Intervention for a Female-to-Male Transgender Individual: A Case Study

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Introduction

Over the past 2 decades, literature about voice and communication modification for male-to-female (MtF) transsexuals has provided a blueprint that can guide SLPs working with MtF clients; however, there is very little information about voice and communication therapy for female to male (FtM) transsexuals, so SLPs have little guidance.

One reason for the lack of information is that most FtM transsexuals achieve a desired voice with hormone therapy because testosterone contributes to a thickening of the vocal folds, facilitating a lower fundamental frequency, consistent with male speakers.1 Also, the relationship between voice and physical appearance seems strong for FtM individuals, which facilitates passing.2

While most FtM transsexuals do not need voice and communication intervention, some individuals have trouble adjusting to their voice change and may require therapy.3,4

Van Borsel et al.5 suggested that SLPS have a role in: a) assessing FtM individuals before hormone therapy, b) assisting FtM clients in developing realistic expectations of voice change, and c) providing therapy for FtM clients who struggle adjusting to their voice change. Adler & Van Borsel6 described a 10-step voice therapy program for FtM transsexuals who require intervention because of excessive muscle tension. They also described a surgical option, Type III thyroplasty, for lowering the F0 of FtM transsexuals.

Since FtM singers may also experience difficulty during their transition, readers are directed to Constancias,6 who described his own personal account and the results of a study involving vocal warm up and exercise for eight FtM transsexual singers.

The Case

This poster describes a case of a FtM client (Ian) who was seen at the College of Saint Rose during the summer and fall, 2009. Ian is a 48 year old pastor who began transition in February 2009, and hormone therapy in April 2009. After starting hormone therapy, he noticed a dramatic change in his voice that was having a significant effect on his ability to perform duties as a pastor in an upstate New York church. His primary complaints included hoarseness, vocal instability, vocal fatigue, difficulty singing, and reduced inflection during conversation.

Baseline data taken in early May indicated a fundamental frequency of 174 Hz, high frequency perturbation (jitter), and a moderately rough voice quality. Some laryngeal tension was also noted upon palpation. The initial focus of therapy (once per week for 1.5 hours per session) was to: a) decrease laryngeal tension using laryngeal massage and b) produce connected speech with forward resonatory focus. In the summer of 2009, Ian took part in Vocal Function Exercises (VFEs) at a frequency range of C3-G3 in order to increase laryngeal strength and tone (Stemple, Glaze, and Klaban, 2010).7 Inflection was also targeted.

Since the most relevant perceptual features of Ian’s voice included a rough voice quality and back tone focus, intervention emphasized Resonant Voice Therapy (RVT), as described by Stemple, Glaze and Klaban (2010).8 During the fall (September-December), intervention was devoted to the improvement in resonance; RVT facilitated this improvement. As the fall semester went on, it was noted that laryngeal tension decreased without massage and inflection improved, although there continues to be a concern that Ian uses inflection patterns (e.g., upward inflections) that may be perceived as feminine. In addition, singing did not improve over this time. Sermons served as a functional context for working on voice and resonance.

Resonant Voice Therapy

Goal of RVT: To produce voice with forward, resonatory focus and as little vocal effort as possible.9

Steps:
• Humming
• Molting
• As a sigh
• Varying rate and loudness
• Like speech
• Chanting sentences
• “Mamapapa”
• Varying rate and loudness
• Like speech
• More Chanting
• Producing sentences
• Overinflected
• Natural Speech
• Additional sentences and conversation

Ian’s Reflections (and a call for further study!)

I have “a need to have a voice and be empowered once again. I still cannot sing, and I miss that. Answering questions about a cold...people who have not seen me for awhile still ask. People need to be respected and listened to. The medical field is political, suspicious, fearful and often incompetent and disrespectful when providing medical care for transgender people. Voice treatment is one place I did not have to worry about being considered to be stupid or treated as less than human.

There is a behavioral change, an adolescent phase that comes with transitioning. Patience with that process is pivotal...for patient and treatment providers.”

References