A Mindful Approach to Training and Healing the Male-to-Female Transitioning Voice

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A Mindful Approach to Training and Healing the Male-to-Female Transitioning Voice
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by Kimberly N. Gnagey
Annotated Bibliography

Journal Articles


This article addresses emotional/psychological and pedagogical differences in teaching Trans and Gender Non-Conforming students and offers considerations for repertoire. In terms of psychological stresses, the article notes that recent studies show that 40% of transgendered individuals have attempted suicide. The article touches on the fact that testosterone hormone therapy lowers the vocal range of transgendered singers, but also notes that female-to-male transitioning students have likely become accustomed to speaking and/or singing in a vocal range that is unnatural and will have to learn to undo those habits and treat damage done. Female-to-male transgendered individuals with large breasts may also bind or otherwise try and hide breasts, which can affect breathing and should be considered when training.


This article explores some of the common psychological trauma experienced among the gender non-conforming and current somatic therapeutic approaches that have shown promising results. The assertion of Somatic Experiencing is that trauma is actually stored in the nervous system, meaning events that trigger memories of traumatic events causes the body to relive the trauma. The Somatic Experiencing approach described in this study is a 10-week group setting in which patients spend time learning about the source of their trauma, the history of their socio-cultural group, the physical effect of their trauma, and talk through and act out situations that, when experienced in day-to-day, may bring them to a state of traumatic experiencing. This study found a marked improvement in levels of psychological stress in the areas of depression, anxiety and PTSD when compared before and after the program.


This study tracked the vocal changes of a seven transitioning 30-year-old men through testosterone therapy over the course of a year. Analysis was conducted every two weeks to scientifically measure all related changes to the voices including the frequency of sound at speaking level, vocal range, length of the vocal tract, and even subjective perception of the gender of the voice. The magic number on average with regards to subjective perception of a masculine voice was 37 weeks of hormone therapy, which is important to note from a teaching perspective.

This is a study of effectiveness of metacognitive teaching and learning in the vocal setting. This blind study took eight female university voice students and taught them mindful meditative techniques to utilize in their practice time. This included breath awareness, muscular awareness, yoga poses to assist with posture, emotional awareness that targeted criticism (both external and external), and concentration. Students were given a Five Facet Mindfulness Questionnaire at both the beginning and end of the study, and five of the eight participants in the study scored higher at the conclusion of the study.


This article helps to explain how hormone replacement therapy effects the transitioning female-to-male larynx by studying the changes in a 33-year-old singer through testosterone therapy. Specifically, this study denotes a “profound” difference in the frequency, pitch and range of the speaking voice between the third and fourth month of hormone replacement therapy. The study also notes important bench marks, including: an increase of range at two weeks, loss of high notes at four weeks, difficulty with control of both pitch and vibrato at 6 months.


Two of the singers in this article are trans men, one in his fifties and one in his thirties, who have both experienced voice shifts from testosterone therapy. The older trans man studied voice and singing through his transition, and the younger began training a few years after beginning HRT. The man in his fifties notes a marked shortening of range and general loss of control and quality. He discusses the sadness of losing his former voice as well as the trauma of previously speaking in a vocal range that didn’t match his chosen gender. He mentions a decline in his career as a result of transitioning as well as a resurgence of stage fright. The man in his twenties noted that his singing voice remains in a range that is more “androgynous” because it doesn’t have the same quality as men who had their voice change during puberty. He notes this initially being a psychologically stressful realization, but asserts ownership of it and confidence in his training.


Two of the voice teachers in this article trained female-to-male transitioning singers who underwent hormone therapy. The teachers wrote about their experiences in this article, and a second article was written by their students. One of the teachers speaks of the training she did with a trans man in his 50s who had a longstanding career as a mezzo soprano before hormone therapy. She discusses a marked shift in pitch and shortening of range as well as a notable break in passagios that hadn’t been there previously. She recalls taking the experienced singer back through basic technical training to allow the singer the familiarize himself with his new voice and discusses some of the emotional/psychological challenges she recognized while training this singer. The second teacher coached a young singer who was already three years into hormone therapy. This instructor describes her student’s voice as a post-pubescent teenage sound, but that training helped to increase both range and sustainability. This singer had no previous formal vocal
training. Both teachers compare the shift to a teenage boy’s vocal transition in puberty, which is valuable for future discussion.


Using meditation, Alexander and Feldenkrais somaesthetic techniques, and movements adapted from Tai Chi, Paparo works with choirs over the course of several months. He finds that reducing muscle tension in different areas of the bodies of students improved many technical aspects of their singing. Also, creating awareness allowed them to be more perceptive in rehearsals and find easier focus as well as less performance anxiety.


MFA Theatre students at Naropa University discuss the benefits of “Contemplative Education” within their program, which includes meditative and somatic training of awareness and insight, and application within the disciplines of acting, voice, dancing, and the creative process. Students describe learning to embrace a mind-body connection that allows them to be present and integrate inner and outer experiencing in the educational process as well as the performance process.


Dr. Loraine Sims writes about the vocal changes she observed in her lessons training Lucas, a female-to-male transitioning singer in the midst of HRT. Dr. Sims writings report drastic changes in the first six months of the process, especially leading into the third and fourth months. She notes a widening of the chest voice range and diminishing of the soprano range, and during the transition, periods with little-to-no access to the falsetto range as well as difficulty transitioning through passagios. She also notes changes in breath management and vocal stability, but reports that after a year of HRT and training, Lucas was able to find ease and control in his singing voice, both in chest and falsetto, as well as stable vocal range and sound production throughout the range.


In this article, Dr. Sims discusses the phenomenon of “voice dysphoria,” a classification that describes the psychological disconnect a person may feel with the range of their voice. Notable points for this discussion include the probability that trans singers may have some vocal damage or damaging vocal habits from attempting to talk and/or sing in a range that is not natural for the anatomy of their voice. Sims discusses the process of training a trans man’s voice during and post-HRT and how that can be a difficult and grueling process for previously trained singers. She also talks about how trans men post-HRT may find discomfort in their new voice and wish to train more in their falsetto, which feels and sounds more like the soprano or mezzo
soprano voice they had before HRT.

**Sound and Video Recordings:**

University of Calgary, “Singing in the Key of T,” presented by Ari Agha and Prof. Laura Hynes, June 27, 2019, lecture and presentation, 4:33. [https://www.youtube.com/watch?v=5JeH2JMNK1c](https://www.youtube.com/watch?v=5JeH2JMNK1c).

This video describes a current teacher-student relationship and their journey to explore and explain the pedagogical evolution necessary to effectively teach transitioning singers. Ari Agha has chosen hormone replacement therapy, which causes his vocal folds to expand. He learns to sing with his new voice and his teacher, Laura Hynes, learns not only how to train Agha’s changing voice, but also how to work within the emotional paradigm of a transitioning singer. This is the introductory video to their project, which promises more valuable information in the form of video blogging as the project moves forward.