Working with trans and non-binary people: Voice & Communication

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Voice & communication

• The voice is poorly understood by the majority of the general public.
• Speech and language therapy was identified as the fifth most important clinical service after diagnosis, hormone prescribing and monitoring, referrals for surgery and hair removal (LGBT Foundation 2018).
• There are many sources of information that are not evidence-based and therefore may not be sustainable, or may even be potentially harmful.
Cis-/Hetero-normativity

• It is often assumed that trans people want to change from one gender to another.

• The best possible result, it is assumed, is to “pass” as a man or a woman.

• This is **not** the aim of voice and communication therapy (unless this is what the client decides on)

• Many clients wish to have a voice that matches their identity and personality.

• This may include aspects from both male spectrum / typical masculine vocal identity and female spectrum / typical feminine vocal communication, or anywhere along the continuum.
Authentic voice

• The client should aim to achieve authentic voice

• This is a voice that:
  • They can use safely and without effort
  • Reflects how they want to sound
  • Includes aspects they find appealing
  • Does not include aspects that may bring on feelings of gender dysphoria

• This may change over time
Aspects of authentic voice: A model

- **Pitch**: Low-High
- **Intonation**: Tune
- **Resonance**: Chest-Head
- **Volume**: Quiet-Loud
- **Articulation**: Back-Forward
- **Language use**: 
- **Body Language & Facial Expression**
- **Vocal hygiene**
Voice pitch

- **Voice pitch (frequency)**
  - Often clients have little idea where their pitch is currently, or what to aim for
  - Very obvious target, but may not be appropriate
  - Must include **resonance changes** or will sound inauthentic

- Male spectrum / Typical masculine vocal identity
- Female spectrum / Typical feminine vocal identity
- Gender neutral spectrum / mid-range
- Link to prosody (word stress and intonation) to avoid monopitch
Resonance

• Resonance is when the voice “passes through a series of filters (the vocal tract) that dampen and enhance the sound and make each voice unique and distinctive to the owner of the voice”
  • (Stemple, Glaze, & Klaben, 2010: 5)

• Male spectrum / Typical masculine vocal identity
  • Chest resonance

• Female spectrum / Typical female vocal identity
  • Head resonance

• Adds authenticity to the voice
Intonation

• The ‘tune’ of the spoken sentence
• The voice moves up and down within a comfortable range
• Provides emphasis and meaning at phrase / sentence level
• When pitch has changed, avoid flat or monotone voice
Individual or group work?

- Trans and non-binary people may feel very anxious about commencing therapy.
- Greeting people as they come into the clinical space is important.
- Services may offer individual and group work
- Almost all clients are anxious about working in a group prior to doing so.
- All clients reported that group work was acceptable,
  - “Being in a group helped with anxiety”
Should I include students?

• All 71 clients who provided feedback reported that they enjoyed working with student speech and language therapists.
  • “Fabulous experience. Glad to ‘Give back’”
  • “Lovely people; very kind and ‘giving’.”

• Students reported that they developed clinical skills, including:
  • Assessment
  • Intervention
Working in a multi-disciplinary team

Bio psychosocial care pathway
• Endocrine
• Surgical
• Psychological
• Psychosocial

• Trans and non-binary mentors
• LGBTQ+ charities
• Social programmes

• Local services
• Gender specialist team
How to learn and develop your clinical skills

✓ Become a trans and non-binary ally
✓ Join the RCSLT Trans and Gender-Diverse Clinical Excellence Network (CEN) – It’s free!
✓ Download the competency framework
✓ Develop voice skills in assessment and intervention
✓ Attend training and read about LGBT+ awareness
Thank you!