

<u>Common LGBTQ+ Terminology*:</u>

Assigned Female at Birth (AFAB) – A person who was assigned to the female sex at birth.

Assigned Male at Birth (AMAB) – A person who was assigned to the male sex at birth.

Assigned Sex at Birth (ASAB) – The biological sex assigned to someone by society based on genitalia or other biological factors.

Asexual – An individual who is not attracted sexually to any gender.

Binding – A process involving compressing breast tissue to minimize the appearance of breasts. This can be done in a variety of ways: Ace wrap, bandages, or a chest binder (a garment similar to a sports bra, but is designed to assist with binding).

Bisexual – An individual who is attracted to members of their own gender as well as another gender.

Dead-naming – Referring to a trans individual by their "dead name", the name they were assigned at birth that they no longer use.

Female to Male (FtM) – A slightly outdated term still used by some to signify a physical transition from the assigned female sex at birth to the male sex that matches their gender identity.

Gay – An individual who is primarily attracted to a member of the same gender. Though it spans across all genders, it is more commonly used to describe those who identify as men.

Gender Dysphoria – Distress caused by the incongruence of one's sex and gender. This can range from mild frustration to severe distress that can result in depression and/or suicidal thoughts/attempts.

Gender Expression – How one expresses their gender. This can be done through altering clothing, accessories, speaking patterns, or other external factors.

Gender Identity – A person's internal sense of their gender.

Intersex – An individual who was born with male and female sex characteristics. This is a replacement of the term, "hermaphrodite".

Lesbian – A woman who is primarily attracted to another woman.



Male to Female (MtF) – A slightly outdated term still used by some to signify a physical transition from the assigned male sex at birth to the female sex that matches their gender identity.

Non-Binary – A term representing individuals who do not identify as either male or female. Primarily called "Enby" for short, originating from the sound of the abbreviation "N.B.".

Pansexual – An individual who is attracted to members of all genders.

QPOC – Queer Person of Color

QTPOC- Queer and/or Trans Person of Color

Queer – An umbrella term representing individuals who identify in the LGBTQ+ spectrum. In the past, the word was used in a derogatory sense, though it later underwent a reclamation to its current definition.

Sexual Orientation – A term describing who a person is attracted to, whether physically, emotionally, or romantically.

Transgender – An umbrella term representing a person whose gender identity somehow conflicts with their assigned sex at birth (ASAB).

Transfeminine – An umbrella term for anybody who identifies as feminine.

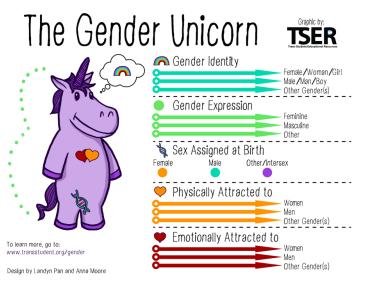
Transmasculine – An umbrella term for anybody who identifies as masculine.

Transsexual – A slightly outdated term more commonly used by the medical community to describe an individual who wants/is planning to transition or has transitioned from their assigned sex at birth.

Two-Spirit – An umbrella term used in many Indigenous communities to describe someone operating in a third gender societal or ceremonial role.

*Note: This list is not all-encompassing, nor is it universally agreed upon. As in many communities, vocabulary can change rapidly, and some in the community might have slightly different definitions of the words. Some may consider certain words to be completely out of usage, while others may strongly identify with them. This list should serve as a starting point and not as the end-all-be-all.





Gender Dysphoria - Distress caused by the incongruence of one's sex and gender. This can range from mild frustration to severe distress that can result in depression and/or suicidal thoughts/attempts. This is the "diagnosis" trans individuals who are wanting to transition are required to receive.

"The server, an apparent young, White, ponytailed woman with a spritely smile bounces toward our table: "Hello, Ladies!" Startled, I exchange a look with my friend. Ouch. This hasn't happened for a while. My jaw is tight. I feel like I am not really there. Invisible and unrecognized. I feel like a monster. Alienated. And humiliated. Again. I hold the feelings like they are a plate of 20 candles burning, hot wax dripping onto my hands and pooling on the floor. I don't know how to not hold the feelings, the candles, the fire. I am used to it. A lifetime of learning how to hold burning candles. Not knowing how to put them down, how to ask someone else to hold them, how to put them out." (Nordmarken, 45)

Potential Triggers of Gender Dysphoria:

- Misgendering (referring to an individual as a gender they do not identify with) or incorrect pronouns
- Dead naming (using a trans person's name they were given at birth that they no longer use or associate with)
- Bodily features that might not match their gender identity (ex: facial hair on a transwoman, or the appearance of breast tissue on a transman)
- Gendered expectations based on one's assigned sex at birth.(Ex: "Men should help move the chairs")
- Bathrooms, locker rooms, or other spaces that are typically segregated by sex.
- Speech that separates or divides a class by sex (ex: "Girls go over here; boys go over here")



Names and Pronouns:

- Speak with your student privately about which name they wish to be called/what pronouns they want to go by.
 - Masculine: He, Him, His, Mr.
 - Feminine: She, Her, Hers, Ms./Mrs.
 - Non-Binary: They, Them, Theirs, Mx.
 - Neo-Pronoun examples: Ze, Zir, Hir
- Dead Name: A name given at birth that is no longer used.
 - If a student asks you not to use the name, don't use it.
 - Course Management Systems (ex: eSchool, Moodle, etc.) often will only show the dead name, especially on rosters/class forums.
 - When leaving rosters for substitutes, make sure to leave one with the correct name of your trans student.

At Home Challenge: Tell a story about a choir member without using gendered pronouns.

Uniforms:

- Allow students to wear what makes them comfortable
 - Speak to them privately about what they would be most comfortable wearing.
 - It is okay to remind them that uniforms are what are worn in front of parents, community members, friends, etc. Make sure to do so in a way that doesn't come across as unsupportive.
- Provide gender neutral alternatives
 - Concert black (all back tops/bottoms) is the easiest formal option.
 - Avoid choir robes for school settings due to the religious undertones/connotation.
- Make uniform requirements in handbooks gender-neutral:
 - Ex: Instead of "Ladies: Jewelry is limited to non-distracting earrings", just write "Jewelry is limited to non-distracting earrings."

Sections/Standing Arrangements:

- Speak with student privately about their preference
- Each situation will be different, some students won't mind singing where their natural voice belongs, others will feel dysphoric.
- Be empathetic and find ways to support your student, even if it means what isn't necessarily "vocally best" you teach the whole human, not just the instrument.
- Remove gendered language for sections
 - Refer to Sopranos/Altos or Treble/Higher voices instead of "Ladies"
 - Refer to Tenors/Basses or Lower voices instead of "Men"
- Blend standing arrangements to help with sections, so trans people can intermix easily.



Effects of Hormone Replacement Therapy (HRT) on the Voice:

Note: Not all trans people decide or want to medically transition. Not every trans person will decide to take hormones, though many do. Every situation is different and contextual. The following is in reference to those who want to medically transition or take hormones.

• Transfeminine Individuals:

- o Estrogen
 - Estrogen produces more feminine effects on the body (ex: softer skin, things/reduces facial and body hair, makes one more sensitive to temperatures due to the thinning of skin, development of breast tissue, redistribution of fat around hips/thighs, etc.)
 - Does not have much of an effect, if any, on the vocal folds.
- o Anti-androgen
 - Typically used in combination with estrogen to suppress testosterone levels, thereby reducing more masculine developments in the body.
 - Does not have much of an effect, if any, on the vocal folds.

• Transmasculine Individuals

- Testosterone or "T"
 - Testosterone produces more masculine effects on the body (ex: skin becomes more oily/thicker, increasing of body hair thickness and amount, development of facial hair, potential frontal scalp hair thinning, etc.)
 - Testosterone will elongate the vocal folds causing a drop in the pitch/fundamental frequency.
 - Those taking "T" may experience voice cracks, vocal fatigue, breaks in the voice, a decrease in access to the passaggio, similar to (but not the same as) a cisgender male adolescent.
 - Check out *"Teaching Lucas"* by Dr. Loraine Sims for a more detailed look at T's effects on the voice.

• Adolescents/People under 18

- Those who are considered a minor more than likely will not be on feminizing or masculinizing hormone therapy. This is done for a variety of reasons, including doctors wishing to give their trans patients more time to "be sure" of their identity before making sometimes permanent changes, or because it requires parental consent that may not be given, the list goes on.
- If a trans adolescent is prescribed anything it is typically gonadotropin hormone releasing analogues (GnRH). These are pubertal blockers, which basically press pause on puberty.
- These typically don't have much of an effect on the voice beyond the prevention of vocal fold elongation for somebody who was AMAB.



Alterations of Gender Expression That Can Affect Vocal Pedagogy

- Altering speaking/singing pitch to be higher/lower than "standard" range
 - Can result in extra laryngeal tension or fatigue
 - o "Standard" speaking range can cause dysphoria in the singer
- Chest Binders
 - Worn by transmasculine individuals to minimize the appearance of breast tissue
 - Don't ask if a singer is wearing them (we don't typically ask about underwear do we?)
 - Potential Health Outcomes (Peitzmeier et. al, 2016)
 - These are self-reported outcomes that other trans individuals who have worn binders have experienced. Almost all reported that the major mental effects were worth the minor physical discomfort.
 - Not all of those who wear a binder will experience all of these.
 - Pain (chest, shoulder, back, abdominal)
 - Respiratory (cough, respiratory infections, shortness of breath),
 - **Musculoskeletal** (bad posture, rib or spine changes, rib fractures, shoulder joint 'popping', muscle wasting)
 - Neurological (numbness, headache, lightheadedness, or dizziness)
 - Gastrointestinal (digestive issues, heartburn)
 - **General** (fatigue, overheating, weakness)
 - While a transperson should seek medical advice from their doctor always, Dr. Peitzmeier et. al do state that to assuage symptoms, those wearing binders can find times in the day to "take a break" from wearing their binder.
 - Corsets/Waist-Trainers
 - Occasionally worn by transfeminine individuals to shape/train the waist.
 - Can cause similar effects as binders, but more research is needed!

Singing Strategies for Trans Singers:

- Strive for a healthy, resonant tone per usual, but ensure that it is comfortable for the student. Minor adjustments may be needed.
- Relax the larynx!
 - Yawn sighs into the chest voice
 - o Brief returns into the "natural" speaking voice"
 - o Semi-occluded vocal exercises (especially on descending lines)
 - V's or other voiced consonants
 - Lip Trills
 - Humming
 - Ingo Titze's Vocalizing through a Straw technique



- Vocal rest and water are highly underrated!
- Range Extension Exercises
 - Strengthen the "outer edges" of the voice
 - Assigned Male at Birth (AMAB)
 - Work on strong and clear falsetto
 - Focus on passaggio strengthening exercises
 - Assigned Female at Birth (AFAB)
 - Develop the chest voice
 - Work on eliminating the husky/breathy sound.

Remember that achieving pitch is important, but so is resonance!

Final Thoughts:

- Educating yourself is your own responsibility, not the students'.
- You can find all of this information and more (rooming during trips, help with unsupportive parents/admin, etc.) in greater detail along with resources for you and your students on my website (www.blurringthebinary.com).
- You may be the only individual in a trans student's life who supports them.
- Know that it's okay to make mistakes.
- Apologize > Vow to do better > Do better.
- Never assume.
- Be kind, patient, positive, and understanding.
- When in doubt, ask for help!

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