

The Lived Experience of Vocal Expression for Three Transgender People

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Dedications

To the three voices who made this possible.

To everyone at Camp Aranu'tiq.

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Abstract

The Lived Experience of Vocal Expression for Three Transgender People

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The purpose of this phenomenological study was to gain an in-depth understanding of the lived experience of vocal expression for three transgender people. Although several articles suggest that changing one's voice to match gender presentation can improve mental health, no articles have yet addressed the transgender person's subjective experience of using their voice. For this study, two transgender men and one transgender woman participated in an individual musical vocal experience and a subsequent interview. The sessions explored how the participants experience their voice as related to their self-image, and as an integrated or dissociated part of their identity. Data were analyzed by phenomenological method. Four common themes emerged from the data, including:

1. Reactions and associations to vocal experience
2. Exerting effort
3. Stages of transition
4. Relearning to use voice

This study suggests that the voice plays an integral role in gender identity, and is connected to self-concept and expression. Participants found that exploring their voice encouraged physiological awareness, self-reflection, and reclamation of identity. Data showed that their focus on the voice influences their behavior, thoughts, and self-perception. This study suggests clinical applications for music therapists as well as other mental health practitioners.

CHAPTER 1: INTRODUCTION

The purpose of this study was to gain an in-depth understanding of the lived experience of vocal expression for three transgender people. Three individuals participated in a musical vocal experience and a subsequent interview with the researcher. The vocal experience was designed to give the participants expressive contact with their voice. The sessions explored how participants experience their voice as related to their gender presentation and identity.

Many transgender people experience their voice as a disjointed or unintegrated part of their gender identity. Male-to-female (MTF) individuals often undergo speech therapy in which the goal is to raise the fundamental frequency of the voice (Carew, Dacakis, & Oates, 2007; Van Borsel, De Cuypere, Rubens, & Destaerke, 2000). Female-to-male (FTM) individuals who take Testosterone often notice changes in their voice, but there is little research about their experience (Brown, Perry, Cheesman, & Pring, 2000; Van Borsel, De Cuypere, Rubens, & Destaerke, 2000). Although they rarely seek out speech therapy, FTMs still express concerns about their voice (Van Borsel, De Cuypere, Rubens, & Destaerke, 2000).

Austin (2008) wrote about the voice as a multi-dimensional window into the self. She found that the voice acts as a metaphor for the self, and reflects a person's emotional state, as well as degree of comfort with one's body. The voice can also hold within it sounds that are associated with repressed material, and therefore, working with the voice helps integrate all aspects of oneself (Austin, 2008). More specifically, Austin (2008) wrote that singing can help individuals access parts of identity that were not accepted as a child. She also uses the voice to work with people experiencing a non-authentic self, or

who have received a societal message that their true self is not “correct.” The present study will add to that body of knowledge by documenting the lived experiences of three transgender adults.

Literature searches based on keywords such as “transgender” and “gender identity” yield a mixed bag of articles that address topics spanning from child development (e.g., Brenes, Eisenberg, & Helmstadter, 1985) to fetishism (e.g., Brown, 1983). Many older articles such as Skrapec and MacKenzie’s “Psychological Self-perception in Male Transsexuals, Homosexuals, and Heterosexuals” (1981) are simultaneously concerned with participants’ sexual orientation *and* gender identity. This is not surprising, since the mid-seventies saw the removal of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. It is important, however, that research makes the distinction between these two separate topics since transgender people experience a different set of issues than lesbian, gay, and bisexual people may face (Ahessy, 2011; Chase, 2004).

The literature also includes more recent studies about physical and psychological care for transgender children and adolescents (de Vries, Cohen-Kettenis, & Delemarre-van de Waal, 2006; Grossman & D’Augelli, 2007; Smith, van Goozen, & Cohen-Kettenis, 2000; Spack, Edwards-Leeper, Feldman, Leibowitz, Mandel, Diamond, & Vance, 2012; Wallien & Cohen-Ketteneis, 2008). Adding the keyword “voice” to the search returns several articles about the technicalities of speech therapy for transgender people (Carew, Dacakis, & Oates, 2007; Gross, 1999; Van Borsel, De Cuypere, & Van den Berghe, 2001). No research was found that discusses the experience of vocal expression for transgender people, as related to identity or sense of self. Although it is

implied in the aforementioned literature that changing one's voice to match gender presentation is a step toward improved mental health, no articles have addressed the transgender person's lived experience of vocal expression. Reicherzer, Patton, and Glowiak (2011) confirm that counseling with transgender clients rests on a small, yet growing, foundation of evidence. Most of the extant literature refers to the transgender experience as pathological (Reicherzer, Patton, & Glowiak, 2011).

Voice is an integral part of one's gender identity, and often a barrier to “passing” completely (Carew, Dacakis, & Oates, 2007; Hancock, Krissinger, & Owen, 2011). Fourteen of sixteen FTM participants in a study on voice rated voice modification as important to their transition as sex reassignment surgery (Van Borsel, De Cuypere, Rubens, & Destaecke, 2000). Elorriaga (2011) studied the relationship between adolescent boys' gender identity and participation in a choir. He noted that singing holds cultural meaning, and used Monks' (2003) concept of “vocal identity” to understand boys' gender identity. Vocal identity is also related to self-concept and self-esteem (Elorriaga, 2011). Hancock and Owen (2011) found that quality of life for MTFs was correlated more with an individual's likeability of her own voice than with others' ratings of her voice.

This study asked, what is the lived experience of vocal expression for three transgender people? Through phenomenological inquiry, data were collected from three transgender adults during a vocal experience and an interview. Four common themes emerged from the data. These themes represent the common aspects of the participants' experience:

1. Reactions and associations to vocal experience

2. Exerting effort
3. Stages of transition
4. Relearning to use voice

This study is delimited by the characteristics of participants. Participants were adults over the age of 18 who identify as transgender and who do not have mental health diagnoses that include delusions or hallucinations. Participants had not been psychiatrically hospitalized within the past year. A limitation of this study was that because of the small sample size, results cannot be generalized to the transgender population. Because this study required singing with another person, participants only included the demographic of transgender people who are comfortable in this situation.

Results from this study are applicable to many fields, including music therapy, lesbian, gay, bisexual, and transgender (LGBT) health, and speech therapy. Understanding how the voice is intertwined with identity, self-perception, and self-esteem can help therapists envision vocal interventions for a variety of therapeutic goals. This research also suggests approaches for working with clients undergoing a gender transition.

CHAPTER 2: LITERATURE REVIEW

The Transgender Experience

There is little research on lesbian, gay, bisexual, and transgender (LGBT) populations (Lemoire, 2005). There are complications and ethical issues inherent to working with “hidden” populations (Sullivan & Losberg, 2003; Meezan & Martin, 2003, p. 5). For example, it is difficult to find a representative sample from such a population, and therefore generalizability is problematic (Sullivan & Losberg, 2003). In their study of sampling and data collection techniques in LGBT research, Sullivan and Losberg (2003) found that “sampling is fraught with dilemmas, particularly with populations that are difficult to define, hard to reach, or resistant to identification because of potential discrimination...” (p. 148). The authors reviewed 37 research articles that were published between 1997 and 2000 in the *Journal of Gay and Lesbian Social Services*. One of the 37 articles dealt exclusively with transgenderism, and this article did not report its sample size. Five studies included transgender participants, and many of the articles were unclear about the difference between sexual orientation and gender (Sullivan & Losberg, 2003).

Research on transgender populations is sparse, with no probability studies in literature or plans for “inclusion in federal surveys” (Kennedy, 2006, p. 293). European population surveys give the most accurate estimation of the current prevalence of people who have had sex reassignment surgery (Lawrence, 2008). According to De Cuypere (as cited in Lawrence, 2008), data from Belgium reports that 1 in 12,900 people identifies as male-to-female (MTF) and 1 in 33,800 identifies as female-to-male (FTM). Transgender people may live full-time or part-time as their preferred gender (Brown et al., 1996; Lawrence, 2008). Not everyone who has surgery or uses cross-gender hormones exhibits

a binary gender presentation (Lawrence, 2008). Rather, some people may identify as transgender, but choose to appear in ways that may look androgynous (Lawrence, 2008; Teich, 2012). Transgender individuals have also reported in interviews that although they may look to be male or female, they find it important to come out as transgender to support the concept of gender fluidity, or in order to ensure that a part of their past is not hidden (Beemyn & Rankin, 2011).

According to the DSM-IV-TR, people diagnosed with gender identity disorder exhibit “cross-gender identification” and “discomfort” with one's assigned gender (American Psychiatric Association, 2000, p. 259-260). Research shows that a disproportionately high percentage of people with gender identity disorder have co-occurring Axis I diagnoses, personality disorders, and have attempted suicide (Lawrence, 2008).

History of transgenderism.

In the 1970s, society began to differentiate between sex and gender (Ferris, 2006). Sex refers to biology, while gender refers to “the social distinctions between masculine and feminine behavior” (Ferris, 2006). These two terms function independently of sexual orientation, which refers to the gender(s) to which a person is attracted (Teich, 2012).

Although history is replete with examples of transgender behavior in many cultures, the early 1900s most significantly changed the landscape of gender transition with the advent of hormonal and surgical interventions. In light of these new procedures, the word “transsexual” was born, and came to mean “people who sought to change their sex” (Meyerowitz, 2002).

In 1952, Christine Jorgensen's story was published in the *New York Daily News* (as cited in Meyerowitz, 2002). Jorgensen, who grew up as a boy in the Bronx, had yearned to live as a female and eventually traveled to Denmark for sex reassignment surgery (New York Daily News, as cited in Meyerowitz, 2002). Her story sent waves through the American media, and its influence was far-reaching, inspiring doctors, scientists, and the general public to rethink definitions of gender (Meyerowitz, 2002). In 1966, Johns Hopkins Hospital pioneered sex reassignment surgery in the US (Meyerowitz, 2002; Rowland & Incrocci, 2008).

While the general public tends to view gender as a binary concept, gender can also be viewed as “a continuum consisting of many dimensions: the biological, the psychological, the social, and the cultural” (Zucker, 2008, p. 327). Language used to describe how people identify along this spectrum has been inconsistent, and has changed over time (Beemyn & Rankin, 2011; Rowland & Incrocci, 2008). Because transgender is an umbrella term, the transgender experience includes a wide range of expressions and potential concerns. Kirk and Kulkarni (2006) offer four “Possible Mind-Sets of Transsexuals” which could influence an individual's experience within the mental health system: “Those who are certain about what they want and are determined to get it,” “Those who feel convinced that they are transsexual and want to transition, but choose to take their time,” “Those who feel conflicted,” and “Those who are unsure whether they are transsexual” (p. 155-6).

A person's relationship to the gender spectrum can become pathologized, as in the case of transgender people. The DSM IV-TR applies a diagnosis of gender identity disorder to individuals meeting the following criteria:

- A) A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
 - B) Persistent discomfort with his or her sex or sense of inappropriateness of the gender role of that sex.
 - C) The disturbance is not concurrent with a physical intersex condition.
 - D) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (American Psychiatric Association, 2000)

Gender transition.

In 1985, *The Journal of Consulting and Clinical Psychology* published an article that described two studies (Blanchard, Steiner, & Clemmensen, 1985). The first study assessed psychological symptoms of 103 females and 160 males who were labeled as gender dysphoric. The study sampled a cross section of patients at differing stages in their gender transition to see if a relationship existed between “gender reorientation” and “psychological adjustment” in people diagnosed with gender dysphoria. Using multiple regression analyses, this study concluded that gender transition led to improved psychological adjustment. The second study was a follow-up study of 55 MTFs and 47 FTMs at least one year after sex reassignment surgery. Findings from this study included that post-operative participants had the same psychological symptoms as the general public (Blanchard et al., 1985).

In a quantitative study on transgender adolescents, Grossman and D’Augelli (2007) found that 45 percent of a 55-person snowball sample “seriously thought about taking their lives” (p. 532) and 26 percent had attempted suicide. All of the youth who

had attempted suicide reported that at least one attempt was related to their gender. The researchers were interested in the differences between those youth who had attempted suicide and those who had not. They found that participants who had attempted suicide reported more dissatisfaction with their body weight, and that others disliked their bodies (Grossman & D'Augelli, 2007). They also reported significantly higher rates of parental verbal and physical abuse. The authors noted that because of the hidden nature of this population, a representative sample could not be guaranteed. Furthermore, because participants were recruited from agencies that provide services to LGBT youth, results cannot be generalized to those who are not connected with organizational resources. The authors also noted that one of the study's limitations was that the data was based on youths' self-reports (Grossman & D'Augelli, 2007).

By age two, most children know their gender (Grossman & D'Augelli, 2007). All but one of eleven participants in a study of transgender adults "identified a degree of gender awareness" by adolescence (Reicherzer, 2006, p. 244). This awareness manifested in many ways, and many participants described punishments resulting from their childhood cross-gender behavior (Reicherzer, 2006). In a phenomenological study of twelve adult MTFs, many participants discussed feeling that they knew they weren't fitting in to societal patterns, but they did not have words to articulate the problem (Scarpella, 2010). Isolation is a common stressor for transgender people (Grossman & D'Augelli, 2007; Kirk & Kulkarni, 2006; Scarpella, 2010). Many participants described feelings of isolation and loneliness because of their transgender identity, and relief upon reading about or meeting another transgender person (Scarpella, 2010, p. 73). For some participants, this relief came from reading about Christine Jorgensen (Scarpella, 2010).

In a qualitative phenomenological study, four transsexual people between the ages of 20 and 54 were interviewed about their experience of inner “transformational journey” during transition (Reinsmith-Jones, 2009, p. 181). Each participant's transition had a different trajectory in terms of surgery and self-authentication. All participants expressed the idea that they were striving for “the pinnacle,” which is when an individual has “become who they were meant to become” (Reinsmith-Jones, 2009, p. 189). Their trajectories also all included a move from self-hate to self-love, after which each participant expressed the ability to help others. The researcher proposed that a gender transition aligns with other theories of spirituality and transformation. For instance, the transgender person experiences “inner/outer dissonance and feeling at odds with self and others,” eventually leading to “choosing self-responsibility and beginning transition” (Reinsmith-Jones, 2009, p. 183). This process parallels Frankl's “will to meaning” concept in which one's unconscious “reveals to conscious 'I am not what I ought to be'” and eventually commits to living authentically (Reinsmith-Jones, 2009, p 183).

The transgender experience in the mental health system.

Transgender people may come to health providers in search of help with obtaining hormones, coming out, finding medical or legal resources, or they may have needs that are unrelated to their gender identity (Kirk & Kulkarni, 2006). “In a transphobic society, transpeople often live in fear for their lives, especially those who do not 'pass' well” (Kirk & Kulkarni, 2006, p. 146). Transgender people may experience “high rates of isolation, self-hatred, and high-risk behaviors” (Kirk & Kulkarni, 2006, p. 146). If a child grows up knowing that it is not safe to express their gender, they may later have symptoms that look like those of post-traumatic stress disorder (Kirk & Kulkarni, 2006).

In her discussion of how transgender people may interact with therapists, Reicherzer (2006) summarizes a framework offered by Eisenberger, Lieberman, and Williams:

Therapists need to be aware of the role of social pain in constructing transgender subjectivities, and conscious of the fact that social pain becomes anticipated. Many transgenders who have directly experienced social pain anticipate that this pain will also be experienced in the mental health process. (p. 275)

In Scarpella's (2010) phenomenological study exploring clinical relationships with transsexual individuals, twelve MTFs between age 30 and 64 were interviewed using open-ended questions. Scarpella found that the “gate-keeping” role of the clinician often interfered with the relationship. Transgender women had learned to present the necessary narrative in order to get a letter from the therapist, which is required for sex reassignment surgery. Therefore, the client would present an inauthentic self, and view the therapist as a gate-keeper, rather than a trusted clinician (Scarpella, 2010). Often, participants had been surprised by the positive outcomes of therapy. Many continued therapy even after obtaining the required letter to transition, and many felt that gender-affirming therapy was a valuable part of the transition process (Scarpella, 2010).

In Reicherzer's (2006) grounded theory study, eleven transgender participants were asked open-ended questions about their identity, gender transition, interaction with mental health professionals, and what they would like professionals to know about the transgender population. In the resulting collective narrative, participants wanted “therapists to understand gender nonconformity as a lived experience, rather than a

media-sensationalized phenomenon” (Reicherzer, 2006, p. 260). Participants also desired that therapists be familiar with resources and community networks. Several participants approached therapy with the fear that they would be pathologized as sick, and that therapists would not be supportive of sex reassignment surgery (Reicherzer, 2006).

Literature gap.

In 2011, Beemyn and Rankin noted that although literature on transgender people was growing, no studies had yet to explore the experience of transgender people in the broadest sense. Rather, many studies focused on just one demographic, such as teens, children, or MTFs (Beemyn and Rankin, 2011). An extensive literature search yields no literature that explores the transitioning person's inner and spiritual experience, rather than physical changes (Reinsmith-Jones, 2009). Beemyn and Rankin (2011) were also critical of studies that do not include the wide range of people who identify between the binary, but do not identify as transgender. These people may identify as genderqueer, androgynes, or third gender, for example (Beemyn & Rankin, 2011). To fill in this literature gap, Beemyn and Rankin conducted a mixed-methods study to explore the development and experiences of transgender people. An online survey was nationally distributed via transgender listserves, online support groups, and individual emails, and 3,474 people responded. Follow-up interviews were conducted with 419 participants (Beemyn & Rankin, 2011).

Carroll (1999) also noted the disparity of research that considers the wide array of transgender experiences, including people who emerge from gender dysphoria and land somewhere between the binary, as well as those who seek medical or psychological professionals. The existence of a variety of experiences implies that there is not a “true

transsexual,” nor is there one clear etiology (Carroll, 1999, p. 129). While in the past, professionals tried to differentiate those who were good candidates for sex reassignment surgery and those who were not actually transsexual, modern theory acknowledges a “spectrum” of identities and recognizes that not all transgender people are aiming for surgery (Carroll, 1999, p. 129). In one study, no significant personality differences were found between men who identified at diverse points on the spectrum, including those who cross-dress with varied frequencies, and those who did and did not desire sex reassignment surgery (Brown et al., 1996). In his review of research on treatment for gender dysphoria, Carroll (1999) categorized patients into the following categories: “an unresolved outcome, acceptance of biological gender and role, engaging in the cross-gender role on an intermittent or part-time basis, and adopting the other gender role full-time. Each of these options has several possible variants as well” (Carroll, 1999, pg. 129).

Those with unresolved outcomes may have left a gender identity program after rejecting standard treatments that are costly and could take years (Carroll, 1999). Additionally, many people leave treatment because of ambivalence about transitioning, and many return later in life, often after a major life transition (Carroll, 1999). Because of lack of follow-up research, this group is not well understood (Carroll, 1999).

With respect to those who come to accept the gender they were labeled at birth, Zucker (as cited in Carroll, 1999) found that some research suggests that therapeutic interventions can help decrease gender dysphoria in children. However, the same is not true for adults, who generally will not change their identity to match their biology (Carroll, 1999).

Research on individuals who cross-dress part-time is also lacking, due to the fact that this population is not likely to present for treatment (Carroll, 1999). Recent research with non-clinical populations shows that transgender individuals do not score significantly different than a control group on personality measures (Brown et al., 1996). In a quantitative study of members of a national cross-dressing organization, 188 men were given the NEO Personality Inventory and the Derogatis Sexual Functioning Inventory (Brown et al., 1996). The Personality Inventory rates “normal personality” which is defined by neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness. The only significant differences were that this population scored higher for excitement seeking and some aspects of openness. The sample was diverse except in race (95% white) and degree of secrecy (90% reported that their significant other knew about their cross-dressing), which limits the generalizability of the results (Brown et al., 1996). This study did not support previous findings which showed more significant differences. However, the authors attribute this to the fact that this study only sought out non-patients. When clinical patients were studied, they rated higher on neuroticism, which may have been the reason they sought treatment. Another important finding was that respondents who reported seeking psychological help with their gender did not differ from those who had not sought help (Brown et al., 1996). This implies that those who sought help were not actually distressed by their own lifestyle, but rather sought help at the insistence of someone else. These respondents may have also sought out a mental health professional because of the requirements surrounding obtaining hormones (Brown et al., 1996).

Between 1964 and 1999, more than 50 studies were published about people who have undergone sex reassignment surgery (Carroll, 1999). Although the research provides consistent results, it also suffers from many limitations including “lack of randomized treatment groups,” “lack of longitudinal data,” and “diverse definitions of outcome success or failure” (Abramowitz, 1986; Carroll, 1999, p. 131). In a review of ten studies published before 1980, 60 to 85 percent of patients were “satisfied or improved” after surgery, with “cosmetic satisfaction, interpersonal relationships, and psychological well-being” the most improved (Abramowitz, 1986, p 184). These reports were written by authors who were invested in the surgical outcomes (Abramowitz, 1986). Abramowitz (1986) also reviewed fourteen studies that had “greater scientific credibility” due to methodology and standardization (p. 185). This review also yielded an improvement rate of 50 to 85 percent (Abramowitz, 1986).

In addition to the need for more quantitative data, qualitative research is also lacking. Teich (2012) found that no life-long or large scale studies exist that detail the lives of transgender people. He suggested this may be because the topic is new, controversial, and lacks funding. Additionally, a large number of out transgender people is a difficult sample to obtain (Teich, 2012).

In her discussion of the importance of qualitative research within the field of music therapy, Forinash (1993) asserts that music therapists have the difficult task of both analyzing the "ineffable" within clinical settings, as well as articulating important information to other professionals (p. 69). She suggests that this communication can be improved through more qualitative research, partly because it enables music therapists to better understand their own clinical work. Forinash (1993) cites her 1992

phenomenological study, in which music therapists were able to better understand their own work after articulating their experience and subsequently reading those of others. The idea that research participants could gain insight from taking part in a study is particularly relevant to the present study, as transgender people may greatly benefit from reading others' similar experiences.

Voice and Self

Austin (2001) wrote that self loss manifests in many ways, including narcissistic, borderline, and schizoid personalities. An individual's loss of self could be influenced by a variety of factors, such as parental lack of empathy or over-stimulation, which may in turn lead to a false self or dissociated parts of self. Austin (2001) cites her 1993 research when she states that pieces of the self can “be projected onto the voice, the music, or the musical instruments” (p. 23).

The voice.

Research shows that the voice carries meaning in both intra- and inter-personal interactions. Austin calls the voice “a, if not the, primary instrument...singing is one of the most effective ways to build a connection to one’s innermost self and to others” (Preston-Roberts, 2011). In her definition of vocal psychotherapy, Austin includes “breath, natural sounds, toning, singing songs, the music in the speaking voice, and vocal improvisation, as well as words in the service of intra-psychic and inter-personal connection” as forms of vocal expression (Preston-Roberts, 2011).

In a mixed methods study on the voice and self-esteem, participants were interviewed about their own voice and perception of singing experience (Chong, 2000). Eighty-five university students with no voice training or voice disorders were assessed

with the Multidimensional Self-Esteem Inventory. Their speaking voice was assessed by answering questions and their singing voice was assessed as they sang a familiar song. Vocal characteristics were recorded, including amplitude, range, and breathing pattern. Results showed that self esteem could be predicted by measurements of speaking amplitude. Interestingly, vocal characteristics during singing were a better predictor of self-esteem than characteristics of speaking. Conclusions from this study also included that “singing is a very personal and self-revealing experience in terms of capability and confidence” and that “acceptance of one's body image certainly may be reflected in vocal expression” (Chong, 2000, p. 89).

The voice is a medium through which people connect to the external world, as well as their authentic self (Austin, 2008). Because of this connection, singing can help catalyze self expression, and toning (vocalizing vowel sounds with a focus on sound vibrating through the body) can provide awareness and acceptance of the body. The voice can also provide a pleasurable experience of the body (Austin, 2008).

Accessing the self.

Austin (2001) found that using the voice can help clients relax, find balance, express emotions, regulate breathing, and effect physiological and psychological change. Improvisational singing within a stable therapeutic relationship can provide insight into unconscious “sensations, memories, and associations,” which can then be integrated into a more complete self (Austin, 2001, p. 24). While singing, a client might discover a new part of their personality, or need support in finding their voice (Austin, 2001). According to Johns Hopkins Medicine, musical improvisation has also been shown to shut down

parts of the brain that inhibit and self-censor, and turn on parts linked with self-expression (as cited in Austin, 2008).

In her discussion of music therapy assessment, Loewy (2000) describes the voice as an instrument that is connected to the body, and “perhaps the most personal part of one's presentation” (p. 56). The voice is an essential part of a music therapy assessment for this reason, and can become a “musical representation of the self that is the result of all of the other processes at play (emotional, cognitive, ego)” (Loewy, 2000, p. 57).

Austin (2008) wrote about the voice as a multi-dimensional window into the self. She found that the voice acts as a metaphor for the self, and reflects a person's emotional state, as well as degree of comfort with one's body. The voice can also hold within it sounds that are associated with repressed material, and therefore working with the voice helps integrate all aspects of oneself (Austin, 2008). More specifically, Austin (2008) wrote that singing can help individuals access parts of identity that were not accepted as a child. She also uses the voice to work with people experiencing a non-authentic self, or who have received a societal message that their true self is not “correct”. The voice is so inextricably linked to one's sense of self that when the voice is insulted, it can feel like a personal rejection. A wounded person often survives by forfeiting their own voice (Austin, 2008).

Voice and confidence.

In a qualitative study about how adolescents perceived their voice and used singing as self-expression, 30 singers aged 11 to 18 were recorded throughout one year (Monks, 2003). Fifteen of them participated in case studies and self-assessments. Monks (2003, p. 248) found that phrasing and articulation during a musical performance are

indicative of “a singer's belief in themselves, the song and their confidence in communicating to an audience.” Kimble and Seidel (1991) also found that voice was indicative of one's confidence. In their qualitative study on “vocal signs of confidence,” participants' vocal characteristics were compared to their confidence level when answering trivia questions. They were also given the Rathus' Assertiveness Schedule. Results showed that more assertive individuals spoke more loudly than their unassertive counterparts (Kimble & Seidel, 1991).

Monks' (2003) study also found that fun and self-satisfaction were just as motivating for singers to improve as getting a good grade or preparing for a performance. On post-study questionnaires, many participants wrote that singing had given them confidence. Monks referred to several sources which connect voice to sense of self, including Barthes, who wrote that behind every voice, there is a body and a “socio-emotional essence” (as cited in Monks, 2003, p. 247). Monks also cited research on blind and deaf individuals which demonstrated the role that voice plays in self-perception. Monks' (2003) study produced a wealth of data about the relationships between physiological changes, self-confidence, one's place within a group, and musical expression—all of which interact to create one's vocal identity.

Voice and identity.

Elorriaga (2011, p. 320) expands on Monks' definition of vocal identity as “the self-concept and also the self-esteem involving one's own voice.” Elorriaga (2011, p. 320) noted that vocal identity can change based on “age, gender, social inclusion, vocal experiences, musical background, etc.”

In a qualitative study at a public secondary school in Spain, boys' voices were found to be connected to their gender identity (Elorriaga, 2011). A grounded theory was created after the researcher observed music classes and rehearsals, and conducted unstructured interviews and focus groups with 75 students between ages 12 and 16, and 15 teachers and parents. The students had all chosen to engage with singing either through school electives or extra-curricular choirs. Within his “‘teacher-research’ strategy of inquiry,” Elorriaga (2011, p. 321) triangulated his data and ensured generalizability. Transcript coding categories included:

Personal growth and vocal learning.

Emotional content and energetic aspects of the voice.

Association of the quality of voice and the pitch of vocal registers.

Interpretation of masculinity as a vocal process that develops through the change of the voice.

Male socialization: Inter- and intra-group connections. (Elorriaga, 2011, p. 322)

In a phenomenological inquiry of the experience of singing harmony with another person, co-researchers discussed harmony as a relationship (Winter, 2009). The study included an individual singing session and interviews. Participants experienced singing harmony with another person as “building and expression of relationships, intrapersonal insight, movement and action, and beauty” (Winter, 2009, p. 29).

In her Master's thesis, Winter (2009) wrote that singing harmony is a way of creating a relationship, both musically and interpersonally. Her co-researchers reported that an internal system of expectation, affirmation, and reprimand goes on while singing

harmony, and therefore, harmonizing has the potential to provide a sense of mastery and increase self-esteem. Data from this study also showed that co-researchers felt “risk and responsibility” while harmonizing, and that their singing was a way of both recognizing one's identity, while also negotiating a connection (Winter, 2009, p. 77).

Winter found “movement and action” as a common theme amongst co-researchers. Co-researchers had experiences of “action and the compulsion to change or alter something...sometimes this action was a response to an unmet expectation or unwanted dissonance” (Winter, 2009, p. 79) Austin (2008) also identified the strong link between vocal work and change. Vocal improvisation...

...frees the client and the therapist from old frames of reference and ready-made responses and allows space for the creation of new ways of being to emerge from feelings and impulses we are experiencing at the moment.

There is a sense of flowing with time and our evolving consciousness and a feeling of being enlivened when we can create our own form (music, sounds, words) instead of 'con-forming' – duplicating someone else's way of being or acting.” (Austin, 2008, p. 137)

The Transgender Voice

Voice is an integral part of one's gender identity, and often a barrier to fully presenting externally as one feels internally (Carew, Dacakis, & Oates, 2007; Chaloner, 2000, Hancock, Krissinger, & Owen, 2011, Van Borsel, De Cuypere, & Van den Berghe, 2001). Chaloner (2000, p. 261) wrote that “it is almost impossible to separate the voice from the personality.” Fourteen of sixteen FTM participants in a study on voice rated

voice modification as important to their gender transition as sex reassignment surgery (Van Borsel, De Cuypere, Rubens, & Destaerke, 2000).

Voice characteristics.

Further research is needed on what “speech markers” define the male or female voice (Girshick, 2008, p. 255). According to Oates and Dacakis (as cited in Chaloner, 2000), there is much overlap in the speech frequencies of males and females, and there is less difference with age. Oates and Dacakis (as cited in Chaloner, 2000) found the approximate mean fundamental frequency for adult males, age 20 to 29, is 138 Hz, and range is 60-260 Hz. The corresponding measurements for females are 227 Hz and range is 128-520 Hz.

In addition to frequency and range, Brownmiller found that women and men use different inflections and vocabulary (as cited in Girshick, 2000). The main difference between men and women's voices is that men use more “chest resonance” (Chaloner, 2000). Elorriaga (2011) found that boys connected the ability to sing with one's chest voice with maturation as a man. For pubescent boys, a goal of being in choir was to achieve the role of baritone, which they perceived as manly and used as “a powerful tool that let them express and reinforce their gender identity” (Elorriaga, 2011, p. 327).

Some research shows that an individual's perception of their own voice impacts their identity more than whether their voice conforms to gender-typical characteristics. Gender stereotypes and subjective expectations may be more important than “fundamental speech markers” that point to a voice's gender (Chaloner, 2000, p. 255). Elorriaga's (2003, p. 323) research showed that boys commented more on the perceived quality of their voice (i.e., “stronger”) rather than the actual changes (i.e., “lower”).

Hancock et al. (2011) found that quality of life for MTFs correlated more to how much an individual likes her own voice, rather than how much others like her voice. In this quasi-experimental study, the researchers provided twenty participants with vocal feminization therapy before collecting a voice sample from each of the participants, as well as ten cisgender (people who identify as the gender they were labeled at birth) controls (Hancock et al., 2011). Participants and listeners rated the voices in terms of femininity and likability. Quality of life was measured with the Voice Handicap Index and the Transgender Self-Evaluation Questionnaire. The study concluded that quality of life correlated more with an individual's likeability of her own voice than with others' ratings of likeability for her voice (Hancock et al., 2011).

Voice modification.

Chaloner calls voice modification “essentially an exercise in acting” (2000, p. 258). She noted that this process is often difficult for a client to accept since the person already feels female, and therefore dislikes the idea of having to learn to *sound* female. Pitch begins in the brain, and then the vocal chords change shape to express a note (Chaloner, 2000). To concentrate on how the voice sounds, and thinking about altering its production can feel inhibiting to thought and conversation. It is helpful for clients to have some music ability when trying to change their voice. Clients can use awareness of breath to support speaking and phrasing (Chaloner, 2000).

Many FTMs choose to take Testosterone as part of their gender transition. Testosterone can affect many physiological characteristics, including lowering the voice (Girshick, 2008). This is an irreversible change which results from enlarging the larynx. Testosterone often makes FTMs feel as if they are going through male puberty (Girshick,

2008; Teich, 2012). Research shows that FTM individuals who take Testosterone often notice changes in their voice, but there is little research about their experience (Brown, Perry, Cheesman, & Pring, 2000; Van Borsel et al., 2000). Although they rarely seek out speech therapy, FTMs still express concerns about their voice (Van Borsel et al., 2000).

Estrogen does not have any impact on the voice, so MTFs who take hormones are not impacted in the same way (Girshick, 2008; Teich, 2012). MTFs often undergo speech therapy in which the goal is to raise the fundamental frequency of the voice (Carew et al., 2007; Teich, 2012; Van Borsel et al., 2000).

In her grounded theory study, Girshick (2008) surveyed 150 people who responded to a flyer advertising to “gender-transgressors”. Within the sample, many gender identities were represented, and the research reached saturation. Girshick found that many MTFs were concerned about their voices for a variety of reasons, including that it was physically difficult to sustain the use of a female voice. Some improved their voice through surgery or voice lessons, and others accepted their lower voices (Girshick, 2008). In Chaloner's practice with pre-operative clients, they “need a passable, if not a perfect, voice to qualify for surgical referral” (2000, p. 258).

One participant in Girshick's (2008) study found that her voice was perceived as evidence to support the gender which others were currently perceiving her. For instance, if someone assumed she was female, they would accept her voice as sounding female (Girshick, 2008). Kessler and McKenna's (2006) study demonstrated that this process is common when people try to discover another's gender. Their study used a process similar to the game “Twenty Questions” to see how people discern gender, and what characteristics people related to gender (Kessler & McKenna, 2006). Participants were

told that the interviewer was thinking of a person, and the participant could ask ten yes-or-no questions to figure out if the person was male or female. The interviewer was not actually thinking of a real person, and the answers were pre-arranged random series of yes's and no's. The results of this “game” showed that participants formed an idea about which gender the person was, and then were able to rationalize information to fit with the gender they had chosen. For instance, if the participant had decided the person was male but the interviewer affirmed that the person wore skirts, the participant might conclude that the person wore kilts. Participants also assumed that once they knew about the genitals of the person, they knew what the gender was. Most questions asked were about social roles or secondary sex characteristics. When asked why they did not ask about genitals, participants said that they thought asking about genitals was the same as asking the gender of the person (Kessler & McKenna, 2006). In contrast, Zandvliet (2000) defines gender as “the sum of a person's non-physical and non-biological characteristics that determine their sense of being male, female or neither or any combination.” He also adds that rather than “being,” “belonging to” is a more accurate descriptor of how people experience gender (Zandvliet, 2000).

In a quantitative study which explored how the relationship between physical appearance and voice affects perceived femininity, 22 laypersons and speech-language pathology students rated 14 MTFs on a femininity scale (Van Borsel et al., 2001). A recording of each MTF person speaking was presented to two groups of observers with audio only, visual only, and both audio and visual. The observers were not told that the women were transgender, and the audio-visual modes presented and order of presentation were randomized. Results showed that both voice and physical appearance played a role

in perception of femininity. In general, voice decreased ratings of femininity and appearance increased ratings (Van Borsel et al., 2001).

Creative Arts Therapies with LGBT Clients

Therapy with transgender clients.

Transgender people present to therapy with a variety of concerns, including experimentation with gender identity and presentation, consideration of surgery, sexual orientation, and experiences of fear, guilt, and shame (Zandvliet, 2000). Many transgender clients have considered identifying as gay or lesbian, and come to therapy having already adopted that lifestyle (Zandvliet, 2000). Those who experience gender beyond the binary often recall childhood as a time when their creativity was stifled—boys who wanted to dress up, for instance may have been scolded (McMichael, 2000). Ironically, studies show that this population also scores higher on tests of creativity (Jonsson & Carlsson, 2001; Konik & Crawford, 2004; Stoltzfus, Nibbelink, Vredenburg, & Thyrum, 2011).

In 2012, best practices were published for music therapists working with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals (Whitehead-Pleaux et al.). These best practices provide clear recommendations for working with transgender clients, and acknowledge that this population has different needs than the general LGBTQ population. According to Whitehead-Pleaux et al. (2012), although the American Music Therapy Association (AMTA) affirms that music therapists should not discriminate based on gender expression, the field still lacks related policies and training. Music therapists should be educated about the process of gender transition, and the myriad of ways that it can take shape in the lives of people of any demographic. Whitehead-Pleaux

et al. (2012) emphasize that it is most important “to see the client as an individual first, and then a member of a culture.” With this standard in mind, the present study may be particularly helpful because it provides an in-depth look into the experiences of three individuals.

Transgender clients.

Within the transgender community, there is a growing demand for psychiatric care (Spack et al., 2012). A search for articles on creative arts therapies with transgender clients yields only about ten results, and of those, only a few represent research published within the past decade.

In a qualitative case study, Hanan (2010) explored the experience and expression of body image for four transgender adults participating in dance/movement therapy. The participants, who self-identified as currently in transition, were recruited from a community-based health care provider and a local LGBT non-profit. Hanan (2010) found six common themes in the participants' expressions:

(a) the importance of expressing one's true and unique self, (b) supporting one another's efforts to express the true self, (c) the body's experience of violence and discrimination, (d) studying and practicing gendered movements, (e) actively working to shape the body as a vehicle of self expression, and (f) joy, relief and celebration in the gender transition. (p. 150)

While some of these themes are represented in prior literature on the transgender experience of the body, Hanan (2010) postulated that themes (a), (b), and (f) were unique to her study because of the idiosyncratic nature of dance/movement therapy, and its

ability to encourage “deep exploration and expression of subjective embodiment” (p.124). Because of its focus on interpersonal support, Hanan (2010) credits dance/movement therapy as being powerful for transgender clients.

In a phenomenological study of three transgender women, participants were asked to create a bridge drawing and a drawing about their experience of gender transition (Maher, 2011). Four common themes were found in their artwork: identity, identity formation/evolution, change, and restricted affect (Maher, 2011). Both Hanan (2010) and Maher (2011) provided creative arts therapy interventions for their participants, and used verbal interviews to supplement their data.

In a case study with a 43 year old transgender woman, Boseman (2012) provided various art therapy interventions to help her client explore her authentic self. The client's art often depicted a “false self,” and the therapist encouraged the client to examine her tendency to please others and put their needs before her own. Through mask-making, collage, drawing, and other art therapy directives, the client explored her support system, social boundaries, relationships, and strengths. Boseman (2012) described her role as the therapist as similar to Winnicott's “‘good enough mother' who mirrors the child rather than directs behavior” (Boseman, 2012, p. 18). The author hypothesized that their therapeutic relationship may have been reparative in that the client was safe enough to assess her own needs and not worry about caring for the other (Boseman, 2012).

LGBT clients.

In their review of art therapy with LGBT clients, Pelton-Sweet and Sherry (2011) describe many interventions that support the coming out process and identity-building. Several case studies detail the use of self-portrait, collage, and mural to address identity,

prejudice, and coming out (Pelton-Sweet & Sherry, 2011). For transgender clients, specifically, Makin (as cited in Pelton-Sweet & Sherry, 2011) describes the use of puppet-making, and the “Inside Me, Outside Me” activity, in which clients create art that expresses the gap between their internal self and the self they present publicly. Makin and Brody (as cited in Pelton-Sweet & Sherry, 2011) also describe an activity during which participants create a safe space for an animal, representing an internal self that the participant knows is safe. Pelton-Sweet and Sherry note that although art has been proven successful in treating anxiety and increasing self-esteem, more research is needed about art therapy with this population, specifically its effect on the coming out process. Counselors without training in art therapy also include art in their recommendations. For example, MacNish and Gold-Peifer (2011), suggest creating a “gender timeline,” in which the transgender child can visually communicate gender-related memories to the family. The authors note that children may have processed their gender identity for a long time before disclosing these thoughts to their care-takers (MacNish & Gold-Peifer, 2011). More research is needed about creative interventions with people navigating the coming out process (Pelton-Sweet and Sherry, 2011). University music therapy programs (n=134) and music therapy associations (n=49) were surveyed about opportunities for music therapy training around LGB issues (Ahessy, 2011). Transgender issues were noted to have many similar issues, but were left out of this study because of the complex differences. Results showed that programs considered LGB training important, but both training and literature on this topic are lacking. For those music therapy programs that did address LGB issues, the most addressed topics included HIV/AIDS and homophobia. Gender development and transgender issues were lower on the list. The top reason for not

addressing LGB issues in music therapy programs was “perceived low priority” (Ahessy, 2011, p. 19)

The creative arts therapies are effective in working with gay and lesbian clients because the arts reach across diverse cultures (Chase, 2004). Music therapists can better serve their gay and lesbian clients by learning about LGBT culture in the same way a therapist would approach other multicultural populations (Chase, 2004). More research is needed on clinical work with gay and lesbian clients, as well as methods and techniques that music therapists use with this population (Chase, 2004).

CHAPTER 3: METHODOLOGY

Design

This is a phenomenological study. The objective is to explore the lived experience of vocal expression for three transgender people.

Location

This study took place in the music therapy studio in Drexel University's New College Building. Participants were also offered the option of meeting at William Way LGBT Community Center, and permission was obtained for this (Appendix G) in the case that participants had opted to meet there.

Time Period

This study began following approval from Drexel University's Institutional Review Board in December, 2012.

Enrollment Information

This study enrolled three participants between the ages of 24 and 34. All three participants identified as transgender, lived in the greater Philadelphia area, and spoke English. Participants did not have mental health diagnoses that include delusions or hallucinations, and had not been psychiatrically hospitalized within the past year.

Subject Source

Participants were solicited through email, flyers, and word of mouth. The researcher contacted people in the Philadelphia transgender community and requested that information about the study be passed on to potential participants. Participants were selected to maximize diversity.

Recruitment

The researcher emailed transgender community leaders and supporters in the Philadelphia area. This email (Appendix A) explained the study and requested that the email be forwarded to anyone who may be interested. The researcher also made personal contact with friends and colleagues who may have known potential participants. The researcher printed flyers (Appendix B) and posted them at the William Way LGBT Community Center. Permission for this was obtained from William Way (Appendix G).

When potential participants emailed the researcher, she arranged a phone call during which she collected demographic information and informed the interested person that they would hear if they have been accepted into the study within three months.

Because this is a phenomenological study, it aims to collect in-depth information from participants. The researcher therefore selected for variation in participants so that data represented a wide range of experiences. Potential participants were told that this study was seeking variation and that there was a chance they would not be selected. The researcher sought to include at least one male-to-female participant and one female-to-male participant with varied musical backgrounds. After selecting for diversity, participants were selected in the order that they responded.

Subject Inclusion Criteria

Participants were transgender people over the age of 18. They lived in the Greater Philadelphia Region, spoke English, and were willing to engage in a vocal experience and verbal interview with the researcher.

Subject Exclusion Criteria

Participants did not have mental health diagnoses that include delusions or hallucinations and were not psychiatrically hospitalized within the past year. Friends and acquaintances of the researcher were excluded.

Investigational Methods and Procedures**Instrumentation.**

Each individual participated in a vocal experience and an interview, both of which were audio recorded. The 30-45 minute vocal experience was led by the researcher. The interview was conducted after the vocal experience and lasted approximately 30-45 minutes. The interview questions were open-ended and sought to elicit an in-depth understanding of each participant's feelings, emotions, and thoughts about their vocal expression.

Informed consent.

The researcher informed the participants that this study is about the experience of vocal expression for transgender people, and that their session would consist of a vocal experience with the researcher and an interview. Participants were informed that they had the right to leave the study at any time. The researcher confirmed that the participant had consented to audio recording the session. The audio files were kept confidential with no identifying information attached to them, and were stored in a password protected computer that was kept in the researcher's possession. The participants were asked to repeat their understanding of their participation in their own words, and then asked to sign the consent forms. The researcher brought two consent forms to the session. After

both were signed, one was given to the participant and one was stored in a locked, secure file in the Drexel University Department of Creative Arts Therapies.

Data collection one- demographic data (10-20 minutes).

When the participant emailed to express interest in the study, the researcher arranged a phone call to gather demographic data and explained that all information would be completely confidential. Demographic data included race, religion, ethnicity, gender, length of time transitioned, and musical history.

Data collection two- vocal experience (30-45 minutes).

The researcher led the participant through a vocal experience which gave the individual expressive contact with their voice, and helped to elicit verbal expression about their perceptions of their voice during the interview. This session was audio recorded and transcribed.

Data collection three- interview (30-45 minutes).

Following the vocal experience, the researcher interviewed the participant. Interview questions were open-ended questions about the preceding vocal experience and about the participant's experience of their voice in daily life. Questions also addressed gender identity and presentation, self-image, and relationship to others. This interview was audio recorded and transcribed.

Participant responses.

Within one month of the interview, the researcher sent each participant their transcript and textural analysis. As co-researchers, the participants had the opportunity to respond to the data.

Participant 1 did not respond to the data.

Participant 2 agreed with the data.

Participant 3 agreed with the data, and added that he stopped taking Testosterone about two weeks after the interview. He noted that, although he was unsure exactly why he stopped, he thought that this decision was related to his voice and the experience of describing the process to another person.

Data Analysis

The data was analyzed using Moustakas' Method of Analysis of Phenomenological Data. This process includes epoche, phenomenological reduction, imaginative variation, and synthesis of meanings and essences (Moustakas, 1994). In keeping with the tradition of phenomenological research, participants had the opportunity to act as co-researchers. They were asked to respond to the researcher's descriptions of their sessions in order to create a more authentic and accurate picture of the experience.

Epoche.

The epoche allows researchers to “set aside our prejudgments, biases, and preconceived ideas about things” (Moustakas, 1994, p. 85). The researcher engaged in epoche before meeting participants, as well as during the research period. The researcher wrote and drew about her associations to transgender people, voicework, and expectations she had about how transgender people would experience their voices. After concluding with each participant, the researcher noticed how the vocal experience and interview impacted her. After the second and third interviews, the researcher felt particularly emotional, and chose to record a musical epoche. In the same way that writing and drawing before the sessions helped her set aside any preconceived ideas, these musical epoche helped her set aside any residual energy she had internalized during

the interviews, so that she could better view the data through the participant's eyes without the influence of her own emotions.

Phenomenological reduction.

This process involved reviewing the transcribed interviews and bracketing statements that were relevant to the study. These statements, which Moustakas (1994) calls “horizons,” were each considered important aspects of the participants' experience. Horizons were grouped into themes, and repetitive data was discarded. From the horizons and themes, a textural analysis was formed. The imaginative variation was created based on the textural analysis, and from those two, a revised list of themes was generated. The structural analysis was written after considering the revised themes. This process was repeated for each participant. A composite analysis was also completed, consisting of composite themes, textural description, revised themes, and structural description.

Imaginative variation.

Moustakas tasks imaginative variation with “describing the essential structures of a phenomenon” (1994, p. 98). The researcher uses her imagination and playfulness to arrive at possible meanings which could explain the phenomenon being studied (Moustakas, 1994). For this study, the researcher composed a musical improvisation based on each participant's experience, themes, and textural analysis. The pieces are included on the enclosed CD.

Operational Definitions of Terms, Concepts, Variables

Transgender person: a person “whose psychological self ('gender identity') differs from the social expectations for the physical sex they were born with...An umbrella term for transsexuals, cross-dressers (transvestites), transgenderists, gender queers, and people

who identify as neither female nor male and/or as neither a man or as a woman”
(University of California Berkeley Gender Equity Resource Center, n.d.).

Gender Identity: The Human Rights Campaign (2011) defines gender identity as “a person's innate, deeply felt psychological identification as male or female, which may or may not correspond to the person's body or designated sex at birth.” Berkeley's Gender Equity Resource Center (n.d.) offers a more fluid definition, acknowledging that some people identify outside the gender binary: “The gender that a person sees themselves as. This can include refusing to label oneself with a gender.”

The Voice as a Concept: Austin calls the voice “a, if not the, primary instrument...singing is one of the most effective ways to build a connection to one’s innermost self and to others” (Preston-Roberts, 2011).

Vocal Expression: In her definition of vocal psychotherapy, Austin includes “breath, natural sounds, toning, singing songs, the music in the speaking voice, and vocal improvisation, as well as words in the service of intra-psychic and inter-personal connection” as forms of vocal expression (Preston-Roberts, 2011).

Genderqueer: A label for “people who feel that they are in between male and female or are neither” (Teich, 2012, p. 115). Genderqueer can refer to a permanent or temporary feeling: “People can be perfectly clear that their gender is genderqueer,” and the term is

also be a “common stopover” for those considering transition and exploring their gender identity (Teich, 2012, p.115).

Participants also acted as co-researchers by defining relevant terms.

Possible Risks and Discomforts to Subjects

While there were minimal risks anticipated with this study, participants were told that they may experience discomfort when disclosing their transgender identity to the researcher. Although their identity was kept confidential, there is always the possibility of emotional discomfort with disclosing one's transgender identity. The vocal experience and the interview may have been uncomfortable due to the intimate nature of discussing gender and identity with a stranger.

Special Precautions to Minimize Risks or Hazards

Participants were reminded that their information would remain confidential, and all data was stored on a password protected computer. The researcher approached this study with an awareness of the participant's emotional needs and abilities, and provided a safe, non-judgmental space to meet with the participant. Participants were reminded that they could voice any discomfort they experience, and could withdraw from the study at any time.

CHAPTER 4: RESULTS

Overview

This phenomenological study explored the lived experience of vocal expression for three transgender people. The results of this study represent the ways that three transgender people experience their voice as related to their gender expression and identity. The themes common to all three participants are as follows:

1. Reactions and associations to vocal experience
2. Exerting effort
3. Stages of transition
4. Relearning to use voice

Participants

The participants were three transgender people, ages 24 to 34. They were diverse in regard to their race, religious affiliation, musical background, and length of time transitioned.

Data Collection

Each participant met individually with the researcher on Drexel University's campus. The researcher guided each participant through a consent process, vocal experience, and in-depth interview. The entire session took between 1.5 and 2 hours for each participant. The vocal experience was designed to give the individual expressive contact with their voice. Both the vocal experience and the interview were audio recorded.

Data Analysis

The data collected in this study were analyzed using Moustakas' (1994) phenomenological research methods. The researcher engaged in an epoche by identifying her preconceived ideas about transgender people and vocal expression. She also continued the epoche during the study, as she reflected (sometimes musically) after each participant session. After transcribing the interviews, the researcher conducted the data analysis, as described in Chapter 3. Analysis included bracketing, identifying horizons and themes, and writing the textural description, imaginative variation, revised themes, and structural description.

Data analysis did not include analysis of musical behaviors or abilities. The study design relied upon participants' ability to access their truest possible self while engaging in the vocal experience. Therefore, any perceived analysis may have been counterproductive to obtaining authentic responses from each person. Additionally, the voice has been shown to be a particularly vulnerable piece of one's identity, so analysis may have been detrimental to participants' self-image. The vocal experience was designed so that participants could engage fully without feeling they were being tested or judged.

To preserve their anonymity, participants will be referred to as Participant 1, 2, and 3. When referring to transgender individuals, pronouns align with their presenting gender, also called one's affirmed gender. A person who has transitioned from male to female, for instance, is referred to as female.

Participant 1

Participant information.

Participant 1 is a 24 year-old Vietnamese-American. She began her gender transition four years ago, and identifies as genderqueer and MTF. She took piano lessons for a year as a child, and started teaching herself guitar last year. She also performs in burlesque and drag shows approximately once a month. She sings to herself around the house and while driving, as well as to her students during her work as a teacher.

Horizons and themes.

Horizons were grouped into themes. Repetitions and statements not related to this study were removed, leaving the researcher with only those statements that represented the essence of the participant's experience.

Table 1

Themes	Participant's Statements
Flexibility	<ul style="list-style-type: none"> -I got caught off guard at the beginning there, but I had a lot of fun with it. -I use 'she' and 'her' nominally, but in truth, I'm able to work with them all. -I'm a drag king and a drag queen. I do both.
Self-acceptance	<ul style="list-style-type: none"> -I just relaxed and just let whatever comes out comes out, and that's where it's at now. -I identify along the trans spectrum as genderqueer. And what that means to me, since it means different things to other people, is that I'm just who I am. -I'm a talker at heart. -You've been an outspoken person all your life, why are you stopping now for this thing? -I still have fun despite my subconscious fears about my vocal ability. -I just gotta learn how to move past that. -That sounds really bad...Oh well!

Reactions and associations to vocal experience	<ul style="list-style-type: none"> -Brings me back to when I'm singing to my [students] and everything goes, and having fun. -I've done a little bit of acting in the past and with the work that I do performing drag and burlesque. -Being loud was fun. -A lot of the [MTF vocal training] exercises are just very forced. -I never realized I could feel the vibrations at the top of my head. -I was just really in the moment. -I was very tense.
Acceptance of lack of control	<ul style="list-style-type: none"> -I got to my current voice now because, heh, whatever.
Unpredictability	<ul style="list-style-type: none"> -Sometimes it just completely flops. -That's one of the fears a lot of my peers in the transgender community have had, and also myself, just being afraid of that first couple steps and months and years--of how your voice is gonna sound. -Who knows where I'll be?
Relearning to use voice	<ul style="list-style-type: none"> -The tonal range [exercise] was a lot of fun because I distinctly remember practicing that as I was working on my voice initially. -It forced me to work hard on it. -Moving my voice generally upwards. -She has a series of vocal training exercises for male-to-female transgender people.
Stages of transition	<ul style="list-style-type: none"> -I transitioned socially about a year before I started hormones. -It was hard because I was able to physically present as female; I started off really really femme. -I was a little partially impatient also a lot lazy. -I look back and like, why are you so stupid? I think we all say that to our younger selves at some point. -I was pretty proud of being a 'no ho'. And working on my voice initially. -Once I graduated, I starting identifying more and more as genderqueer. -When I first started transitioning, some people are gonna identify me as male and at that time it was a huge deal to me. -Initially it was very much about vocal passability. -When I first started my transition I had zero help with vocal training. -I had a very high voice for a while and once I realized, you know what, I don't really feel comfortable doing this. -I'm at a very relaxed point in my voice journey. -It used to be an issue where 'he' and 'him' pronouns were really affecting me emotionally...after performing drag for a good 8 months now it's just kinda melted away.

Gradual changes	<p>-I don't remember there being a switch when its like, ok my voice has gotten to the point where its passable enough and then I stop worrying about it.</p> <p>-Trying to figure out my own thing at my own pace.</p>
Confidence	<p>-I kinda know this...I can kinda guess where you're at and attempt to get to the same tone.</p> <p>-I'd just go by [name].</p> <p>-I like my voice. I enjoy this song, why can't I sing along to it?</p> <p>-Some people might make fun of me; it happens.</p> <p>-Thats something musical that I feel pretty proud of that even if my confidence in singing is not that great.</p>
Uncertainty	<p>-I'm one of those kids who would always raise their hands during class, but when I started transitioning, it was like, I don't need to talk right now, maybe one question today I'll answer.</p> <p>-I still have a slight reservation about recreating songs with my voice.</p> <p>-It's always natural to be afraid of something new, even though it's something that you've always had.</p> <p>-Having people make fun of you or feeling scared about using your voice.</p> <p>-I was consciously worried, like crap, I have to talk now.</p>
Social situations	<p>-Whenever I'm in a group, I'm very acutely aware of my audience and my community and direct my presence and voice accordingly.</p> <p>-I typically use 'she' and 'her' just to make things easier.</p> <p>-And he's like, "oh, I thought you were a girl, nevermind." And that just felt really shitty for the rest of that day.</p> <p>-People give me that side eye and it's like, ok get out of here as fast as I can.</p>
Exerting effort	<p>-When it comes to me doing it on my own, I was like, oh crap, now I actually have to do something.</p> <p>-I just had to talk more often than I was initially comfortable with, and it just forced me to improve my voice daily.</p> <p>-When I'm talking: 'ok, take a deep breath, move it up here.'</p>
Characteristics of voice	<p>-I'm happy to be able to go to the ranges I'm able to.</p> <p>-I have realized I can't go as low as I used to before transitioning and I can't go as high as I used to before I first started transitioning.</p> <p>-I fluctuate, sometimes my voice gets a lot higher when I'm high energy and very excited.</p>
Voice reflecting gender presentation	<p>-When I present myself in a more distinctually feminine or masculine manner, my pitch fluctuates with it.</p> <p>-When I started identifying more as genderqueer, rather than female and transfeminine, I became more comfortable with wherever my voice is at.</p> <p>-I always remember this one person commenting that in order to work on getting your pitch and resonance high in order to sound naturally</p>

	feminine, whatever that means, just make lots of sex noises. -If theres something in music where I can embrace wherever my voice is at, that would be great, I gotta find it.
Envisioning different versions of self	-When I created the character I was like, alright, I have to make this seem like me but absolutely not me. -Theres a lot of inner monologue. -I love performing as them. -Extremes of myself.

Textural description.

Participant 1 feels flexible about her experiences of gender and identity. She described several instances of having an expectation, and then, when the outcome defied that expectation, still feeling positively about the outcome. She feels relaxed about her gender presentation and comfortable with her fluid gender identity, including how she thinks of herself and also how others perceive her. She performs as both a drag king and queen, during which she can play with her gender and continually explore its malleability.

It just so happens that on some days people might see me one way, and that's just how it is, but at the end of the day, I am who I am, and how I present myself is where I'm at at that time.

While differentiating between several roles that she plays in her life, including teacher, burlesque dancer, and activist, Participant 1 said, “whenever I'm in a group, I'm very acutely aware of my audience and my community, and direct my presence and voice accordingly.” She is able to change her voice to match how masculine or feminine she feels like presenting. Participant 1 encourages herself to retain personal characteristics such as “talker” and “outspoken” despite insecurities resulting from her gender presentation. During the vocal experience, being loud felt familiar to her because she has

experience with public speaking, tai kwan do, and working with children. She approached the vocal experience with a sense of play, recalling singing with preschoolers, acting, and performing in drag shows. During the vocal experience, she was “just really in the moment.” She noticed several physical sensations, including vibrations during toning, unexpected tenseness, and attempts at moving her voice out of the headspace.

Participant 1 also expressed worry and fear about the instability of her voice. She described several situations in which she was worried about others' reactions to her speaking, such as “having people make fun of you or feeling scared about using your voice.” She considers these difficult situations to be important because they helped her to work hard on her voice. These uncomfortable experiences seemed to help her work on her voice more than vocal exercises, which made her feel impatient and lazy. Additionally, vocal exercises did not seem authentic and did not hold her interest.

Participant 1 began transitioning in college. She feels that throughout her transition, gaining passability was gradual. She transitioned socially a year before she started taking hormones. In the beginning of her transition, she presented as “really femme” and would cringe when people addressed her using male pronouns. She used a very high voice, and took pride in the work that she was doing on her voice, as well as the fact that she had transitioned without hormones. She recalled a situation that happened early in her transition, noting that it was upsetting at the time, and also demonstrating the progress she has made in the way she reacts to difficult situations:

Early on, I was in a Payless buying shoes and as I was getting shoes, asked the person do you have this in this size? And he's like, “oh I thought you were a girl, nevermind.” And that just felt really shitty for the rest of that

day. But ya know, nowadays if something like that happens, whatever. I can blow it off now.

She described that she began to use her voice less:

I'm one of those kids who would always raise their hands during class, but when I started transitioning, it was like, I don't need to talk right now, maybe one question today I'll answer.

I would pick and choose times when I would need my voice.

Eventually, she began talking more often, and recognized that although it felt uncomfortable to talk, she did it anyway in order to improve her voice. She also realized she was not comfortable with her high voice and was able to settle on a lower range. She is happy now about her range, which is currently higher than before transitioning, and lower than when she first started transitioning.

After graduating from college, she began identifying more as “genderqueer,” which helped her become more comfortable with her voice. She says that currently, “I'm at a very relaxed point in my voice journey.” Her discomfort about being mis-pronounced has “melted away,” which she attributes to participating in drag performances.

Participant 1 likes singing and is proactive about using her voice to demonstrate new songs to her performance troupe. She approaches singing for her troupe with enthusiasm, and also recognizes that sometimes she is unable to successfully demonstrate a song with her voice. In these cases, she recalls that in the past she may have been

discouraged and given up, but now it does not upset her: “If I have to show people what the song is, I'mma damn well try to get them to understand it the first time around. If not, fine...some people might make fun of me. It happens.”

Imaginative variation.

Track 1 on enclosed CD:

The piece starts with a conversation between lower and higher notes, representing the fluidity with which Participant 1 identifies. The beginning has a sense of playfulness and movement. The next part, starting at 0:27, includes three variations on the same chord, symbolizing the way that Participant 1 uses her voice differently in different roles in life. Her essential outspokenness is captured in abrupt staccato intervals which seem to be carefree and independent of the loose rhythm. Her transition is represented by her initial confidence in her “femme” self, and the subsequent encounters with difficult social situations and a period of time where she used her voice sparingly. The notes seem to stumble at 2 minutes, and eventually find their way to a calm harmony at the end, which is preceded by the higher notes walking down and the lower notes walking up at 2:49. Most of the piece has a steady bass theme throughout, which could represent the way that she maintains essential elements of herself even when feeling insecure or uncertain.

After reading Participant 1's interview, horizons, themes, and textural descriptions, the researcher was immediately drawn to the piano to represent this narrative. The piano seemed versatile enough to capture the many emotions that Participant 1 described. The way she approached the vocal experience and the interview felt playful, and the physicality of playing the piano seemed to match with her essence. Playing the piano allowed the researcher to walk up and down its wide range, and create

both smooth serious sounds, as well as bouncy staccato sounds. In addition to considering the essence of Participant 1's experience and personality, the researcher also considered specific moments and feelings, including Participant 1's reluctance to speak in class and her exploration of “femme” and “genderqueer.” After creating a kind of musical score, based on a loose chronology of significant themes and moments rather than music, the researcher used piano improvisation to create the piece.

Revised themes.

- Flexibility
- Self-acceptance
- Relearning to use voice
- Stages of transition
- Gradual changes
- Confidence
- Uncertainty
- Social situations
- Exerting effort
- Characteristics of voice
- Voice reflecting gender presentation
- Envisioning different versions of self

Structural description.

Participant 1 acknowledges the gender binary by weaving around and between its poles, and playing with it as a construct. In her daily life, she accesses various *characteristics of her voice* depending on what role she is assuming, such as performer,

professional, or activist. She approaches the use of her voice with *flexibility*, acknowledging that it is malleable. She works to maintain her authenticity, while also considering passability within *social situations* as a priority. Her *voice reflects her gender presentation* in her various hobbies such as tai kwan do and drag performance. She *envisions different versions of herself* and feels *self-acceptance* towards both her masculinity and femininity. As she discussed the various stages of her transition, she described *gradual changes* leading to an enhanced sense of self-acceptance and ease of letting go. Expressing a sense of lightness and humor in her descriptions of transitioning, Participant 1 recalled reading that in order to raise the pitch of one's voice, one should try to mimic “sex noises.” She also described her drag characters as extreme male and female caricatures of herself. Acknowledging her strong social competency, she decided to create a drag king who was socially over the top, even to the point of being creepy, and she made her drag queen overly girly.

In early *stages of her gender transition*, Participant 1 *exerted effort* in making her voice sound more feminine. She experienced *uncertainty* about using her voice, but eventually gained *confidence* and is now more able to let go of negative reactions to incidents such as being mis-pronounced. She feels proud of the work she has done *relearning to use her voice* and on building *confidence*.

Participant 2

Participant information.

Participant 2 is a 34 year-old Caucasian male. He began his transition ten years ago. His musical background consists of singing and playing guitar, bass, and percussion

recreationally. He attended a magnet music program in high school, during which he also took guitar lessons for three years.

Horizons and themes.

Table 2

Themes	Participant's Statements
Flexibility	<p>-I was like, maybe I'll get used to the drum.</p> <p>-I didn't wanna get my hopes up one way or another.</p> <p>-That's also good because then I don't know what to expect, and then I get a better understanding of what's actually happening, instead of what I think should happen.</p>
Reactions and associations to vocal experience	<p>-A therapy sort of thing...self-reflective.</p> <p>-It was kinda good to be thinking about those things.</p> <p>-I'm kind of introverted...I'm not really that forward.</p> <p>-I don't like to stand out that much.</p> <p>-It did feel like acting.</p> <p>-It did get me thinking about the different ways I can use my voice in different situations and the different ways that I can feel about using my voice in that way.</p> <p>-It did bring up feelings.</p> <p>-I started thinking about yoga.</p> <p>-It kinda felt familiar...I pictured in the olden days, people just sitting around 'cause there was no TV or anything--they just had music. It seemed like we were doing that, and it put me at ease.</p> <p>-Overall I'd say it was a positive experience.</p> <p>-When I was singing the lower notes, and I would kinda stay there, it felt like a rut...like these are my comfort areas of notes.</p> <p>-I was kind of sticking in my comfort zone with those, I guess physically and emotionally, and I found that I was disappointed that I didn't try...</p> <p>-Just [disappointed] in myself that I didn't work harder at branching out of the comfort range of tone.</p> <p>-The part with the volume was familiar because at work it's often a loud experience, we're working around loud equipment and so I have to get loud.</p> <p>-The part where we were singing in unison kind of felt pretty good.</p> <p>-I've always felt weird introducing myself anyway.</p> <p>-I don't know that I'm thinking about other stuff outside of here, except specifically how my voice relates to how I use it...</p>

	<p>-I was just trying to stay focused and present.</p> <p>-I felt different vibrations in different places and I felt some familiar feelings of when my voice cuts off at the upper, higher pitches.</p>
Acceptance of lack of control	<p>-On the phone I sometimes get 'she' and, it is what it is.</p> <p>-When I become aware of it, then I'm forced to think about it, so I try to not be aware of it and just let it be.</p> <p>-Negatively. But its what I got.</p>
Unpredictability	<p>-When I first started taking hormones, my voice was all over the place.</p> <p>-Every time I would try to go for a note it would just be not the right note.</p> <p>-I knew that with hormones, there are unpredictable expectations.</p> <p>-I was like, uh oh, if I say this do I want to chance it and sound high, am I gonna crack?</p>
Relearning to use voice	<p>-It's a different experience singing an octave below.</p> <p>-I don't feel the resonating.</p> <p>-There's a sad void there where I used to be able to project, make all this sound. It sounded nice.</p> <p>-I think that it's probably still changing.</p> <p>-I'll develop more skills about how to make it sound supported and how to resonate.</p>
Physical considerations	<p>-I don't know to what extent that would be my actual true range.</p> <p>-I was worried that it was gonna crack or that I would lose the note—I should've just let that happen.</p> <p>-The fact that I can't project that loud, I'm working on that but I don't wanna strain myself either.</p> <p>-Volume is like a one size fits all--like if I'm at that range, I have to sing at this volume.</p> <p>-I used one muscle and when that one died there was like nothing else there.</p> <p>-My throat was tightening on the higher stuff.</p> <p>-I can't focus on my breathing.</p>
Stages of transition	<p>-I used to sing and play all the time.</p> <p>-Prior to taking hormones, I feel that music was very strongly a part of my identity, whereas I had to kind of not have that anymore.</p> <p>-Definitely after I started the hormones I couldn't do it, and then I noticed that even singing in the car, I couldn't even sing along with my CDs.</p> <p>-I was actually experiencing symptoms of depression during that time, so I had to find other ways of finding joy besides music, and to also come to terms with the idea that music wasn't part of my identity anymore. And so there's the grieving and all that stuff, so I had to go through all that and I just try to find other things that made me happy.</p> <p>-I don't think about it as often as I did.</p>

	-I just didn't even want to talk at all.
Voice as deciding factor in transition	-That was actually one of the contributing factors for holding off on taking Testosterone, because I did enjoy singing so much and I knew it was a risk that I wouldn't be able to do it anymore. -I said, "well, my life will be a lot better if I just take the hormones and I had to prioritize my transition."
Gradual changes	-Now at least I can somewhat pitch match. -It was gradually dropping and I would gradually lose my upper register, and it would gradually be no matching at all. -Now I can pitch match on lower tones, but now the upper tones I can just squeak out a little bit. -When I leave outgoing voicemail messages...I'll hear it back and I'll be like, oh I don't sound like that so then I have to go and change it and it's like kinda just weird. -And it's been a while, and I was pretty sure that it hadn't changed and then I was like, oh wait, I guess it has. -Still feels like it's probably in the process of changing, it'll probably be 15 years before I feel like I'm used to the way I sound.
Confidence	-Now I kinda just use it as a tool like any other voice would be. -I just remind myself that I belong in that group and it doesn't matter what my voice sounds like and I just try to be happy. -I have to adapt and find my own ways of being heard.
Social situations	-When I'm picking up the phone, maybe I need to sound lower, if it's a stranger calling me. -There's that social thing where it's like, if you want to be friendly with someone, people's voices are expected to be higher pitched so they recognize it as a friendly gesture. And so I'm just getting used to the fact that I don't sound automatically friendly, like my voice is lower so people are gonna read me as less friendly unless I smile more, so I have to make social compensations for my voice often. -Most of my friends are female, so my voice is different, so I try to blend in a little bit. -I'm self-conscious because I sound different than everybody. -I'm not that social anyway, so I don't talk that much around anybody. -Since my speaking voice is at a higher pitch than everyone else's at work, they kind of don't hear me as much. -They disregard that as valuable information...because they're used to hearing a certain pitch as people speaking to them, it's weird. -I think slightly that it's improving because my voice is getting lower. -Music is a personally interactive thing and an emotionally interactive thing.
Exerting effort	-I have to support notes a lot, especially if it's up in the higher register, I have to find the right posture and press down in a certain kind of way.

	<p>-My vocal chords are changing with the hormones...now I have to be like, ok that doesn't work anymore.</p> <p>-I gotta constantly adjust my physical self to accommodate the notes, the sounds I wanna make.</p> <p>-Constantly trying to adapt to the sounds that are around me.</p> <p>-That's what I have to do now, I have to squeeze notes out and I never had to work as hard to do that.</p>
Characteristics of voice	<p>-I was thinking about how my upper range that I don't even try to use it that much anymore...I was thinking about how it would have sounded if I had my other voice still.</p> <p>-I usually can't sing very well anymore.</p> <p>-Resonant</p> <p>-I feel like my voice has a buzzing sort of a-tonal quality to it.</p> <p>-It sounds unsupported because it is.</p> <p>-I never liked my speaking voice and also my singing voice never, even though it felt good to make music come out of my body, it was just like it didn't sound like me.</p>
Reincorporating music into life	<p>-I've been meaning to try to get back into playing guitar and singing and trying to make music happen in my life again.</p> <p>-Music was just falling out of my life.</p> <p>-I got back, I was still being able to make music but I didn't have to use my voice for it so that was kind of good.</p> <p>-I just bought a new guitar to try to get myself re-excited about playing and singing.</p>
Voice reflecting gender presentation	<p>-I know some folks that are trans are like, 'I really want my voice to be low.'</p> <p>-Was kinda excited to see, have a more authentic voice too.</p>

Textural description.

Participant 2 characterized himself as introverted and not forward, and said he does not like to “stand out.” He feels “negatively” about his voice which he described as “a-tonal,” “buzzing,” and “unsupported.” He noted that the vocal experience felt “self-reflective,” and many moments felt like acting, which brought up thoughts and feelings about “the different ways I can use my voice in different situations.” He felt disappointed in himself when he stayed in a “comfort zone” of lower notes, which “felt like a rut.” He experienced this both “physically and emotionally.” During the vocal experience he

focused on staying present. He was aware of emerging emotions, but felt that it would be difficult to deal with them due to time constraints. He decided to “process them tomorrow” and “just let it be.”

Before transitioning ten years ago, Participant 2 sang in choirs and played guitar and bass. He commented that he never liked his speaking voice, and although “it felt good to make music come out of my body,” he felt that his voice never sounded like him. He was conflicted about taking hormones because he worried that Testosterone would change his voice, and he would be unable to sing. However, after prioritizing an improved quality of life over singing, he started taking hormones, and became excited about the prospect of having a more authentic voice. Early on in his transition, there was a time when Participant 2 recalled “I just didn't even want to talk at all.” He felt that speaking was a risk because his voice may crack or sound too high-pitched.

When I first started taking hormones, my voice was all over the place...every time I would try to go for a note it would just be not the right note. I'm like, “this is not in tune, this is horrible!”

Before taking hormones, Participant 2 felt that “music was very strongly a part of my identity.” After starting hormones, he found that he could no longer sing along with music in the car, and he began to feel the loss of his voice:

I was actually experiencing symptoms of depression during that time, so I had to find other ways of finding joy besides music, and to also come to

terms with the idea that music wasn't part of my identity anymore. And so there's the grieving and all that stuff, so I had to go through all that and I just try to find other things that made me happy.

As his voice gradually became lower, he found that he was unable to match pitches. He feels a “sad void” where he used to be able to do more with his voice, and now it sounds lackluster to him. He finds that his voice is still changing, and predicts that he will continue learning more ways to control his voice. “It'll probably be 15 years before I feel like I'm used to the way I sound.”

Participant 2 described the way he uses his voice as hard work. Sometimes when trying to project loudly, he feels concerned about straining his voice. He described the way that he has to “squeeze notes out,” and found that during the vocal experience, he could feel where his voice “cuts off,” and the way his throat tightens while attempting higher notes. When speaking, he works to support his voice, and to find the right posture and pressure. He has realized that because the hormones are changing the shape of his vocal chords, he has to “constantly adjust” his body to figure out how to make the sound he wants to make—a task which was intuitive before taking hormones.

Participant 2 is often intentional in the way that he uses his voice, “constantly trying to adapt to the sounds that are around me.” For instance, he may use a lower voice when speaking to a stranger on the phone, and he may try to use a higher voice when he is around his female friends. He has concerns about fitting in and sounding unfriendly. Because he is with mostly women when with friends, and with all men at work, he described being “self conscious because I sound different than everybody.” He notices

that the men at work often do not hear him, or overlook his voice, but also noted that this is improving as his voice gets lower. Although a lower voice helps while at work, he finds that it is a challenge in other ways:

I'm just getting used to the fact that I don't sound automatically friendly. Like, my voice is lower, so people are gonna read me as less friendly unless I smile more. So I have to make social compensations for my voice often.

When using his voice in a group context is anxiety-provoking for Participant 2, he reminds himself “that I belong in that group and it doesn't matter what my voice sounds like, and I just try to be happy.” He acknowledges the compromise he has made in terms of changing his voice: “I have to adapt and find my own ways of being heard.”

Imaginative variation.

Track 2 on enclosed CD:

The piece begins with a drone, symbolizing the self-reflection that Participant 2 felt during the vocal experience. The voice that enters after one minute does not draw attention to itself—it matches the drone, and is lower in volume. A buzzing is added to the voice, reflecting how Participant 2 feels his voice sounds. A low voice reaches up, but becomes weak and dies out as it rises. A repeated high C note is interpreted by the researcher, upon listening, as the voice aiming for the higher range but unable to reach. The drone cuts out, and returns twice, leaving only the small voice and buzzing in the silences between. This represents the void that Participant 2 experiences as he considers

the strength and stability that his voice used to carry. At 3:12 until the end, the researcher experimented with smiling while singing, imagining the concerns Participant 2 has about sounding friendly. Smiling produced higher notes, supporting the connection that Participant 2 made between a higher voice and sounding friendly.

The researcher chose the melodica as a background for this piece of music because of the instrument's ability to act as a drone, undermining any attempt by the voice to stand out. The moments when the melodica cut out created a break in the musical flow, and made the voice seem vulnerable and exposed. This moment helped the researcher understand what it was like for Participant 2 to not want to stand out. The melodica was repeated on a loop machine to create a self-reflective sound, similar to Participant 2's feeling during the vocal experience. The researcher experimented with her voice--using unsupported tones, smiling, and staying in a limited low range--imagining what Participant 2 feels in his voice. The result felt restrained, slow, and weak. As she tried to stay in a "comfort zone" of notes and simultaneously sound friendly, the researcher felt that her focus was on many aspects of her voice. She felt that it would have been difficult to concentrate on a conversation because she already felt like she was multitasking.

Revised themes.

- Unpredictability
- Relearning to use voice
- Physical considerations
- Stages of transition
- Gradual changes

- Confidence
- Social situations
- Exerting effort
- Characteristics of voice
- Voice reflecting gender presentation
- Reincorporating music into life

Structural description.

Participant 2 experienced *unpredictability* about his voice throughout various *stages of his transition*, first anticipating how hormones would change his voice, and later related to *physical considerations* such as worrying that his voice would crack. In social situations, he is *aware* of *characteristics of his voice*, such as how it stand outs in a group of male coworkers or female friends, and therefore *reflects his gender presentation*. He views his voice from different angles, as he feels his voice affects his coworkers subconsciously and politically. At a subconscious level, his coworkers appear to ignore him, which brings up questions for him of sexism and oppression. Participant 2 *exerts a significant amount of effort* in order to present his voice the way he wants to. He experiences a deep *awareness* of how his mind and body react to his voice. His voice *changes gradually*, and he has learned to compensate for his lower voice which he feels comes across as less friendly than a higher voice.

Voice has played a role in influencing Participant 2's mood and decisions. When deciding about his gender transition, he considered what impact hormones would have on his singing voice. After taking Testosterone, he experienced negative emotions such as depression, and consciously had to search for ways to find happiness other than music.

This experience also impacted his perception of his identity. As he *relearns to use his voice*, he has become more *confident*, and feels optimistic about gaining new skills and *reincorporating music into his life*.

Participant 3

Participant information.

Participant 3 is a 25 year-old white male. He began his transition nine years ago, and identifies as genderqueer and FTM. He identifies as Quaker and sings at church. He also sings during solitary devotional practice and leads religious chanting workshops. His musical background is full of choirs and vocal lessons, and he took guitar lessons in high school.

Horizons and themes.

Table 3

Themes	Participant's Statements
Flexibility	-Trying to reset expectations...do the thing that we were doing and not the choral training thing.
Self-acceptance	-My voice kind of throughout my transition has been this ...contested site of like, how do I claim this? -It's been a site of challenge but also one of the places where I've worked thru some social gender dysphoria stuff and gotten to this place of, well, its my voice and I like it and I'm gonna use it.
Reactions and associations to vocal experience	-Somebody with formal training is a lot stiffer than was...appropriate to this setting. -I wanted to know exactly what I was supposed to be doing and I wanted to do it right and I wanted to do it pretty. -Singing together was the best part because I think it was closest to what I was familiar with. -[Singing together] was fun and easy and gratifying. -...less easy either because I wasn't familiar with them or because they didn't sound nice. -I do tend to go home and think about things. But I don't really know

	<p>what they are yet.</p> <p>-Making noises from lowest noises to highest volume was hard cuz it wasn't pretty and it was loud and shouty.</p> <p>-The frustration of feeling like I couldn't do it well or that it sounded weird.</p> <p>-This isn't gonna sound good so why should I make that noise?</p> <p>-I think I forgot about the parts of my body that weren't directly engaged in the vocal process.</p> <p>-I was aware of diaphragm and breathing and vocal chords and head resonance.</p> <p>-I'm having back pain and crampy stuff and wasn't particularly aware of that while we were doing music.</p>
Unpredictability	<p>-The whole time [consciously thinking about how my voice will come out].</p> <p>-When I'm in the middle of saying something to someone and suddenly I sound like Mickey Mouse.</p> <p>-I actually don't know where this is pitched in my voice right now and it could break someplace...the problem was about not knowing what was gonna happen.</p> <p>-I squeak like a little girl occasionally.</p> <p>-Like when I'm in it and I'm like, oh shit I don't know if I can finish this. Or I don't know if I can get to the end of it without something weird happening.</p>
Relearning to use voice	<p>-Where there are breaks that there have never been breaks before.</p> <p>-Singing has always been something that I just did instinctively well and easily and so the destabilizing of that is pretty scary.</p> <p>-The fact that it's unstable and I have to relearn how to use it is scary and anxious, and then the not knowing what the outcome of it is gonna be.</p> <p>-The wrangling around places where I'm getting new range that I didn't have before and that aren't really comfortable or don't feel in my control yet, those are kind of hard again.</p>
Physical considerations	<p>-There's a very clear break in my voice when I do that exercise where I have to flip into shouting, and I'm very conscious of where that place is.</p> <p>-There are some sweet spots where the resonance of them is familiar to me and really fluid.</p> <p>-[The break in my voice] feels a little bit out of control and awkward.</p>
Stages of transition	<p>-I'm at that point.</p> <p>-I think there's probably a point where I would have just sat in my chair and not sang at all and been mad.</p> <p>-I felt stuck.</p> <p>-Earlier in my transition where I would have felt less like...well, this is what it is and people can deal with it.</p>

<p>Voice as deciding factor in transition</p>	<p>-I don't feel like I've really committed myself to doing [Testosterone] in a ongoing permanent way, it's more like I'm gonna do this and see how it feels and make that decision week by week. So noticing my voice is a big part of my discernment about that.</p> <p>-I think if I got really freaked out about what was happening to my voice I would stop and I would give myself time to let it settle and see where it actually was before I started again.</p> <p>-I've been out as trans since I was like 16 and I haven't done [Testosterone] because of, mostly because of vocal stuff.</p> <p>-Voice was one of the major places where my transition played out. Even before I made decisions about changing my voice.</p>
<p>Decision-making</p>	<p>-I tend to be really thoughtful about decisions and spend a lot of time on them. -Caught up in this impossible complexity of, well it's scary so I won't do it.</p> <p>-I don't have clarity so I'm not gonna make a change. And at some point I felt like, well I can not have clarity and not make a change forever, or I can try something and see how that goes.</p> <p>-The non-decision was important-- and the process of performance and claiming voice.</p> <p>-What are the places of comfort and discomfort in my voice right now and how much do I wanna engage actively with that process versus kind of see how it plays out?</p>
<p>Confidence</p>	<p>-That was easy. Easy and pretty.</p> <p>-If I can do something and it's pretty, then I feel like I've done it well.</p> <p>-Maybe it is for me, that one of the therapeutic outcomes is having something that I feel really confident about.</p> <p>-I guess I feel optimistic about it.</p> <p>-I feel fine and maybe slightly positive about changes in pitch and tone.</p> <p>-I did it anyway.</p> <p>-The places where it was easy and I didn't have to think about [felt like my authentic voice].</p> <p>-I've been singing on "ooh" my entire life, I can do that.</p>
<p>Social situations</p>	<p>-It [how I feel about my voice in a group] depends on the group.</p> <p>-Singing with other transpeople, particularly with transwomen or with transmen who haven't done physical transition and are still treble voices, that makes me feel really comfortable using my voice because I feel like I'm not the only one.</p> <p>-It's less weird to be a male soprano if I'm co-leading a workshop with a female bass.</p> <p>-I was really safe in the group because of the context and who was in it. And I feel really comfortable exploring all of my range. Especially the way up high shiny stuff.</p> <p>-I was the only soprano voice when the men sang and people turned around and looked at me and were like, "does that person know</p>

	<p>they're singing the wrong part?"</p> <p>-I had a friend who was with me...generally weird uncomfortable situation, but basic safety needs met.</p> <p>-Transition is always to some extent public. Singing was a place where that got kinda focused.</p> <p>-I kind of know how I changed my voice for those different situations. It was pretty intuitive...I know how I answer the phone. I know how I call people when I want something from them.</p>
Exerting effort	<p>-Theres low level but constant awareness.</p> <p>-It sucks [to be constantly thinking about how voice will come out]. It makes me anxious.</p>
Voice reflecting gender presentation	<p>-I was still in a children's choir when I started transitioning so I had to change which uniform I was wearing.</p> <p>-And then at various times figuring out how comfortable I was with performance and with people's interpretations of my voice and the ways that it was gendered.</p> <p>-For a while I was doing solo singer songwriter performance. And I think doing that through my transition was like a very powerful public affirmation of my gender identity is what I say it is regardless of how you interpret things about my body and my voice.</p> <p>-At different times and if I'm trying to sound professional or nice, and how thats related to gender.</p> <p>-I know that my phone voice is higher than my regular voice I think because of gender socialized female niceness that is totally not conscious when I'm answering the phone.</p>

Textural description.

Participant 3 felt that he approached the vocal experience as someone with formal choral training: "I wanted to know exactly what I was supposed to be doing and I wanted to do it right and I wanted to do it pretty." However, he was able to leave that mindset and "reset expectations." He described his voice as a "contested site," and something he works to "claim." He felt at ease with the parts of the vocal experience that seemed familiar, including creating improvised harmonies, and felt more discomfort with the parts that were unfamiliar or "didn't sound nice." When referring to some aspects of the experience, he thought, "this isn't gonna sound good so why should I make that noise?"

He was also aware of changes in his body during the vocal experience. He found that he forgot about much of his body, except those parts that were related to vocalizing: “I was aware of diaphragm and breathing and vocal chords and head resonance.” He also noticed that pain he had been experiencing in his back and stomach was ameliorated during the vocal experience.

Participant 3 experiences uncertainty about how his voice will come out, and noted that sometimes he may unexpectedly sound like “Mickey Mouse” or “squeak like a little girl.” He is relearning his range and where his vocal breaks are, which can feel “out of control and awkward.” He found that he was consciously thinking about how his voice would come out during the entire vocal experience. Because he has been a singer since he was a child, he feels scared and anxious about the recent instability of his voice: “Singing has always been something that I just did instinctively well and easily, and so the destabilizing of that is pretty scary.” Participant 3 also commented on using his voice while leading chanting workshops:

There were points in that workshop where I would start a song and be like, I actually don't know where this is pitched in my voice right now, and it could break someplace. But I'm half way through this chant in this really centered spiritual context and I can't just stop...the problem was about not knowing what was gonna happen.

When he started transitioning at age 16, Participant 3 sang in a children's choir which had gendered uniforms. His resulting change in uniform made his gender transition decidedly public. Performance has played a role throughout his transition process:

For a while I was doing solo singer-songwriter performance, and I think doing that through my transition was a very powerful public affirmation of my gender identity is what I say it is, regardless of how you interpret things about my body and my voice.

Participant 3 has been out as transgender for nine years, and started hormones within the past few months. His voice played a significant role in his decisions about transitioning: “Voice was one of the major places where my transition played out. Even before I made decisions about changing my voice, the non-decision was important, and the process of performance and claiming voice and all of that was important.” Previously, he did not want to take Testosterone because of concerns about his voice. When he did decide to take hormones, he chose to think of it as a weekly decision rather than a permanent one, noting that if he became worried about how the hormones affected his voice, he might stop taking them and reassess. Two weeks after his participation in this study, Participant 3 stopped taking hormones, noting that the decision had “a lot to do with my voice.”

Before deciding to transition, Participant 3 felt influenced by a Quaker belief which encourages finding clarity before making a change. This led to him feeling “stuck”:

At some point I felt like, well, I can not have clarity and not make a change forever, or I can try something and see how that goes. And at least that will be different and I will have more information.

Looking back on his transition, Participant 3 recalls a time when he would not have sung in a group context where he felt uncomfortable. He recalled times when he felt unsafe singing with a group. For instance, he attended a chapel service where hymn parts were divided by gender.

I was the only soprano voice when the men sang, and people turned around and looked at me, and were like, “does that person know they’re singing the wrong part?”...Super uncomfortable.

Now he feels “slightly positive” and “optimistic” about his voice, and is more likely to think “this is what it is, and people can deal with it.” He is working on discerning “places of comfort and discomfort in my voice” and is considering how proactive he wants to be in this process of transition. Singing with other transgender people is enjoyable, safe, and positive for Participant 3. In that context, he feels comfortable exploring his entire range.

Participant 3 experiences being constantly aware of his voice, which makes him “anxious.” He differentiated between the ways he speaks in person or on the phone, noting that his higher voice on the phone may be influenced by the unconscious messages

females receive about sounding nice. Reflecting upon his transition thus far, he remarked that his voice has “been a site of challenge, but also one of the places where I’ve worked through some social gender dysphoria stuff, and gotten to this place of, well, it’s my voice and I like it and I’m gonna use it.”

Imaginative variation.

Track 3 on enclosed CD:

The piece begins with layered improvised vocal harmonies which represent Participant 3's background in choral music, and his desire for his singing during the vocal experience to be “right and pretty.” The repetition of the piece alludes to the ease Participant 3 felt while singing vocal harmonies and being deeply focused in the experience. At 1:30 a delay effect takes the piece into messier territory, and the key soon rises. The repetition preceding change represents the “non-decision” Participant 3 described regarding his fear of beginning hormones. He felt “stuck,” but eventually felt positive about being proactive and deciding to make a change. At 1:37 the key change brings with it a repeated unexpected note in the midst of layered melodic harmonies. This note represents the unpredictability of Participant 3's voice, and the fear he has of his voice cracking or breaking while in an otherwise beautiful flow. The entire piece is sung in a higher range, reminiscent of the place where Participant 3 feels comfortable exploring when in a safe singing environment. The end of the piece builds momentum and has qualities of a major key, reflecting the optimism with which Participant 3 views his voice. The tempo of the piece remains measured and slow, reflecting the time and intentionality with which Participant 3 approaches decisions. While creating this piece,

the researcher felt the experience of strongly desiring to create something beautiful and perfect, and wanting to take her time with it.

Revised themes.

- Self-acceptance
- Reactions and associations to vocal experience
- Unpredictability
- Relearning to use voice
- Voice as a deciding factor in transition
- Decision-making
- Confidence
- Social situations
- Exerting effort
- Voice reflecting gender presentation

Structural description.

Participant 3 views his *voice as a deciding factor in his transition*. He values beauty and predictability in his vocal expression, aligning with his formal choral background, and providing him with a sense of *confidence*. Because of his extensive vocal training, he had many *reactions and associations to the vocal experience*. He was reminded of various contexts in which his *voice reflected his gender presentation* during his transition. These contexts also acted as *social situations* in which he navigated his transition. In his children's choir, his transition was inherently public because of the choir's gender divisions. As a singer-songwriter, he felt more control over defining his gender for his audience. He feels a “constant awareness” of his voice, a sustained

exertion of effort which creates anxiety. During the vocal experience, Participant 3 was aware of the vocal process, and felt a release from thoughts about his body and feelings of physical pain.

Throughout his transition, his voice influenced his *decision-making*. He felt “stuck,” and therefore chose to begin taking hormones. However, after taking Testosterone, he felt that his voice was *unpredictable*, and he experienced fear, anxiety, and frustration while *relearning to use his voice*. Working through challenges during his transition has helped Participant 3 foster *self-acceptance*, and a sense of optimism about decisions regarding his voice and transition.

Composite Analysis

Data from all three participants were analyzed, resulting in composite themes, textural description, revised themes, and structural description.

Horizons and themes.

Themes that were represented in all three interviews are presented below. The number following each statement indicates participant.

Table 4

Theme	Participants' Statements
Flexibility	-I got caught off guard at the beginning there, but I had a lot of fun with it. (1) -I use 'she' and 'her' nominally, but in truth, I'm able to work with them all. (1) -I'm a drag king and a drag queen. I do both. (1) -I was like, maybe I'll get used to the drum. (2) -I didn't wanna get my hopes up one way or another. (2) -That's also good because then I don't know what to expect, and then I get a better understanding of what's actually happening, instead of what I think should happen. (2)

	<p>-Trying to reset expectations...do the thing that we were doing and not the choral training thing. (3)</p>
<p>Reactions and associations to vocal experience</p>	<p>-Brings me back to when I'm singing to my kids and everything goes, and having fun. (1)</p> <p>-I've done a little bit of acting in the past and with the work that I do performing drag and burlesque. (1)</p> <p>-Being loud was fun. (1)</p> <p>-A lot of the [MTF vocal training] exercises are just very forced. (1)</p> <p>-I never realized I could feel the vibrations at the top of my head. (1)</p> <p>-I was just really in the moment. (1)</p> <p>-I was very tense. (1)</p> <p>-A therapy sort of thing...self-reflective. (2)</p> <p>-It was kinda good to be thinking about those things. (2)</p> <p>-I'm kind of introverted...I'm not really that forward. (2)</p> <p>-I don't like to stand out that much. (2)</p> <p>-It did feel like acting. (2)</p> <p>-It did get me thinking about the different ways I can use my voice in different situations and the different ways that I can feel about using my voice in that way. (2)</p> <p>-It did bring up feelings. (2)</p> <p>-I started thinking about yoga. (2)</p> <p>-It kinda felt familiar...I pictured in the olden days, people just sitting around 'cause there was no TV or anything--they just had music. It seemed like we were doing that, and it put me at ease. (2)</p> <p>-Overall I'd say it was a positive experience. (2)</p> <p>-When I was singing the lower notes, and I would kinda stay there, it felt like a rut...like these are my comfort areas of notes. (2)</p> <p>-I was kind of sticking in my comfort zone with those, I guess physically and emotionally, and I found that I was disappointed that I didn't try... (2)</p> <p>-Just [disappointed] in myself that I didn't work harder at branching out of the comfort range of tone. (2)</p> <p>-The part with the volume was familiar because at work it's often a loud experience, we're working around loud equipment and so I have to get loud. (2)</p> <p>-The part where we were singing in unison kind of felt pretty good. (2)</p> <p>-I've always felt weird introducing myself anyway. (2)</p> <p>-I don't know that I'm thinking about other stuff outside of here, except specifically how my voice relates to how I use it... (2)</p> <p>-I was just trying to stay focused and present. (2)</p> <p>-I felt different vibrations in different places and I felt some familiar feelings of when my voice cuts off at the upper, higher pitches. (2)</p> <p>-Somebody with formal training is a lot stiffer than was...appropriate to this setting. (3)</p> <p>-I wanted to know exactly what I was supposed to be doing and I</p>

	<p>wanted to do it right and I wanted to do it pretty. (3)</p> <p>-Singing together was the best part because I think it was closest to what I was familiar with. (3)</p> <p>-[Singing together] was fun and easy and gratifying. (3)</p> <p>-...less easy either because I wasn't familiar with them or because they didn't sound nice. (3)</p> <p>-I do tend to go home and think about things. But I don't really know what they are yet. (3)</p> <p>-I think I forgot about the parts of my body that weren't directly engaged in the vocal process. (3)</p> <p>-I was aware of diaphragm and breathing and vocal chords and head resonance. (3)</p> <p>-I'm having back pain and crampy stuff and wasn't particularly aware of that while we were doing music. (3)</p> <p>-The frustration of feeling like I couldn't do it well or that it sounded weird. (3)</p> <p>-This isn't gonna sound good so why should I make that noise? (3)</p>
Unpredictability	<p>-Sometimes it just completely flops. (1)</p> <p>-That's one of the fears a lot of my peers in the transgender community have had, and also myself, just being afraid of that first couple steps and months and years--of how your voice is gonna sound. (1)</p> <p>-Who knows where I'll be? (1)</p> <p>-When I first started taking hormones, my voice was all over the place. (2)</p> <p>-Every time I would try to go for a note it would just be not the right note. (2)</p> <p>-I knew that with hormones, there are unpredictable expectations. (2)</p> <p>-I was like, uh oh, if I say this do I want to chance it and sound high, am I gonna crack? (2)</p> <p>-The whole time [consciously thinking about how my voice will come out]. (3)</p> <p>-When I'm in the middle of saying something to someone and suddenly I sound like Mickey Mouse. (3)</p> <p>-I actually don't know where this is pitched in my voice right now and it could break someplace...the problem was about not knowing what was gonna happen. (3)</p> <p>-I squeak like a little girl occasionally. (3)</p> <p>-Like when I'm in it and I'm like, oh shit I don't know if I can finish this. Or I don't know if I can get to the end of it without something weird happening. (3)</p>
Relearning to use voice	<p>-The tonal range [exercise] was a lot of fun because I distinctly remember practicing that as I was working on my voice initially. (1)</p> <p>-It forced me to work hard on it. (1)</p> <p>-Moving my voice generally upwards. (1)</p>

	<ul style="list-style-type: none"> -She has a series of vocal training exercises for male-to-female transgender people. (1) -It's a different experience singing an octave below. (2) -I don't feel the resonating. (2) -There's a sad void there where I used to be able to project, make all this sound. It sounded nice. (2) -I think that it's probably still changing. (2) -I'll develop more skills about how to make it sound supported and how to resonate. (2) -Where there are breaks that there have never been breaks before. (3) -Singing has always been something that I just did instinctively well and easily and so the destabilizing of that is pretty scary. (3) -The fact that it's unstable and I have to relearn how to use it is scary and anxious, and then the not knowing what the outcome of it is gonna be. (3) -The wrangling around places where I'm getting new range that I didn't have before and that aren't really comfortable or don't feel in my control yet, those are kind of hard again. (3)
Stages of transition	<ul style="list-style-type: none"> -I transitioned socially about a year before I started hormones. (1) -It was hard because I was able to physically present as female; I started off really really femme. (1) -I was a little partially impatient also a lot lazy. (1) -I look back and like, why are you so stupid? I think we all say that to our younger selves at some point. (1) -I was pretty proud of being a 'no ho'. And working on my voice initially. (1) -Once I graduated, I starting identifying more and more as genderqueer. (1) -When I first started transitioning, some people are gonna identify me as male and at that time it was a huge deal to me. (1) -Initially it was very much about vocal passability. (1) -When I first started my transition I had zero help with vocal training. (1) -I had a very high voice for a while and once I realized, you know what, I don't really feel comfortable doing this. (1) -I'm at a very relaxed point in my voice journey. (1) -It used to be an issue where 'he' and 'him' pronouns were really affecting me emotionally...after performing drag for a good 8 months now it's just kinda melted away. (1) -I used to sing and play all the time. (2) -Prior to taking hormones, I feel that music was very strongly a part of my identity, whereas I had to kind of not have that anymore. (2) -Definitely after I started the hormones I couldn't do it, and then I noticed that even singing in the car, I couldn't even sing along with my CDs. (2) -I was actually experiencing symptoms of depression during that time,

	<p>so I had to find other ways of finding joy besides music, and to also come to terms with the idea that music wasn't part of my identity anymore. And so there's the grieving and all that stuff, so I had to go through all that and I just try to find other things that made me happy. (2)</p> <p>-I don't think about it as often as I did. (2)</p> <p>-I just didn't even want to talk at all. (2)</p> <p>-I'm at that point. (3)</p> <p>-I think there's probably a point where I would have just sat in my chair and not sang at all and been mad. (3)</p> <p>-I felt stuck. (3)</p> <p>-Earlier in my transition where I would have felt less like...well, this is what it is and people can deal with it. (3)</p>
Confidence	<p>-I kinda know this...I can kinda guess where you're at and attempt to get to the same tone. (1)</p> <p>-I'd just go by [name]. (1)</p> <p>-I like my voice. I enjoy this song, why can't I sing along to it? (1)</p> <p>-Some people might make fun of me; it happens. (1)</p> <p>-That's something musical that I feel pretty proud of that even if my confidence in singing is not that great. (1)</p> <p>-Now I kinda just use it as a tool like any other voice would be. (2)</p> <p>-I just remind myself that I belong in that group and it doesn't matter what my voice sounds like and I just try to be happy. (2)</p> <p>-I have to adapt and find my own ways of being heard. (2)</p> <p>-That was easy. Easy and pretty. (3)</p> <p>-If I can do something and it's pretty, then I feel like I've done it well. (3)</p> <p>-Maybe it is for me, that one of the therapeutic outcomes is having something that I feel really confident about. (3)</p> <p>-I guess I feel optimistic about it. (3)</p> <p>-I feel fine and maybe slightly positive about changes in pitch and tone. (3)</p> <p>-I did it anyway. (3)</p> <p>-The places where it was easy and I didn't have to think about [felt like my authentic voice]. (3)</p> <p>-I've been singing on "ooh" my entire life, I can do that. (3)</p>
Social situations	<p>-Whenever I'm in a group, I'm very acutely aware of my audience and my community and direct my presence and voice accordingly. (1)</p> <p>-I typically use 'she' and 'her' just to make things easier. (1)</p> <p>-And he's like, "oh, I thought you were a girl, nevermind." And that just felt really shitty for the rest of that day. (1)</p> <p>-People give me that side eye and it's like, ok get out of here as fast as I can. (1)</p> <p>-When I'm picking up the phone, maybe I need to sound lower, if it's a stranger calling me. (2)</p>

	<p>-There's that social thing where it's like, if you want to be friendly with someone, people's voices are expected to be higher pitched so they recognize it as a friendly gesture. And so I'm just getting used to the fact that I don't sound automatically friendly, like my voice is lower so people are gonna read me as less friendly unless I smile more, so I have to make social compensations for my voice often. (2)</p> <p>-Most of my friends are female, so my voice is different, so I try to blend in a little bit. (2)</p> <p>-I'm self-conscious because I sound different than everybody. (2)</p> <p>-I'm not that social anyway, so I don't talk that much around anybody. (2)</p> <p>-Since my speaking voice is at a higher pitch than everyone else's at work, they kind of don't hear me as much. (2)</p> <p>-They disregard that as valuable information...because they're used to hearing a certain pitch as people speaking to them, its weird. (2)</p> <p>-I think slightly that its improving because my voice is getting lower. (2)</p> <p>-Music is a personally interactive thing and an emotionally interactive thing. (2)</p> <p>-It [how I feel about my voice in a group] depends on the group. (3)</p> <p>-Singing with other transpeople, particularly with transwomen or with transmen who haven't done physical transition and are still treble voices, that makes me feel really comfortable using my voice because I feel like I'm not the only one. (3)</p> <p>-It's less weird to be a male soprano if I'm co-leading a workshop with a female bass. (3)</p> <p>-I was really safe in the group because of the context and who was in it. And I feel really comfortable exploring all of my range. Especially the way up high shiny stuff. (3)</p> <p>-I was the only soprano voice when the men sang and people turned around and looked at me and were like, "does that person know they're singing the wrong part?" (3)</p> <p>-I had a friend who was with me...generally weird uncomfortable situation, but basic safety needs met. (3)</p> <p>-Transition is always to some extent public. Singing was a place where that got kinda focused. (3)</p> <p>-I kind of know how I changed my voice for those different situations. It was pretty intuitive...I know how I answer the phone. I know how I call people when I want something from them. (3)</p>
Exerting effort	<p>-When it comes to me doing it on my own, I was like, oh crap, now I actually have to do something. (1)</p> <p>-I just had to talk more often than I was initially comfortable with, and it just forced me to improve my voice daily. (1)</p> <p>-When I'm talking: 'ok, take a deep breath, move it up here.' (1)</p> <p>-I have to support notes a lot, especially if it's up in the higher register, I have to find the right posture and press down in a certain kind of</p>

	<p>way. (2)</p> <p>-My vocal chords are changing with the hormones...now I have to be like, ok that doesn't work anymore. (2)</p> <p>-I gotta constantly adjust my physical self to accommodate the notes, the sounds I wanna make. (2)</p> <p>-Constantly trying to adapt to the sounds that are around me. (2)</p> <p>-That's what I have to do now, I have to squeeze notes out and I never had to work as hard to do that. (2)</p> <p>-Theres low level but constant awareness. (3)</p> <p>-It sucks [to be constantly thinking about how voice will come out]. It makes me anxious. (3)</p>
Voice reflecting gender presentation	<p>-When I present myself in a more distinctually feminine or masculine manner, my pitch fluctuates with it. (1)</p> <p>-When I started identifying more as genderqueer, rather than female and transfeminine, I became more comfortable with wherever my voice is at. (1)</p> <p>-I always remember this one person commenting that in order to work on getting your pitch and resonance high in order to sound naturally feminine, whatever that means, just make lots of sex noises. (1)</p> <p>-If theres something in music where I can embrace wherever my voice is at, that would be great, I gotta find it. (1)</p> <p>-I know some folks that are trans are like, 'I really want my voice to be low.' (2)</p> <p>-Was kinda excited to see, have a more authentic voice too. (2)</p> <p>-I was still in a children's choir when I started transitioning so I had to change which uniform I was wearing. (3)</p> <p>-And then at various times figuring out how comfortable I was with performance and with people's interpretations of my voice and the ways that it was gendered. (3)</p> <p>-For a while I was doing solo singer songwriter performance. And I think doing that through my transition was like a very powerful public affirmation of my gender identity is what I say it is regardless of how you interpret things about my body and my voice. (3)</p> <p>-At different times and if I'm trying to sound professional or nice, and how thats relate to gender. (3)</p> <p>-I know that my phone voice is higher than my regular voice I think because of gender socialized female niceness that is totally not conscious when I'm answering the phone. (3)</p>

Composite textural description.

Each participant described expectations of their own vocal expression, and then exhibited *flexibility* as they consciously changed those expectations. Using their voices in different ways brought up *reactions and associations*, including feelings, thoughts, and images such as singing with others, acting, yoga, work, comfort, and disappointment. They were also aware of sensations that related to their voice and body. Each participant noted aspects of their voice that felt comfortable and uncomfortable. They all also felt some level of *unpredictability* while using their voice in daily life or in certain contexts. While *relearning to use their voice*, participants noted they were aware of various changes, such as “breaks,” “resonating,” instability, and changes in range.

Each participant had a different transition story which included various *stages*. Participant 1 “transitioned socially,” and then started hormones a year later. Participants 2 and 3 considered changes in their voices as a deterrent to taking hormones. Participant 3 waited about nine years before starting hormones. Within the *stages of transition*, the participants also identified shifting priorities, such as “passability” and how others perceived them. Each participant described abilities or aspects of their voice in which they feel *confident*.

Social situations held many emotions for each participant, and they each described an awareness of how their voice changes within different social settings. Participant 2 feels that his voice sounds less friendly as it gets lower. Participant 3 described a context in which he felt safe, and therefore able to explore his entire vocal range. All participants recalled times that using their voice made them uncomfortable or

scared. They each felt some level of constant focus underlying the use of their voice. This *exertion of effort* manifests as awareness, anxiety, and adjustment while using the voice.

The participants detailed many ways that their *voices reflect their gender presentation*. Participant 1 noted that her voice changes with her fluctuating presentation of masculinity and femininity. Participant 2 related his changing voice to an anticipation of authenticity. Participant 3 recalled that his voice was an important consideration as his transition became visible in public contexts.

Composite revised themes.

After considering data from all three participants, the following four themes were found to be the most representative of their experience. Less salient aspects of participants' experience were considered as parts of the four revised themes.

1. Reactions and associations to vocal experience

2. Exerting effort

- Social situations

3. Stages of transition

- Confidence

4. Relearning to use voice

- Flexibility

- Unpredictability

- Voice reflecting gender presentation

Composite structural description.

Themes that emerged from all three interviews include *reactions and associations to vocal experience, exerting effort, stages of transition, and relearning to use voice*.

Each participant experienced *reactions and associations to the vocal experience*. Exploring various forms of expression through the voice brought up feelings, thoughts, and images. Each participant was also aware of bodily sensations related to the use of their voice, and sometimes to emotional or mental states such as “tense” or “focused.”

The *exertion of effort* that the participants described during the vocal experience also guides their vocal expression in their daily lives. To some extent, they all felt a sustained energy or attention that underlies the use of their voice. This *effort* is often noticeable during social situations, and especially in contexts in which they feel uncomfortable or unsafe.

Each participant reflected on their own *stages of transition*. They compared the differences between their gender expression when they began transitioning and where they are now. Their timelines were each different, and based on personal priorities. Within their comparisons of past and present, each participant noted ways in which they eventually gained more *confidence* about their voice.

As they *relearn to use their voices*, participants use *flexibility* around expectations of themselves and the future. *Unpredictability* was a common theme when participants described using their voices, and it often led to anxiety, less frequent use of the voice, and increased *effort* aimed at monitoring the voice. Part of *relearning to use the voice* also involved considering how the *voice reflects gender presentation*. All participants described a process of adjusting to how their voice is perceived internally and by others.

CHAPTER 5: DISCUSSION

Zucker (2008) described the experience of gender as multi-dimensional. Austin (2008) also described the voice as a multi-dimensional window into the self. This concept of multi-dimensionality is evident in the data from this study; participants experience their voice biologically and psychologically, as well as intra- and interpersonally. Four common themes emerged from each participant's interview:

1. Reactions and associations to vocal experience
2. Exerting effort
3. Stages of transition
4. Relearning to use voice

Reactions and Associations to Vocal Experience

The vocal experience portion of this study was created to give the participants expressive contact with their voice. All three participants described numerous reactions that emerged as they used their voices in different ways during the 20 to 30 minute sessions. Austin (2001) found that the voice is useful for relaxation, expressing emotions, and regulating breathing. Bradt (2009) wrote that deepening breathing may open an “emotional gateway” (p. 16). Improvisational singing can help people access “sensations, memories, and associations” (Austin, 2001, p. 24). Included in the vocal experience were deep breathing and vocal improvisation. Participants reported noticing physiological changes, memories, emotions, and personal characteristics. Participant 2 called the experience “self-reflective” and said it brought up “feelings.” He mentioned that during

the vocal experience he sang in a limited lower range, which he said represented a “rut” and a physical and emotional “comfort zone.”

Chaloner (2000) encourages transgender clients to use their breath in order to support their voice. Participants in this study found that they were often aware of their breath while engaging with their voice. It is possible that this awareness of breath had been cultivated because the three individuals have had prior practice focusing on their voice. In addition to noticing their breath, participants were also aware of how their bodies were reacting to and supporting their voice. Participants 1 and 2 had the experience of feeling “present” and “in the moment.” All participants noticed vibrations or resonance resulting from their voices, and they were aware of body parts that supported their voices, including muscles, headspace, and the diaphragm.

All participants recalled memories of isolation, which is a common feeling within the transgender population, and often ameliorated by meeting other transgender people (Grossman & D’Augelli, 2007; Kirk & Kulkarni, 2006; Scarpella, 2010). Participant 3 described feelings of belonging and safety when singing with other transgender people. Participant 2 discussed feeling alone in groups of all males with low voices or all females with higher voices. Participant 1 recalled withholding her outgoing personality because of fears about using her voice early in her transition.

Exerting Effort

This study supports research showing that the voice is inextricably linked with one's gender identity, and often a barrier to fully presenting as one's authentic self (Carew, Dacakis, & Oates, 2007; Chaloner, 2000, Hancock, Krissing, & Owen, 2011, Van Borsel, De Cuypere, & Van den Berghe, 2001). Participant 1 recalled negative

experiences resulting from incongruence between her voice and her physical gender presentation. Participants 2 and 3 explained how they are perceived on the phone, and their intentionality while using their voices as representative of their gender on the phone. Chaloner (2000) noted that changing one's voice can feel like acting, a feeling that resonated with Participants 1 and 3. Chaloner (2000) addressed the connection between concentrating on the voice and resulting inhibition. Participants in the present study consistently demonstrated this concept, describing the amount of energy that they expend internally assessing their voice in social interactions and with groups of people. Participant 1 decided to only raise her hand once during classes in which she usually spoke often prior to her transition. When asked about how often or when they put effort toward presenting an authentic voice, Participants 2 and 3 spoke about “constant” awareness and adjustment, both mentally and physically.

In Winter's (2009) research about the experience of singing harmony with another person, co-researchers reported that an internal system of expectation, affirmation, and reprimand goes on while singing harmony. Data from the current study showed that all three participants also had these thoughts during their vocal experience, and that these systems also extended to daily use of the voice. The most salient example of expectation was each participant's experience of unpredictability of their voice. They each had a different relationship to this uncertainty, and their expectations and appraisals of their voices varied as they approached different stages of their respective transitions.

Stages of Transition

The participants in this study alluded to several different stages within each of their transitions. Their experience at different points during transition could be described

using various models such as Kirk and Kulkarni's (2006) "Possible Mind-Sets of Transsexuals" and Reinsmith-Jones' (2009) description of the trajectory of a gender transition.

Kirk and Kulkarni (2006) refer to four "mind-sets" with which transgender people may enter into the mental health system. These mind-sets refer to people who "are certain about what they want and are determined to get it," "Those who feel convinced that they are transsexual and want to transition, but choose to take their time," "Those who feel conflicted," and "Those who are unsure whether they are transsexual" (p. 155-6).

Participants in this study each experienced various mind-sets during their transitions, but mostly expressed feeling sure that they want to transition and choosing to take their time. Participant 1 recalled the feeling of "trying to figure out my own thing at my own pace."

As was the case in the present study, Reinsmith-Jones (2009) found that each participant in her study had a different trajectory in terms of surgery and self-authentication. In her model, she proposed that part of the transgender person's experience is "inner/outer dissonance and feeling at odds with self and others," eventually leading to "choosing self-responsibility and beginning transition" (Reinsmith-Jones, 2009, p. 183). This process parallels Frankl's "will to meaning" concept, in which the person eventually commits to living authentically (Reinsmith-Jones, 2009). In the present study, all participants related to this process. Participant 1, for example, originally identified with more "femme" traits such as a higher voice and became upset when mispronounced as "he." Eventually she realized that her authentic self was more genderqueer. Her transition also supports research that not everyone who has surgery or uses hormones exhibits a binary gender presentation (Lawrence, 2008). Rather, some people may

identify as transgender, but choose to appear in ways that look androgynous (Lawrence, 2008). When asked what gender pronoun she prefers, Participant 1 answered that she would just as well go by her name. Participant 2 felt that “music was very strongly a part of my identity” prior to taking hormones. As he lost his ability to sing as he used to, he worked to find other ways to experience joy as his authentic self. After nine years of deciding not to take hormones, Participant 3 felt that he needed to try hormones in order to get closer to his authentic self. After taking them for a few months, and then subsequently stopping weeks after his interview for this study, he is still deciding if he wants to take hormones.

While reflecting on the vocal experience, all participants commented on their experience of being flexible; Participant 3 called it “trying to reset expectations.” This process seemed to parallel their respective transitions. Participant 1 had the feeling of being “caught off guard,” but then having fun. Participant 2 noted that when he didn't know what to expect, he was able to “get a better understanding of what's actually happening, instead of what I think should happen.” Participant 3 was focused on resetting expectations in order to join in with the present experience, rather than using a framework based on past experiences. Each of these attitudes exhibits the range of experience and flexibility with which the participants approached using their voice. The importance that the participants gave to their voice also supported past research. Fourteen of sixteen FTM participants in a study on voice rated voice modification as important to their gender transition as sex reassignment surgery (Van Borsel, De Cuypere, Rubens, & Destaeke, 2000). Participants in the present study also described their voices as a deciding factor in their transitions. Participants 2 and 3 both recounted their experiences

of choosing to not take hormones because they were afraid of their voice changing. Participant 1 also felt her vocal training was an important part of her transition, but did not relate it to her decision to take hormones since Estrogen does not change one's voice as Testosterone does.

Relearning to Use Voice

Research shows that the voice carries meaning in both intra- and interpersonal interactions. Austin wrote that “singing is one of the most effective ways to build a connection to one’s innermost self and to others” (Preston-Roberts, 2011). Participant 2 described music as “very strongly a part of my identity,” prior to taking hormones, and spoke about a “sad void” after hormones changed his vocal abilities. As a singer-songwriter, Participant 3 felt that his voice represented his identity “as a public affirmation” of his own control over his gender presentation.

During the vocal experience participants explored many facets of the voice, including breath, toning, speaking, and improvising-- all of which Austin (as cited in Preston-Roberts, 2011) specifies as forms of vocal expression. Data from this study support Austin's research, as participants associated aspects of their identity with various parts of the vocal experience. For example, Participant 2 expressed disappointment in himself for using a limited vocal range, and “sticking in my comfort zone...physically and emotionally.” Participant 3 said that his voice has been “one of the places where I've worked thru some social gender dysphoria stuff and gotten to this place of, well, its my voice and I like it and I'm gonna use it.”

As their gender presentation and identity shifted, participants had to relearn to use their voices, both physically and in terms of how it represents who they are intra- and

interpersonally. In terms of physical changes, all three participants reported times that they felt their voice was unpredictable, and feeling that they did not know how their voices would sound when speaking or singing. This affected their participation in social situations, supporting Monk's (2003) findings that one's vocal identity is based on the relationships between physiological changes, self-confidence, one's place within a group, and musical expression. Austin (2001) also wrote about this connection, and found that while singing, a client might discover a new part of their personality.

Austin (2008) wrote that the voice is so inextricably linked to one's sense of self that when the voice is insulted, it can feel like a personal rejection. In addition to worrying about how others would perceive their voices, participants were concerned about rejecting their own voice. All participants commented on times that they did not like their own voice, and how that impacted their self-concept. Participant 1 described the juxtaposition between her perception of herself as outspoken, and her decision to use her voice less during the beginning of her transition. Participant 2 talked about his inability to sing along with music in his car after he began hormones. These experiences are related to participants' liking and controlling their voices, rather than their vocal range. The subjective experience of one's voice has been shown to be more important than actual range changes (Chaloner, 2000; Elorriaga, 2003). Hancock found that quality of life for MTFs correlated more to how much an individual likes her own voice, rather than how much others like her voice. All participants focused on how they felt about their own voice, based on subjective perceptions rather objective measurements of range or ability.

Clinical Applications

Transgender people present to therapy with a variety of concerns, including experimentation with gender identity and presentation, consideration of surgery, sexual orientation, and experiences of fear, guilt, and shame (Zandvliet, 2000). Those who experience gender beyond the binary often recall childhood as a time when their creativity was stifled—boys who wanted to dress up, for instance may have been scolded (McMichael, 2000). The present study suggests that voicework could be used to address each of these presenting issues.

Participants in this study found that exploring their voice encouraged physiological awareness, self-reflection, and reclamation of identity. The voice took on many roles for participants, including a deciding factor in transitioning, a self-assessment of current feelings about transitioning, a connection to strengths, an indicator of change, a way to connect with others, and a symbol of personal characteristics and identity roles. Music therapists need to be aware of these roles in order to most effectively understand their clients and what the voice may be symbolizing during their work together. The wide array of associations, thoughts, and emotions connected to the voice suggests that ongoing work with a music therapist could elicit rich material that participants could use in therapeutic work.

In a clinical setting, clients who were denied creative experiences would be able to reclaim creativity in a safe and supportive atmosphere. Clients who are exploring their gender identity and considering transitioning would benefit from exploring their voices to gain insight into their experience of self. Voicework could help clients identify where they are currently in their transition, and what therapeutic work they envision for the future. The clinical setting could provide a safe and non-judgmental laboratory in which

clients could experiment with using their voice, practice approaching social settings, and explore vocal changes taking place during transition.

It is important that music therapists become knowledgeable about stages of transition and the transgender community. It is also important that music therapists explore their own values and biases about gender, as well as their own associations to the voice. Music therapists should encourage transgender clients to consider using the voice in music therapy, or have the client explore why they may not want to do so. Music therapists should be able to use their own voice to convey musical empathy.

This study also has clinical applications for speech therapists. The data suggest that transgender clients working to modify their voice should be encouraged to explore the emotional material that emerges during voice modification. Practitioners should understand the myriad of biological, psychological, and social implications that working on one's voice may bring up, and be knowledgeable about the music therapists and other mental health resources in their area, should a client need a referral.

Limitations of this Study

This thesis study explored the lived experience of its three volunteer participants. The purpose was to gain an in-depth understanding of how the participants' vocal expression was connected to their gender identity and self-concept. Therefore, results cannot be generalized to the entire transgender population. The participants were all healthy adults between the ages of 24 and 34 who lived in the Philadelphia area. Although this research suggests applications for working with clients in a therapeutic context, the results cannot be generalized to a therapeutic population since the researcher was not acting as a therapist during the study.

Another limitation was that study only provided one 20 to 30 minute vocal experience and one interview. Therefore, there was limited time to build rapport with

researcher, and to recount thoughts and feelings associated with the vocal experience. The interviews took place immediately after the vocal experiences; the participants may have had different views of their voices after reflecting on their vocal experience for more time.

Lastly, a limitation of this study is the inevitable bias of the researcher. Although the epoche process helps the researcher set aside preconceived ideas, it is important to acknowledge that the researcher was an active participant in the study, and therefore influenced its trajectory.

Suggestions for Future Research

Music therapists and other mental health clinicians would benefit from further research illuminating the experience of transgender individuals. Ekins and King (2006) specifically noted the need for more “lived experience” research, emphasizing that it allows for a more detailed understanding of how gender, identity, and society interact. Because transgender people and their rights are so affected by how society views them, it would be interesting to include experiences of privilege in future research. For instance, how do transgender women's experiences of growing up with male privilege factor into their self-esteem after their gender transition?

Research exists on the relationship between voice and quality of life (Hancock, Krissinger, & Owen, 2011). However, the participants in these studies are people who have voice disorders. More research is needed on this topic as it relates to transgender people. More research is also needed on the benefits of using the voice in therapy (Austin, 2008).

The present study could be repeated with people of different geographic and cultural populations in order to increase sample size and validity. Recruiting participants of different ages and who are at different points in their transitions would also yield valuable information about vocal expression for transgender people. Because this study required singing with another person, participants only included the demographic of transgender people who are comfortable in this situation. Further research could include people who are less comfortable with using their voice, or individuals who have no musical backgrounds. In light of societal changes during the past several decades, this research could be repeated with people who transitioned during different eras. This study could also be repeated with the same participants over time in order to see what changes occur after several sessions.

Results from this study include a large amount of data relating to participants' social interactions. Therefore, this study could be repeated in a group context in order to elicit information specifically focused on social implications. This study could also be repeated with a cisgender control group to compare how vocal expression is experienced by transgender and cisgender people.

Finally, repeating this study with clinical populations could support or discourage the use of voicework with clients presenting with various diagnoses. Further research could explore the use of vocal expression with transgender people experiencing depression, anxiety, or other symptoms commonly experienced by this population.

Reflections

Moustakas (1994) emphasized the importance of transparency and acknowledging the role of the researcher. “Whatever shines forth in consciousness” may indicate both the

researcher's bias, as well as material that is important to notice (Moustakas, 1994, p. 92). While reflecting on this study, I experienced several notable insights.

I felt moved by the amount of personal information that participants were willing to share. Participants' eagerness to articulate their experience mirrored their stated belief that this research is important and valuable for the general population to gain an understanding of the transgender experience. I was surprised by the amount of insight that each participant had regarding the ways that the voice is a powerful representation of experience. The participants seemed to arrive at the study already knowing that their voices held deep and complex material. I was also surprised by the emphasis that each participant placed on liking their own voice. No participant recalled a time when someone else explicitly insulted their voice. This internal focus solidified for me that the voice is deeply personal, and voicework has the potential to address deep-seated and unconscious material. Participants 1 and 2 discussed plans to reincorporate music or singing back into their lives, noting throughout the interview its positive effects on their lives prior to transitioning. I was struck by the participants' explicit knowledge that music is an important part of their lives, and I was reminded of therapy clients who have discovered music as a tool for coping. Participants' insight into the role of music in their mental health appeared to be an important strength, and I felt inspired to reflect on my own use of music in my life.

In addition to the voice's impact on identity and self-concept, the voice also affected decisions which I found to be surprisingly concrete. Participant 2 experienced a noticeable loss in his perceived inability to sing. To remedy this loss, he had to make an intentional effort to find other activities in which he could experience joy. In essence, he

had to find a direct replacement for the role the voice used to play in his life. Participant 3 specifically related the exploration of his voice to his decision to stop taking hormones after participating in this study.

I felt that the music was an essential part of this study. Engaging in a musical epoche process and creating music for the imaginative variations enabled me to have a visceral experience of the data. This proved important in light of the fact that the topic of this study—the voice—is experienced viscerally. I was able to enter the experience of the participants more thoroughly when working through my body and a non-verbal medium. After creating the imaginative variations, I was more able to feel the essence of what the participant may have felt during the vocal experience and interview.

CHAPTER 6: SUMMARY AND CONCLUSIONS

This research study asked the question: What is the lived experience of vocal expression for three transgender people? The study explored how three participants experience their voice as related to their gender presentation and identity. Three transgender individuals participated in a vocal experience and interview. Data were analyzed using phenomenological methodology.

Results from this study detail the in-depth experiences of the three participants.

Four common themes emerged from the data, including:

1. Reactions and associations to vocal experience
2. Exerting effort
3. Stages of transition
4. Relearning to use voice

This study suggests that the voice plays an integral role in gender identity, and is connected to self-concept and expression. Participants in this study provided data about their experiences, which showed that their focus on the voice influences their behavior, thoughts, and self-perception. This study suggests clinical applications for music therapists as well as other mental health practitioners.

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Appendix A: Recruitment Email

Subject Line: Participants needed for study on transgender experience and voice

Transgender participants are needed for research about how transgender individuals experience their voice in an expressive capacity. My name is Julie Lipson, and I am a graduate student in Drexel University's Department of Creative Arts Therapies. I am writing my thesis on the experience of vocal expression for transgender people. I am particularly interested in how the voice relates to gender identity and self-concept.

You are eligible for this study if you:

- identify as transgender
- are at least 18 years old
- live in the greater Philadelphia area and speak English
- do not have a mental health diagnosis that involves delusions or hallucinations
- have not been psychiatrically hospitalized within the past year

All personal information will be kept strictly confidential and data will be destroyed after the study ends.

No musical background is necessary. Participants will be selected to maximize diversity.

Participation requires approximately two consecutive hours, which includes a vocal experience and an interview.

If you are interested in participating, please contact TransVoiceStudy@gmail.com for more information.

This survey is entirely voluntary and you have the option to withdraw at any time. This study is being advised by Principal Investigator, Florence Ierardi, faculty in the Drexel University Music Therapy Program.

Thank you for forwarding this email to anyone you think may be interested.

Julie Lipson

Appendix C: Phone Script

1. How old are you?
2. Do you identify as transgender?
3. What gender do you identify as?
4. How long have you identified as transgender?
5. To participate in this study you cannot suffer from hallucinations or delusions, nor can you have been psychiatrically hospitalized within the past year. Do you meet these qualifications?
6. Do you live in Philadelphia?
 - a. If not, where do you live?
7. Please describe your ethnicity or race
8. Do you identify with any religion?
9. What kind of musical experiences do you participate in, if any?
10. Have you had any musical training?
 - a. if yes, please describe

There is a chance that files with participants' names on them will be inspected by officials whose job is to ensure that all research protocol is being followed. In the case of an inspection, inspectors are bound by confidentiality.

The procedures listed below are experimental and are only done for the research:
 *30-45 minute vocal improvisation experience, including vocal warm ups, guided breathing, singing, improvisatory music making
 *30-45 minute interview about your experience of vocal expression, including questions about associations and memories during the vocal experience, how you experience your voice as related to your body, and the voice's role in gender-transition,

These experiences will be audio recorded. The recordings will be kept confidential, and will be destroyed after the thesis is completed.

8. **RISKS AND DISCOMFORTS/CONSTRAINTS**

While there are minimal risks anticipated with this study, participants may experience discomfort when disclosing their transgender identity to the researcher. Although their identity will be kept confidential, there is always the possibility of emotional discomfort with disclosing one's transgender identity. The vocal experience and the interview may be uncomfortable due to the intimate nature of discussing gender and identity with a stranger.

All information you provide will be kept confidential. All data will be stored on a password protected computer. You may voice any discomfort and may withdraw from the study at any time. If you wish to express any concerns, you may contact the Principal Investigator at 215-762-1178.

9. **UNFORESEEN RISKS**

There may be risks which are unknown at this time such as minor discomforts or inconveniences.

If unforeseen risks are seen, they will be reported to the Office of Human Research.

10. **BENEFITS**

There may be no direct benefits to you from participating in this study. This study has the potential to benefit society in several ways. There is currently very little research on the transgender experience. Understanding how the voice is intertwined with identity, self-perception, and self-esteem could help therapists envision vocal interventions for a variety of therapeutic goals. Results from this study will be applicable to many fields, including music therapy, lesbian, gay, bisexual, and transgender (LGBT) health, and speech therapy. This research could also suggest approaches for working with clients undergoing a gender transition.

11. **ALTERNATIVE PROCEDURES/TREATMENT**

This is not a treatment study. Your alternative is not to participate in this study.

12. VOLUNTARY PARTICIPATION

Participation in this study is voluntary. You may refuse to be in the study or you may stop at any time without the loss of the care benefits to which you are entitled. However, you will be expected to follow the instructions provided by the research staff, in order to ensure your safety.

13. RESPONSIBILITY FOR COST

There is no cost to you for participating in this study.

14. COMPENSATION FOR RESEARCH RELATED INJURY

If you become ill or injured during this study, please contact Florence Ierardi at telephone no. (215) 762-1178. If you require immediate medical attention, you should go to the nearest emergency room or call 9-1-1. It is important that you inform all emergency medical staff that you are participating in this study.

If a research-related injury results from your participation in this research study, medical treatment will be provided. You, or your medical insurance, will be responsible for the medical expenses resulting from your research-related injury. A “research related-injury” means injury caused by any study procedures required by the research which you would not have experienced if you had not participated in the research study. In addition, you will not be paid for any other injury- or illness-related costs, such as lost wages. However, you are not waiving any legal rights by participating in this study. If you have questions, please call Florence Ierardi at telephone no. (215) 762-1178.

It is important for you to follow your physician’s instructions including notifying your study investigator as soon as you are able of any complication or injuries that you experience.

If you are injured or have an adverse reaction, you should also contact the Office of Regulatory Research Compliance at 215-255-7857.

15. CONFIDENTIALITY AND PRIVACY

In any publication or presentation of research results, your identity will be kept confidential, but there is a possibility that records which identify you may be inspected by authorized individuals such as representatives of the Office for Human Research Protection (OHRP), the sponsor Drexel University, the institutional review board (IRB), or employees conducting peer review activities. You consent to such inspections and to the copying of excerpts of your records, if required by any of these representatives.

16. NEW INFORMATION

If new information becomes known that will affect you or might change your decision to be in this study, you will be informed by the investigator.

17. QUESTIONS

If you have any questions about this study or your participation in this study, or if at any time you feel you have experienced a research-related injury, contact:
Florence Ierardi at telephone no. (215) 762-1178.

If you have questions about your rights as a research subject, you may contact:

Drexel University College of Medicine
Office of Human Research
1601 Cherry Street, 3 Parkway Bldg.
Mail Stop 10-444
Philadelphia, PA 19102

You may also contact the Office of Human Research at 215-255-7857.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you agree to participate in this study, you will receive a signed and dated copy of this consent form for your records.

18. CONSENT

- I have been informed of the reasons for this study.**
- I have had the study explained to me.**
- I have had all of my questions answered to my satisfaction.**
- I have carefully read this consent form, have initialed each page, and have received a signed copy.**

I freely consent to participate in this research study.

I authorize the use and disclosure of my personal health information as explained in this consent form.

CONSENT SIGNATURE

Subject

Investigator

Individuals authorized to obtain consent:

Name	Title	Day Phone #	24 hr. Phone #
Florence Ierardi	Principal Investigator	215-762-1178	215-762-1178
Julie Lipson	Co-investigator	215-762-1178	215-762-1178

Appendix E: Vocal Experience

Vocal Experience Sample

1. Vocal warm-up

Focus: increase comfort level, build participant-researcher rapport

- warm up may consist of guided breathing, singing a familiar song, instrument call and response, or singing simple repeated patterns in unison

2. Interactive and improvisatory music making

Focus: allow participant to explore vocal range and emotional expression

- use vocal syllables and vowel sounds

3. Closing

Focus: provide participant with sense of closure at end of the session, prepare for transition to verbal interview

- closing may consist of breathing in unison and repetition of a theme that emerged during the session such as a song or musical motif

Appendix F: Interview Questions

1. Describe how this experience was for you.
2. What came up for you during this experience-- perhaps memories or associations?
3. During this experience, what felt positive to you? What felt challenging?
4. How do you feel about your voice?
 - a. how do you feel about your voice when in a group?
5. What role, if any, did your voice play in your gender transition?
6. How does your voice relate to your gender identity now?
7. What did you feel in your body during this experience?
8. Some things we did today may have felt familiar, and some things may have felt uncomfortable.
 - a. what aspects of this experience, if any, felt similar to the way you use your voice in every day life?
 - b. what aspects of this experience were challenging or uncomfortable for you? Why?
 - c. was there anything you experienced today that you would like to continue to explore?
9. Anything else you would like to tell me?

Appendix G: William Way Letter



October 17, 2012

To Whom It May Concern:

We have reviewed and approved the request for a room donation and posting recruitment flyers for *The Lived Experience of Vocal Expression for Transgender People*, Julie Lipson's master's thesis.

This approval will allow Ms. Lipson to post recruitment flyers at our facility and to reserve a room in which to conduct research.

Thank you,

A handwritten signature in black ink that reads "Chris Bartlett".

Chris Bartlett
Executive Director

Appendix H: Resources

Community resources for persons identifying as Lesbian, Gay, Bisexual, Transgender (LGBT)

Mazzoni Center

809 Locust St.

Philadelphia, PA 19107

215-563-0658

Offers counseling services on a sliding scale.

<http://mazzonicenter.org/content/trans-care-mazzoni-center>

William Way Community Center

1315 Spruce St.

Philadelphia, PA 19107

LGBT peer counseling: Call (215) 732-TALK. Confidential. Free.

<http://www.waygay.org/programs/community.asp>