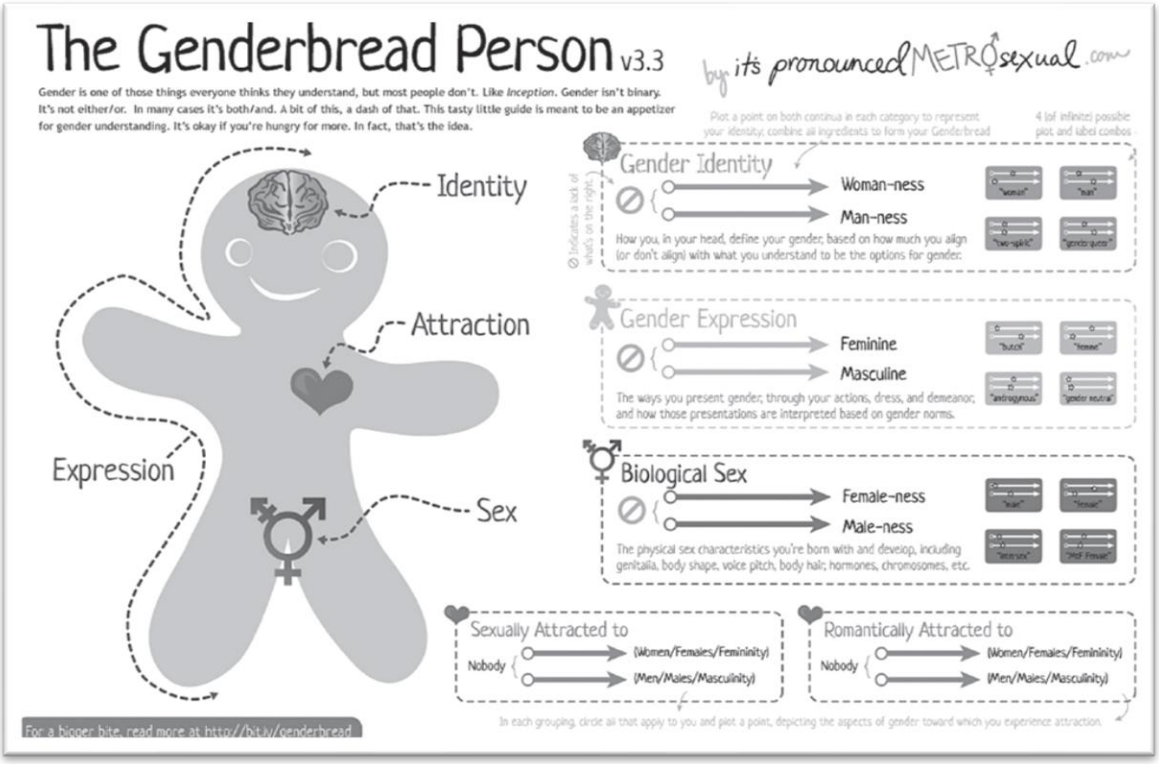

Figure 5: 'The Genderbread Person', Killerman (2017), displayed in Hearns and Kremer (2018).

Conclusions

Voice professionals who work with TGE students have a duty to help challenge cisheteronormativity, not only in the classroom but also outside it. This will not be easy, since it requires being politically outspoken in a world that is clearly turning to extreme conservative values (Murib, 2025). According to Murib (2025), the worldwide move to the right and the decline of rights and social standing for LGBTQ individuals, migrants, and women indicate that research and activism into these trends are urgently needed, especially since these patterns do not seem to be slowing down.

Fostering a gender-inclusive studio requires constant self-evaluation (Hans and Kremer, 2018). In this sense, the voice professional needs to commit to a lifelong process of reflective practice in order to identify potentially harmful behaviours and beliefs (Mills and Stoneham, 2021, citing Vincent, 2018).

Action Plan

Going back to my critical reflection on my commitment to this project, and linking it to the need for a more detailed account of experiences, emotions and reflections, I will adhere to consistent journaling with the three morning pages of 'The Artist's Way' (Cameron, 1993), specifically centred on my master's project. This will also support my commitment to self-evaluation and unconscious biases.

Commitment also expands to increasing knowledge, building and growing a community and sharing resources (Mills and Stoneham, 2021). Once this work is marked, my future plan includes sharing it with voice professionals who might be interested in working with TGE students, creating a space for dialogue. I will also continue my advocacy in my social spaces, both online and offline.

Near-future plans also include facilitating participant-centred voice exploration groups after building the resilience and confidence needed to manage uncertainty and performance anxiety (Mills and Stoneham, 2021).

Last but not least, listening to TGE students' voices is essential to this project. Including TGE students in decision-making is the only way to deliver best practices in gender-affirming voice coaching.). I am planning a meeting in my studio with TGE students before the end of the year for a voice exploration session and a suggestion board meeting.

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APPENDICES

APPENDIX ONE

The SOC-8 recommends a broad, inclusive approach to gender identification, namely, not only transgender, masculine or feminine, but also gender fluid, non-binary, genderqueer, and agender (Coleman et al., 2022).

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 **https://doi.org/10.1080/26895269.2022.2100644**

Available at: https://pubmed.ncbi.nlm.nih.gov/36238954/

APPENDIX TWO

The Trans Woman Voice Questionnaire (TWVQ)
To download in several languages, click here: https://www.latrobe.edu.au/school-allied-health-human-services-and-sport/ds-documents/TGV-Resources.pdf

APPENDIX THREE

The Voice and Communication Situation Questionnaire Developed With and for Transgender and Gender-Diverse People Presumed Female at Birth
Available at:
https://asha.figshare.com/articles/online_resource/Evaluation_of_the_Questionnaire_VCSQ_sup_PFAB_sup_Nygren_et_al_2025_/30615281

APPENDIX FOUR

Frequently asked questions on sexual and gender diversity, health and human rights: an introduction to key concepts.
World Health Organisation (October 2024)

Available at: https://www.who.int/publications/m/item/frequently-asked-questions-on-sexual-and-gender-diversity--health-and-human-rights--an-introduction-to-key-concepts

APPENDIX FIVE

Working with Transgender and Gender-Expansive Persons' Voices: A First Consultation Handbook for Voice Professionals

Working with Transgender and Gender-Expansive Persons' Voices: A First Consultation Handbook for Voice Professionals

Welcome

Welcome to the **First Consultation Handbook for Voice Professionals who work with transgender and gender-expansive (TGE) people**. This handbook aims to help voice practitioners create a safe environment and develop a first consultation protocol that supports rigorous singing and/or communication therapy through an empathetic and compassionate lens.

It is essential that voice professionals working with TGE people recognise the importance of deconstructing heteropatriarchal norms: we will call this **trans-competency.** If you are not prepared to engage in this process of deconstruction, please take some time to reflect before working with TGE students.

Deconstruction is an ongoing, lifelong process, but a very good way to start it is through language and terminology. **Language choices always matter**, and for TGE people, it matters even more. You want to know the difference between *sex* and *gender*, *gender identity, gender expression,* and *gender perception*. You will also want to know what an *ally* is, and how to deal with *misgendering, misattribution,* or someone wrongly using a *deadname*.

In order to familiarise yourself with essential terminology, **please read the glossary at the end of this handbook (page 45)** of terminology for LGBTQIA+ identities. Read it carefully. It is adapted from *The Singing Teacher's Guide to Transgender Voices,* by Liz Jackson Hearns and Brian Kremer (2018).

TIP 1: Read the Glossary as many times as you need and underline the words you are less familiar with. Start using these words in your everyday vocabulary in different social settings. Please pay attention to obsolete PROBLEMATIC TERMS and their PREFERRED ALTERNATIVE TERMS.

The Making of an Ally

An **Ally** is a person, typically cisgender and/or heterosexual, who supports and advocates for the lesbian, gay, bisexual, transgender, and queer communities. **Allyship is an evolving lifelong process** that can begin with language choices, but requires everyday commitment, sustained motivation, and reflection. **Engaging in actual allyship is essential for a voice practitioner who works with TGE voices.**

The following guidelines will help you to **start an effective allyship process** from an empathetic and compassionate starting point.

1. Read and study the **Glossary of Terms** as many times as possible, and reflect on which problematic words you may be using, in order to change them to preferred words.
   Use gender-neutral language as much as possible: "siblings", "guests", "humankind":

Gendered Version	Gender-Neutral Version
"Let's have all the *women* sing the top line in measures 46 to 59."	"Let's have all the *altos and sopranos* sing the top line in measures 46 to 59."
"*Ladies and gentlemen*, please turn to page 6."	"*Everyone*, please turn to page 6."
"Each person selects *his or her* own research topic."	"Each person selects *their* own research topic."
"This song cycle is written for *male* singers."	"This song cycle is written for *voices with a range of G2 to E4*."

Example of terms and phrases commonly used in the studio/classroom, extracted from the book The Singing Teacher's Guide to Transgender Voices, by Liz Jackson Hearns and Brian Kremer.

2. Know the current legislation of your country/state of practice. In Spain, **Law 4/2023** aims to promote true and effective equality for transgender people and to protect the rights of LGBTQIA+ individuals. You can also check the ILGA World map and the ILGA database of LGBTQIA+ rights in the world: https://ilga.org/ilga-world-maps/
3. Think in terms of **de-pathologisation;** this is, do not treat transness as a pathology.
4. Deconstruct the **power dynamic** between teacher and student. You have a lot to learn from your TGE client: acknowledge their experience and do not make assumptions.

5. Educate yourself **from sources by TGE people**: books, articles, and especially social media profiles where people openly talk about their lives as transgender persons.
6. Remember that **allyship is an ongoing process** and constant review of one's bias is needed.

TIP 2: Research has shown positive outcomes when cisgender people gets in contact with transgender people through social media. Follow transgender influencers on your platform of choice and become familiar with their experiences. Follow and support trans singers' YouTube channels: like, subscribe, and share.

First 1: 1 consultation with a TGE person

In this section, you'll find a number of **trans-affirming recommendations** to help ensure that your first meeting with your student/client goes smoothly and that you both feel at ease.

1. **Use of preferred name and pronouns**. State your pronouns first; this will avoid othering the other person. Ask the student in private for their preferred pronouns and name. Students have the right to be addressed by the name and pronouns that match their gender identity, whether or not they have legally changed them. Also ask the student how they want to be addressed in public and with their families (as in a student's concert).

A note on administrative paperwork. Students can choose when to update their name and pronouns in the administrative systems, including school identification, email addresses, etc. All personnel in your studio will make every effort to use the student's preferred name and pronouns. Parental/guardian approval is not required for a student to change their name and pronouns. Misgendering cannot be tolerated. If someone uses a deadname by mistake, they must apologise.

2. **Respect the context** of your student, and **avoid pity narratives** and being a rescuer of trans people. Always give room for the student to share new information.

3. **When in doubt, ask respectfully.** Remember that you need to deconstruct power dynamics, and you will learn from your student. Avoid asking to satisfy your curiosity: do your research online instead.
4. The best presentation is always: **How can I help you?** This includes previous phone calls or emails, where etiquette also matters. Avoid assessments and evaluations that may lead to misjudgments in the first contact.
5. Pay attention to the details in your workplace: a gender neutral toilet or an LGBTQIA+ symbol (a pin, a flag) can help to **create a supportive environment.**

TIP 3: In the exceptional event of misgendering by mistake, **apologise and move on.** Mistakes can happen,it is how you react to them that matters most. Keeping a notebook with names and pronouns and checking it before every class/session can help prevent it from happenning again.

The Sound of Our Voices

Although voice-perception questionnaires will be given to the student to complete at home, it is advisable to start with some technical work to actually listen more to the student's voice in the first session. We will discuss the questionnaires in the second session.

This section suggests a series of vocal exercises to get things off to a good start in the first lesson. As a voice practitioner and student, we will do the exercises together.

Starting With Breath Work

1. Barefoot, we will be bouncing on our heels while breathing in and out as the heels touch the ground. We will repeat the same process, breathing in as the heels touch the ground.
2. TGE students may encounter two key challenges in improving breath efficiency. Body-shaping garments like chest binders or waist trainers/corsets can restrict full breaths. Encourage singers to increase awareness and flexibility in body parts unaffected by these garments.

Additionally, gender dysphoria might cause singers to disconnect from their bodies or become anxious or hypervigilant. Prompts like "**what would it be like to . . .** " help build trust and a sense of agency. Exercises that enhance flexibility in the diaphragm, abdominals, and intercostal muscles support singers facing these obstacles.

Grounding and Jaw and Tongue Tension.

1. We will engage our big toe to the ground, without tension, helping us connect with our centre in a way that releases any potential tension in our jaw.
2. We will focus on the structures behind the face, gently massaging the palate, nasal pathways, sinuses, ears and eyes, which actively affect our voice and speech.
3. The tongue can also be tense, compensating for a lack of abdominal/thorathic breath support. We will release it, stretch it, loosen it. We will also work on retraction.
4. Let's yawn.

Warming Up with Semi-Occluded Vocal Tract Exercises (SOVTEs)

Research proves that SOVTEs benefit vocal health. Exercises such as straw phonation, lip trills, and tongue trills can help all TGE students, especially those **following any kind of hormone therapy. As voice practitioners, we must understand the effects of hormone therapy on the voice.**

TIP 4: An official voice classification system that does not link voice and gender does not exist yet. However, gender-aware voice practitioners can create a more inclusive environment by dissociating these links, **allowing gender identity to coexist with singing identity instead of being tied together.** Terms like broader, lower, twangier, darker, deeper, lighter, headier, help guide students to various vocal qualities without gendered language.

The Questionnaires

Two questionnaires have been positively evaluated for voice self-perception:

- **The Trans Woman Voice Questionnaire (TWVQ),** available in several languages at:

https://www.latrobe.edu.au/school-allied-health-human-services-and-sport/ds-documents/TGV-Resources.pdf

- **The Voice and Communication Situation Questionnaire Developed With and for Transgender and Gender-Diverse People Presumed Female at Birth**, available in English and Swedish at:

https://asha.figshare.com/articles/online_resource/Evaluation_of_the_Questionnaire_VCSQ_sup_PFAB_sup_Nygren_et_al_2025_/30615281

It is essential that the voice professional has a detailed account of how their student perceives their voice. Students can complete the questionnaires at home and, once revised, comment on them in class. This will also help in designing a roadmap for the upcoming sessions.

Suggested Social Media Resources (as a starting point)

A Brief History of Transgender People in Music

https://www.youtube.com/watch?v=OV7L8f73spA

Lucas Silveira-The Clicks Channel

https://www.youtube.com/@cliksmusic

Jaimie Wilson's Channel

https://www.youtube.com/watch?v=UfsmY1muXGg

Kim Petra's Channel

https://www.youtube.com/@kimpetras

Anhoni's Channel

https://www.youtube.com/@REBISMUSIC

Sophie's Channel

https://www.youtube.com/@SOPHIEMSMSMSM

Other Resources

Voice Tools: a free, popular app available on Google Play and the App Store. It offers a real-time pitch graph displaying ranges, along with volume meters and phonetically balanced reading samples (Google).

Meet Q, a genderless AI assistant:
https://www.youtube.com/watch?v=Ivv6zYOQqm0

Recommended Readings

Hearns, L.J. and Kremer, B., 2018. *The Singing Teacher's Guide to Transgender Voices*. Plural Publishing.

Mills, M. and Stoneham, G., 2021. *Voice and communication therapy with trans and non-binary people: Sharing the clinical space*. Jessica Kingsley Publishers.

Portero, A.S., 2023. *La mala costumbre*. Barcelona: Seix Barral. English version: *Bad Habit.* Translated by Mara Faye Lethem. HarperVia.

GLOSSARY OF TERMS, LGBTIQIA+ IDENTITIES

Agender: /adj./ describes a person for whom there is very little or no connection to the traditional systems of gender, or whose gender identity is neither male nor female; that they are without gender.

Ally: /noun/ a person, typically cisgender and/or heterosexual, who supports and advocates for the lesbian, gay, bisexual, transgender, queer + communities.

Androgyny/Androgynous /adj./ 1. exhibiting both male and female characteristics. 2. an expression of gender through clothing, hairstyle, or appearance that has both feminine and masculine elements. Not typically a term of self-identity.

AFAB /adj./ acronym for “assigned female at birth.” See also PFAB "presumed female at birth"

AMAB /adj./ acronym for “assigned male at birth.” See also PMAB "presumed male at birth"

Aromantic: /adj./ describes a person for whom there is “little or no romantic attraction to others and/or has a lack of interest in romantic relationships/behavior. Sometimes abbreviated to ‘aro’ (pronounced like‘arrow’)” (Killermann, 2017b, p. 258).

Asexual: /adj./ describes a person who experiences little or no sexual attraction or lack of sexual interest in others. Sometimes abbreviated to “ace.”

Bicurious: /adj./ describes a person who is curious about their attraction to people of the same gender or may be questioning their sexual and/or romantic orientation.

Bigender: /adj./ describes a person whose gender identity fluctuates between male or mostly male and female or mostly female, identifying with both genders and sometimes a third gender.

Biological sex: /**noun/** a medical term that describes anatomical, chromosomal, and hormonal characteristics. This term can be problematic because of its historical use to describe someone’s assigned gender when, in fact, biological iterations of sex and/or gender are diverse and unique for each person.

Biphobia: /noun/ harmful or negative attitudes expressed toward bisexual individuals, including fear, anger, erasure, or resentment.

Birth-Assigned Sex: /noun/ “the classification of people as male, female or intersex. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, genitals, and an expectation to develop specific secondary sex characteristics.

In our society, sex is normatively categorised into male and female, although variation in sex is frequent.

Bisexual: /adj./describes people who are physically, emotionally, and/or romantically attracted to both men and women, or more than one gender.

Chest Binder: /noun/ a compression tank undergarment that minimises the appearance of breasts and contours the torso to appear less feminine; used when chest binding.

Chest Reconstruction Surgery: /noun/ 1. Double mastectomy to create a more masculine and/or less feminine chest. 2. Breast implants or other surgical option for feminisation of the contour of the chest.

Cisgender /adj./ describes a person for whom the personal experience of their gender is congruent with the gender they were assigned at birth. Often abbreviated as "cis."

Cisnormativity: /noun/ the assumption that all people are cisgender, which leads to erasure and invisibility of transgender and gender-diverse (noncisgender) identities.

Cissexism: /noun/ behaviours that grant preferential treatment to cisgender people, rising from the assumption or belief that cisgender identities are more natural or correct than gender-diverse identities.

Closeted: /adj./ describes an individual who is not open or public about their queer sexuality or identity, either by their own choice or out of necessity for their safety or fear of rejection from family, employers, and so on. Also known as being "in the closet."

Coming Out: /verb/ 1. Personally, the process of accepting one's own sexuality and/or gender identity. 2. For friends, family, and community, the process of sharing or disclosing one's sexuality and/or gender identity with others.

Cross-Dressing: /verb/ to wear clothes of another gender/sex; a form of gender expression.

Drag: /noun/ the act of dressing in gendered clothing and adopting gendered behaviour and mannerisms as part of a performance, whether for entertainment or political commentary.

Electrolysis: /noun/ a beauty regimen to reduce the appearance of facial hair.

Facial Feminisation Surgery: /noun/ a series or combination of plastic surgeries to reshape the forehead, nose, jaw, chin, lips, cheeks, ears, or other parts of the face to appear more feminine. Often abbreviated to "FFS."

Feminine-of-centre: /adj./ describes a person whose identity, presentation, or relationships to others reside in the range of feminine but who does not necessarily identify as a woman.

Feminise: /noun/ the process of altering an aspect of presentation to be more feminine. This may include, but is not limited to, clothing, makeup, voice, or hormone therapy.

Femme: / adj. & noun / 1. describes a person who identifies as physically or mentally feminine. 2. A feminine-presenting queer person.

Fluid(ity): / adj./ "generally with another term attached, like gender-fluid or fluid-sexuality, fluid(ity) describes an identity that may change or shift over time between or within the mix of the options available (e.g., man and woman, bi and straight)" (Killermann, 2017b, p. 262).

FtM: / abbreviation/stands for "female to male."

Mostly used in a medical context and should be avoided because of the implication that a person goes from one gender to another, rather than having always identified as their affirmed gender.

Gay: /adj./ describes a person who is emotionally, physically, and/or sexually attracted to members of the same sex and/or gender.

Gender: /noun/ a set of behaviours, characteristics, gestures, emotional traits, attitudes, and social expectations that are associated with being mostly male or mostly female. **Gender is constructed by the societies and communities that perpetuate it and varies between cultures and across time periods.**

Gender Assignment: /noun/ similar to, but separate from, sex assignment. Once sex is assigned at birth, gender assignment and corresponding gender role expectations are enforced from birth regarding presentation, behaviour, and activities or interests in which one may participate.

Gender Attribution: /noun/ the process by which someone assumes the gender of another person through their gender expression.

Gender Binary: /noun/ the concept that only two genders exist and that every person is only either male or female.

Gender Dysphoria: /noun/ 1. a medical diagnosis characterised by incongruence between one's experienced and/or expressed gender and assigned gender. 2. the state of feeling uncomfortable with one's body as it relates to assigned gender. 3. The state of being uncomfortable with expectations of gender roles. 4. Discomfort with other aspects of gender expression and/or perception, including clothing, makeup, hairstyle, voice, and so on.

Gender Expression: /noun/ outward presentation or expression of gender through dress, appearance, speech patterns, mannerisms, and so on, separate from, and sometimes not related to, gender identity. Gender expression may be feminine, masculine, androgynous, or anywhere in between.

Gender Fluid: /adj./ describes a person whose gender identity varies over time or in different circumstances, including male, female, both, neither, or other nonbinary identity, or any combination of identities. Gender Identity: /noun/ one's individual, personal sense of being a man, woman, both, neither, or other nonbinary identity. Gender identity is inward and unique to each person, and separate from outward expression of that identity or from others' perception of it.

Gender Nonbinary: /adj./ describes a person whose gender identity or expression exists outside the gender binary of exclusively male or exclusively female.

Gender Nonconforming: /adj./ describes a gender presentation or identity that is not aligned with traditional expectations for masculine or feminine and that lies outside the gender binary. Often abbreviated as "GNC."

Gender Normative /adj./ describes a person whose gender expression falls within societal expectations for masculine or feminine.

Gender Perception: /noun/ observations and categorisations about gender based on one's perception of another person and how their own gender biases affect the way they move through the world. A person who has strong associations with the gender binary may have a different, more limited sense of gender perception than someone who is not attached to the gender binary.

Gender Policing: /adj./ monitoring or enforcing gender stereotypes, gender roles, or gendered behaviours. Gender policing ranges from discouraging certaingendered behaviors, especially for children, or requiring that someone meet a certain threshold in order to gain acceptance.

Genderqueer: /adj./ describes a person who does not identify within the binary system of male or female; can be used as an umbrella term for other gender nonconforming or nonbinary identities.

Gender Questioning: /adj./ describes a person who is curious about or questioning their own gender identity or is experimenting with gender expression and identity.

Gender Reassignment Surgery (GRS), Sex Reassignment

Surgery (SRS), Gender Affirming Surgery:/noun/ surgical options that change a person's external bodily structure from those of one sex to those of another. Surgical options may include gonadoplasty and/or chest reconstruction.

Gender Variant, Gender Diverse, Gender Expansive: /adj./ describes someone whose identity and/or expression does not conform to societal gender norms. This term can be inclusive, but it can be harmful if used to imply that these identities are abnormal.

Heteronormativity: /noun/ the assumption that all people are heterosexual, that heterosexuality is superior to or more natural than other sexualities, and that men should be masculine and women should be feminine.

Heterosexism: /noun/ preferential treatment granted to heterosexual or heterosexual-perceived people.

Heterosexual: /adj./ describes a person who is physically, emotionally, and/or romantically attracted to people of the opposite sex/gender.

Homophobia: /noun/ the irrational fear or hatred of homosexuals (including bisexuals and transgender individuals), expressed through harmful or violent behavior.

Homosexual: / adj. & noun / describes someone who is physically, emotionally, and/or romantically attracted to people of the same sex/gender. This term can be harmful, particularly when used as a noun, because of its history as a categorization of mental illness.

Hormone Replacement Therapy (HRT): /noun/ sometimes used as part of the transition process, the introduction of hormones to the body that align with one's gender identity.

Intersex: /adj./ describes a person whose chromosomes, hormones, and internal or external sex organs differ from traditionally male or female characteristics. Previously known by the term hermaphrodite but that term is outdated and derogatory and must not be used.

Lesbian: /adj./ describes someone who identifies as female and is physically, romantically, and sexually attracted to other females.

LGBTQ, LGBTQIA, LGBTQ+, or other variations: /abbreviation/ shorthand or umbrella terms for all folks who have a non-normative (or queer) gender or sexuality, there are many different initialisms people prefer. There is no "correct" initialism or acronym — what is preferred varies by person, region, and often evolves over time. LGBTQIA stands for lesbian, gay, bisexual, transgender, queer (or questioning), intersex, asexual.

Masculine-of-Center: /adj./ describes a person whose identity, presentation, or relationships to others reside in the range of masculine but who does not necessarily identify as a man.

Misgender: /verb/ to incorrectly presume or identify a person's gender, whether intentionally or unintentionally. Misgendering can happen by using incorrect name or pronouns or making statements or assumptions about one's behavior or presentation based on inaccurate gender perception.

MtF: /abbreviation/ stands for "male to female." Mostly used in a medical context and should be avoided because of the implication that a person goes from one gender to another, rather than having always identified as their affirmed gender.

Neutrois: /adj./ describes someone with a gender-neutral identity who may wish to exhibit a gender-neutral presentation or body.

Outing: /verb/ accidental or unwanted disclosure of someone's gender identity or sexual orientation.

Pansexual: /adj./ describes a person who is physically, emotionally, and/or romantically attracted to a person of any sex and/or gender. Sometimes shortened to "pan."

Passing: /adj. & verb/ trans people being accepted and/or perceived as their self-identified gender identity without others identifying them as trans.

Preferred Gender Pronouns or Preferred Pronouns: /noun/ the set of pronouns that an individual would like others to use when talking to or about them.

Queer: /adj./ an umbrella term to describe individuals who do not identify as straight and/or have a nonnormative gender identity. It is not accepted by all members of the LGBTQ+ community due to its historically derogatory use.

Questioning: /adj./ describes someone who is unsure or learning more about their sexual orientation or gender identity before identifying as LGBTQ+ or queer.

Sexual Orientation: /noun/ the type of sexual, romantic, emotional/spiritual attraction one has the capacity to feel for some others, generally labeled based on the gender relationship between the person and the people they are attracted to.

Straight: /adj./ a colloquial term for heterosexual.

Third Gender: /noun/ 1. a gender category used by both modern and historic societies that recognize more than two genders. 2. a term used by some people, meaning different things to different people, as a way to progress beyond the gender binary.

Top Surgery: /noun/ colloquial term describing chest reconstructive surgery intended to influence genderexpression and/or perception to be more masculine or feminine.

Trans: /abbreviation/ a shorthand of the word transgender (see "Transgender")

Trans*: /abbreviation/ trans with an asterisk is often used in written forms (not spoken) to allow for more inclusivity of all gender identities, including nonbinary identities.

Transgender: /adj./ describes a person whose selfexperienced gender is not the same as the gender/sex they were assigned at birth.

Transgender Man, Trans Man, or Transmasculine Individual: /noun/ individual assigned female at birth but who identifies and/or lives as male.

Transgender Woman, Trans Woman, or Transfeminine Individual: /noun/ individual assigned male at birth but who identifies and/or lives as female.

Transition: /noun/ the process by which a person alters their appearance or the way they move through the world to be aligned with their gender identity and/ or the gender by which they wish to be perceived.

Transition is deeply personal and can include social, medical, and/or legal aspects.

Transphobia: /noun/ fear, hatred, prejudice, or mistreatment of transgender people.

Transsexual: /adj./ an older and outdated term for "transgender" which originated in the medical and psychological communities.

Two-Spirit /adj./ "refers to a person who has both a masculine and a feminine spirit, and is used by some First Nations people to describe their sexual, gender and/or spiritual identity." (University of Toronto, 2017)

Problematic Terminology

PROBLEMATIC: "transgenders," "a transgender"

PREFERRED: "transgender people," "a transgender person" Transgender should be used as an adjective, not a noun. Do not say, "Mary is a transgender," or "The performance included many transgenders." Instead say, "Mary is a transgender person," or "The performance included many transgender people."

PROBLEMATIC: "transgendered" or "cisgendered"

PREFERRED: "transgender" or "cisgender" The words transgender and cisgender never need the extraneous "-ed" at the end of the word. Only verbs can be transformed into participles by adding "-ed" and since the words transgender and cisgender are adjectives, adding "-ed" is grammatically incorrect.

PROBLEMATIC: “transgenderism”

PREFERRED: “being transgender” or “trans identity” Transgender people do not use this term. This term reduces being transgender to an illness or pathology and is used to dehumanize transgender people.

PROBLEMATIC: “sex change,” “preoperative,”“postoperative”

PREFERRED: “medical transition”

A person does not need to have surgery in order to transition. Using these problematic terms overemphasises the importance of surgery when discussing the process of transition for transgender people. Each person’s transition is personal and unique and may or may not include any medical intervention.

PROBLEMATIC: “biologically male,” “biologically female,” “genetically male,” “genetically female,” “born a man,” “born a woman”

PREFERRED: “assigned male at birth,” “assigned female at birth”, or “designated male at birth,” “designated female at birth”, or “presumed male at birth”, “presumed female at birth”.

These problematic phrases oversimplify very complex aspects of sex and gender. There are as many iterations of biological gender as there are people in the world.

PROBLEMATIC: “passing”

PREFERRED: N/A. Passing is a controversial term because it gives the power to the observer rather than giving full agency to the individual. Some folks place high priority on “passing” while others do not, and having others perceive an individual as having “passed” is not always a positive experience.

PROBLEMATIC: “female to male (FtM)” or “male to female (MtF)”

PREFERRED: “trans male,” “transgender man,” “trans man,” “trans masculine,” or “trans female,” “transgender woman,” “trans woman,” “trans feminine”. These terms imply that the individual was once one gender and then changed or switched to the other.

Although the individual’s birth-assigned sex is listed first, that person likely never identified as that gender. The notion that a trans person changed from female to male or from male to female is not correct, as this is confusing birth-assigned sex with a person’s self-identified gender.

PROBLEMATIC: “hermaphrodite”

PREFERRED: “intersex person” Hermaphrodite is an outdated term that is sometimes still used to sensationalise intersex people.

PROBLEMATIC: “transsexual”

PREFERRED: “transgender” Transsexual is mostly considered an outdated term, but there are still some people who prefer the use of that term to describe themselves. Unlike transgender, the term transsexual is not an umbrella term, and many transgender people do not like to be referred to as transsexual.

PROBLEMATIC: “transvestite”

PREFERRED: “cross-dresser” Transvestite is an outdated term and has some potentially negative connotations.