

THEORETICAL ARTICLES | PEER REVIEWED

Liberatory Music Therapy Model of Gender Affirming Voicework: Theoretical Foundations and Scope of Practice

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Abstract

Since initial explorations of gender affirming voicework within the field of music therapy were first offered (Gumble, 2019a, 2019b, 2020), the authors have collaborated to further develop this work. From this collaboration, a specific set of ideas were collected to delineate a liberatory approach to working with gender and the voice within music therapy. These are presented as the *Liberatory Music Therapy Model of Gender Affirming Voicework* (LMT-GAV). The intention of this article is to integrate experiences the authors have had thus far and to (a) provide a definition, (b) summarize theories, methods, models, and concepts that are foundational to the model, and (c) delineate scope of practice.

Keywords: gender affirming voicework; gender; embodiment; cishetereonormativity

Introduction

Situating Ourselves

Maevon (they/them): I am approaching almost five years of clinical experience in facilitating gender affirming voicework. Through my own private practice of Becoming Through Sound LLC, I offer a variety of services, the majority of which surrounds gender, identity, voice, embodiment, trauma, and mental health. I am a white, neurodivergent, genderqueer trans music therapist and licensed professional counselor living and working on Manahoac, Shawnee, and Massawomeck land (commonly referred to as Winchester,

VA). I am also a queer, polyamorous, mid-fat individual who is physically enabled. As I have deepened my understanding of this work, I am currently a doctoral student studying vocal pedagogy.

Braedyn (they/them): I am a white, enabled and neurodivergent, Southern, trans masculine and pangender, queer, polyamorous, and small-fat music therapist and associate licensed professional counselor who is currently living on occupied Paugasset, Schaghticoke, and Wappinger land (colonially referred to as the South Valley of Connecticut). Since fall of 2019, I have been working alongside Maevon and Kaylynn to develop this model. Since the summer of 2022, I have been working clinically as a gender affirming voicework practitioner with people living in my local community and across the U.S., through Connecticut Music Therapy Services, LLC and Growth Therapy, LLC. In 2023, I received my master's in music therapy with an endorsement in counseling from Slippery Rock University. My clinical and academic work has prioritized supporting grief cycles, processing trauma, and supporting resistance to systems of oppression.

Kaylynn (they/them/she/her): I am a white, autistic, nonbinary trans femme music therapist who is currently living on occupied Shawanwaki/Shawnee and Osage land (colonially referred to as Pittsburgh, Pennsylvania). While co-constructing this model alongside Maevon and Braedyn since 2019, I also led therapeutic songwriting with youth and coordinated university-based civic engagement programs. I received my master's in music therapy in December 2023, and since June 2024 I have been supporting individuals remotely in LMT-GAV through Connecticut Music Therapy Services, LLC. My work thus far has spanned several systems—a nomadic practice of orienting to where service is needed—and aspires to remain anti-oppressive and ferociously interdisciplinary.

Brief Contextualization of Our Work Together

We met as young professionals through our associations to Slippery Rock University, and we initially began meeting together in 2019 to talk about gender affirming voicework before eventually engaging in triad and didactic work. Through the process of developing LMT-GAV, we became both friends and colleagues. Our meetings were informed by the collaboration of Mary Priestley, Marjorie Wardle, and Peter Wright in their development of Analytical Music Therapy (Priestley, 1994). Having an initial foundation of gender affirming voicework (Gumble, 2019a, 2019b, 2020), our meetings allowed us to more intentionally explore what it might look like to facilitate this work within a therapeutic relationship. This was also informed by the clinical work that Gumble had begun engaging in. This led us into exploring our own voices and genders, engaging in peer supervision, and developing our skills as practitioners. Importantly, Madge Dietrich also joined us for a unique practicum placement during their post-bac music therapy coursework during the 2020-2021 academic year, and they subsequently wrote an article exploring their experience (Dietrich, 2024). While these meetings began as a space for experiential work, in late 2021 they shifted into building a process to train fellow music therapists and students in how to facilitate this model. This arose from a desire to bring others into the work as well as the increased demand that Gumble was experiencing from the profession for such a training. While we continue to revise the training process, we are also shifting back into having designated time for triad work and supervision.

It is important to situate the trials and tribulations that arose within this process. Because this is a new model, there was inherently some level of learning as we went—as colleagues, clinicians, and teachers. As colleagues, we at times moved more quickly than we perhaps intended or should have, particularly in the shift from our triad work and meetings to the development of the training process. As clinicians, while we use informed consent with

therapy participants to ensure that they know this is a developing model, any new model will inherently involve some level of experimentation within the clinical setting, even as we lean into evidenced based practice from related disciplines and our individual expertise. As novice teachers, we entered into training others with our insights, knowledge, and expertise but struggled to organize and communicate this outside of our own minds, meetings, and individual clinical practices. We also have relational dynamics between the three of us that are currently being tended to in collaboration with a supervisor. All of this illuminated the challenges of collaboratively developing a new music therapy model while simultaneously working toward training others in that model. While the lessons learned throughout this process have been difficult and uncomfortable, these lessons have deepened our own clinical work, taught us how to be better LMT-GAV trainers, and supported us in further aligning with our own values.

When Gumble initially wrote about this work, they referred to it as *gender affirming voicework*, with lowercase letters used intentionally (i.e., gender affirming voicework instead of Gender Affirming Voicework; gav instead of GAV). This was done as an attempt to unsettle power structures and the branding of gender affirming voicework as a whole. There are many ways of working with gender and the voice that are practiced across various disciplines, and Gumble did not want to convey that they were the only one engaged in gender-focused vocal training. That expressed, as we have collaborated to develop this work and a training process for music therapists, we identified a set of ideas specific to the way we approach the method of gender affirming voicework. These ideas distinguish this as a comprehensive music psychotherapy model and has led us to describe this work as the *Liberatory Music Therapy Model of Gender Affirming Voicework* (LMT-GAV).

Language helps us to get clarity and shared understanding. Setting boundaries around what is and is not LMT-GAV offers consistency and clarity for this model. Additionally, we believe that unless music therapists receive advanced training or enter the field with a deep understanding of the voice, they do not have the necessary skills to facilitate this work while remaining in their scope of practice. While music therapists may come with a solid foundation in vocal pedagogy, many do not, and it is imperative that we consider the potential harm of this work when facilitated by someone who is not well informed.

All that expressed, we are committed to continuing to learn in community. We are not trying to own ideas as much as we are trying to distinguish this model from other affirming voicework models and situate scope of practice. As Braedyn beautifully put it during a class meeting for the first group of LMT-GAV trainees: “Every time new people come into the work, [this work] shifts a little into something different.” We grow in community, and the intention is for this model to continue to do so as well. Further, all current LMT-GAV trainers are white. It is imperative that we bring BIPOC trans, nonbinary, and gender expansive individuals into the development and training of this work.

Purpose of This Article

What follows is a result of our collective experience as colleagues and fellow trainers regarding the insights and understandings we have gained of LMT-GAV. This was not a formal research process but rather a reflection on experience. We co-wrote this article to integrate experiences we have had thus far and to summarize theories, methods, models, and concepts that are foundational to LMT-GAV, in order to more clearly delineate the scope of this model and provide a definition. While we recognize there is much more to be specified and published about in regard to the particular clinical aspects of facilitating this work, we intend for this article to lay the groundwork for subsequent publications.

Defining LMT-GAV

As currently defined, LMT-GAV involves using various music therapy methods to access and embody spoken and/or sung vocal aesthetics. It is rooted in liberatory practices aimed at consciousness-raising and tending to the emotional process of therapy participants. Every therapeutic process is unique to the participants involved. Some participants have more desire to work with their speaking voice, and some with their singing voice. LMT-GAV works with the in-betweens of both in some capacity. Further, some participants want to work on goals related to vocal function (i.e., shifting how they are physically using their voice or rehabilitating to any changes emerging from hormone replacement therapy (HRT)) while others want to work on emotions or identity-related goals by exploring their emotional relationship and experienced embodiment with their voice (i.e., holding and/or processing emotions and experiences specific to gender and the voice without necessarily being focused on shifting how the voice is functioning). In all configurations of the work, we consider the sociocultural context of how someone is relating to and using their voice in different settings, with different people, and as it intersects with different aspects of their identity and experience. Participants arrive with some combination of each of these goals which are fluidly moved between, with the intention of a session or even a singular experience potentially starting with one goal focus and shifting to another as needed. Lastly, this model is aimed at exploring vocal aesthetics and skill development, not treating vocal pathologies.

The above definition will be explored by laying out the theories, methods, models, and concepts that inform LMT-GAV. In particular, this involves an exploration of music therapy and gender-focused work, music therapy and liberatory practices, and various frameworks for understanding the voice. This will lead to a discussion of the musical container and different music therapy methods within it. Lastly, scope of practice will be delineated.

Music Therapy and Gender-Focused Work

In many ways, LMT-GAV is an extension of what Randi Rolvsjord and Jill Halstead (2013) have already introduced to music therapy, specifically around gender as performative (Butler, 1990) and music therapy as a site for doing, redoing, and undoing gender through music and voicing. Additionally, this work is an extension of the work of Julie Lipson (2013), who importantly situates music therapy as a space for emotional support amidst gender-focused voicework, particularly for members of transgender communities who are or have experienced some kind of vocal transition. Lipson (2022) has since published their experiences of co-facilitating community vocal workshops informed by Community Music Therapy, where the focus was on using breath and body to voice in different ways. These workshops were structured, starting with the establishment of comfort and singing together, then shifting to learning about anatomy as it relates to the voice and gender. This led into experimenting and exploring the voice before closing in music together.

Relatedly, Myerscough (2022) has explored voicework in music therapy with fellow transgender and nonbinary people, particularly through the Phoenix Song Project (PSP). We regret that we have just recently become aware of their work and recognize a significant parallel between how we describe LMT-GAV and what they describe in their own work. They offer the term *the therapeutic paradox of liminal existence*:

Trans and non-binary lives are liminal in a number of ways regardless of engagement in therapy—our temporality, how we are treated by (some) other groups in society, lack of practical acknowledgement such as architecture and administrative systems, the way we challenge the boundaries of cis-normative gendered expectations, and more. Liminality is often both a site of pain—rejection, not fitting in, and more—and of potential—expanding

horizons, finding oneself and more. This combination makes liminality a rich site for therapeutic work. However, the extent to which trans and non-binary people already experience liminality in our very existence can also be a barrier to engaging in further liminal exploration through therapy. Factors such as heightened background feelings of unsafety, and the extent to which other liminal experience and forced growth fill our capacity for change at any one time are two manifestations of this. I call this emerging theory the therapeutic paradox of liminal existence: our liminal existence provides rich ground for therapy work but is simultaneously a barrier to the same. (Myerscough, 2022, p. 515)

This significantly overlaps with our own understandings of liminality and liberation within LMT-GAV. While we will not deeply explore these overlaps in this article, we hope to foster collaborations between Myerscough and Lipson (as well as any other music therapists engaged in some version of gender affirming voicework) so that we might develop a more robust understanding of gender affirming voicework as a community of music therapists. What feels important to discuss in this article is the distinction between practicing voicework in community-centered groups, as Lipson and Myerscough do, and practicing voicework in an individual setting, as is often the case with LMT-GAV. In the individual setting, the practitioner can provide more support and feedback to participants specific to their individual voices; however, they are missing out on the community bonding aspects of working within a group setting. It feels akin to group singing versus engaging in private voice lessons. Both could potentially be important for participants along their unique vocal journeys. How might our collective perspectives further articulate music therapy scope of practice of LMT-GAV?

Lastly, while there is a breadth of music therapy literature focused on naming best practices for working with LGBTQAI+ people, most of that literature does not focus on destabilizing cisnormativity in ways that are informative to this model. Additionally, literature that focuses on exploring gender as a construct tends to focus solely on the experiences of cisgender individuals (for example, feminist music therapy literature).

LMT-GAV as a Practice of Liberation

Liberation psychology offers a paradigm for understanding the underlying intentions of LMT-GAV. In this section, we introduce liberation psychology and then explore related aspects of LMT-GAV as well as other relevant fields of knowledge.

Overview of Liberation Psychology

The liberation psychology paradigm emphasizes anti-oppressive ontology and epistemology (Moane, 2003; Torres Rivera, 2020). It recognizes that Western notions of psychotherapy and healing fail to meet the needs of marginalized communities experiencing oppression, discrimination, and poverty. Further, it emphasizes therapy participants' sociocultural context and prioritizes a historical analysis of how structural violence impacts participants' experiences. Liberation psychology critically examines the notions, beliefs, and assumptions usually taken for granted by recontextualizing them within the historical context of colonial institutional violence (Moane, 2003, p. 93; Singh, 2016, pp. 757–758).

Additionally, liberation psychology is aimed at liberation through “mobilizing the conscience ...[by] discussing, questioning, and creating critical reflection in everyday functioning or habits” (Torres Rivera, 2020, p. 45). This paradigm accentuates the strengths and resistance of oppressed people to “produce the tools and energy that may lead to liberation” (p. 46). Liberation psychology emphasizes that unsettling the power dynamics of westernized healing spaces is imperative to attain wellness, promote

liberation, and resist oppression (Martín-Baró, 1996; Singh, 2016, p. 757).

Anti-Oppressive Practice and After-Queer Theory and Practice

In alignment with liberation psychology, LMT-GAV emphasizes Anti-Oppressive Practice (Baines, 2013) and after-queer theory and practice (Scrine, 2021), namely, to situate gender as a construct and shift from a population-centered perspective. While LMT-GAV has clear relevance for members of trans, nonbinary, and gender expansive communities, we understand this model as relevant for people of all genders. We all have some kind of relationship with our voices, and these relationships have emerged through cisheterosexist socialization (Price, 2021).

In particular, gender binary essentialism is recognized as a tool of Euro-colonialism and class oppression (Oyěwùmí, 1997; Snorton, 2017; Thomas, 2007) and as deeply informed by eugenics (Ordoover, 2003). As such, gender binary essentialism cannot be disconnected from constructions of race, ethnicity, and class. LMT-GAV aims to support resistance to imperialist white supremacist capitalist cishetnormativity (hooks, 1997; Inmon, 2023) by engaging in consciousness-raising, with the intention of shifting a participant's relationship with their internalized oppression and realizing the power of their double-consciousness (Moane, 2003). As such, this process can contribute to both healing from any potential trauma that comes from living in a cissexist world (Nadal, 2018; Tobia, 2019) and dismantling institutionalized, white supremacist norms (Moane, 2003, p. 93). This will be explored throughout this section.

Resource-Oriented Music Therapy

The liberation psychology paradigm also frames our understanding of LMT-GAV as a resource-oriented music therapy approach (Rolvjord, 2010) that challenges a medical model of music therapy. Specifically, LMT-GAV practitioners do not lead interventions. Instead, practitioners utilize their craft to “accompany” (Comas-Díaz et al., 1998, p. 779) fellow therapy participants in a therapeutic process that connects them to resources and potentials that cultivate their craft. Participants become the guides of their own process in a collaborative rather than prescriptive way, which we connect to transformational learning theory.

Transformational Learning

Transformational learning theory (Simsek, 2012) suggests that there are two types of learning processes: (1) those that hold fast to power dynamics between teacher/student and objective and measurable outcomes that are the products of learning (transactional processes), and (2) those that prioritize the subjective emotional experiences that underlie the intentions of the learner (transformational processes). Transformational learning is about supporting students with becoming the change-agents in their own learning process while also recognizing the inherent emotional process that is present within learning.

Oftentimes in vocal and instrumental education, the teacher is considered the expert and the student is the receiver of information. Although well-intended and not even inherently wrong, teachers end up inserting themselves into singers' vocal experiences by immediately offering feedback on how the voice and body should be adjusted (e.g., “no—do that again”; “you're not bringing it forward—try again”; “do this”; “are you doing the thing?” while clearly knowing that you are not “doing the thing”; “you're going sharp—don't push it”). Even if teachers are usually correct about what a student might be needing to match an ideal vocal aesthetic, one might ask why unsettling this matters. In LMT-GAV, when individuals have been asked about their experiences of vocal training, the majority of participants who have a background in vocal training—some of whom are music

therapists or music therapy students—have spoken to the ways the aforementioned dynamic fosters a mindset of perfection and rigidity and has, without even realizing it in the moment of the lessons, made it difficult to be curious and emotionally present to their voices.

Even as we work on vocal function, by incorporating the emotional process, we challenge traditional hierarchical approaches to the voice and integrate a transformational learning process into how someone engages with their own voice, gender, and embodiment. In supporting someone with becoming more involved in the kinds of experiences and resources used in session, the practitioner might use statements and prompts that invite participants into decision-making (e.g., Instead of saying “do this,” the practitioner might say “I wonder what it would be like to ...” or “I’m thinking it might be helpful to do [insert idea] or [insert idea]—what are you more drawn to?”). The practitioner will also support someone in becoming more emotionally, kinesthetically, and cognitively present to and aware of their own voicing process by directly asking them what they notice in relation to their own experience (e.g., “While you were voicing just now, what did you notice—physically, emotionally? What were you thinking about?”). As participants become more aware of their own voice, they are able to provide more details about their subjective experiences and eventually determine the direction of the work. This will lead to less reliance on the practitioner throughout LMT-GAV and thereafter. Liz Jackson Hearn, a voice teacher who engages in gender-focused work, has also recognized the need for this kind of approach, which empowers students to be the drivers of their own learning (personal communication, 2022).

Lastly, the incorporation of transformational learning principles leaves space to tend to any emotional process that might arise within the work. Due to the nature of voice lessons, voice teachers often do not explore or tend to what is occurring emotionally for individuals, possibly due to their own scope of practice but also due to the colonial traditions of how voice is taught in Westernized institutions. However, because the voice is our body, we cannot separate from it in the way we can an external instrument (e.g., guitar, piano, drums, etc.). So, it can be very easy for emotions to emerge through the act of voicing, especially when attempting to voice in new ways. Many who come into LMT-GAV with a background in vocal training have talked about crying (or otherwise feeling emotionally activated) in the middle of a lesson because of what was being worked on or feedback that was received felt dysregulating, unsafe, or overwhelming.

It has been our experience that white supremacist ideology (such as anti-Blackness, bioessentialism, colonial gender norms, and neurotypical norms) within western music pedagogy and performance training compounds with these emotional processes and can lead students to dissociate from their physical bodies, compartmentalize their emotions, and/or mask for the comfort and values of the teacher. Transformational learning integrates the emotional world into the learning space, supporting a self-inventory of internalized beliefs that hinder their capacity for liberated queer expression.

Consciousness-Raising Through Queer Listening

LMT-GAV emphasizes *queer listening*, from the work of Yvon Bonenfant (2010), as a process through which consciousness-raising can emerge. Bonenfant considers queer vocal timbres and what it might mean to cultivate a queer listening practice. First, there is an understanding of the voice as something that becomes disembodied after voicing in that the sound waves travel through the air and are no longer attached to a particular body. This *vocalic body* (Connor, 2000) is heard by others and is cast with assumptions that may or may not be true, and these assumptions often seem informed by white supremacist colonial standards and values. These vocalic bodies are created through both the physical capacities of any given individual’s voice and the sociocultural contexts which influence

how those voices voice and how listeners interpret those voices. A vocalic body is an ongoing co-construction between the voicer and the listener, and Bonenfant situates this within a conversation about aesthetics. They bring in the work of Grant Olwage (2004) who articulates the invention of a white supremacist colonial culture of listening, particularly in regards to classical singing, that has historically positioned Black (and more broadly BIPOC) voices as less aesthetically pleasing. Relating these ideas to sexuality, Bonenfant emphasizes the development of virtuosity in queer aesthetics, more specifically to attune to and find appreciation for vocalic bodies that caress queerness.

We extend this further by considering the dynamics of gender binary essentialism in connection with white supremacist colonial suppression. Although Bonenfant (2010) borrowed these understandings to consider voices associated with queer sexuality, they neglected to consider the intersectionality of embodiment (e.g., those at the intersections of queer, trans, BIPOC, fat, neurodivergent, and so on). An intersectional perspective (Collins & Blige, 2020; Crenshaw, 1989; Talwar, 2022) is important in considering the voices of those who are marginalized and minoritized. How might one's underlying beliefs about how voices "should" sound impact their auditory perception? How might we lean into voices that disrupt norms with appreciation instead of recoiling out of a discomfort or fear of these voices touching us? Further, how might this invite all people, whether cis or trans, to lean into their own vocal disruption of norms and lean away from policing their bodies? How might this liberate us all from the oppressive bioessentialist gender binary? These questions are examples of how this work is not just intended for individuals who are out as trans.

Hadley and Gumble (2019) have offered an initial exploration of queer listening specific to the music therapy space. This involves a practice of both practitioners and participants unsettling assumptions about voices and leaning into vocalic bodies that betray or disorient the normative in relation to gender, race, ethnicity, disability, neurotype, and so on. To us, queer listening is also aimed at having intentional conversations about the assumptions we are making about vocal sound and why we are making them.

Queering Vocal Imagery

Specific to LMT-GAV, queer listening and transformational learning are both related to what we have identified as *vocal imagery*. This refers to the words and sounds that someone is drawn to or at the very least is curious about exploring in relation to their own voice. Many participants come into this work using the words "feminine," "masculine," or "androgynous" to describe their sound or the sounds they are drawn to. We work with participants to have a better sense of the dichotomies that tend to exist within the voice in regards to pitch, inflection, resonance, and articulation, while also situating the fact that these are coded with white and cishegemonic understandings of identity. To foster a queer listening practice where we unsettle any assumptions regarding gender, identity, and cishegemonic normativity, we are moving away from gendered words in favor of more specific descriptors of sound (e.g., breathy, warm, high, low, bright, etc.). Even these words, though, are subjective (i.e., what is "bright" to one person might be "piercing" to another), and we encourage participants to seek out audio recordings for reference. This can support the practitioner in getting closer to a participant's unique desired vocal aesthetic(s). It also brings the participant further into the decision-making process.

As has been previously stated (Gumble, 2019b), the role of the LMT-GAV practitioner is complex in that we both (1) support individuals to align with normative gendered expectations when those norms fit their experience of themselves, and (2) support individuals to set aside gendered norms when that better affirms their experience of themselves. Neither of these is the more correct path because each person is individual and only they can know what is most affirming for them (and in many cases, participants want to

combine both paths). Instead of positioning one of these as better than the other, the role of the LMT-GAV practitioner is to facilitate conversation and an exploration of these ideas. Further, the role is to support someone in exploring the many different possibilities for voicing to find what feels most affirming for them in any particular moment, knowing that it might change in the next moment. Overall, this process typically involves supporting the participant in coming to a greater consciousness of their internalized oppression and reshaping their relationship to oppressive systems. The hope is that participants can begin to reference their knowledge of cisheterosexist dynamics for self-protection without also harming themselves or others in the process by replicating those power dynamics.

Mindfulness and the Emotional Processing

LMT-GAV supports individuals as they become more conscious of how their internalized oppressive systems emerge through their habits. Through queer listening practices focused in the here and now, the work is aimed at zooming in and out with the voice—going from the greater whole to individual figures of the voice and back, over and over again. This is meant to support someone in not only recognizing where they are but also intentionally moving to where they might want to be, from moment to moment and context to context. Thus, mindfulness, specifically, David Treleaven's (2018) trauma-sensitive mindfulness framework, is a necessary resource in this work. We specify Treleaven's work because it is important to recognize that if the object of focus that someone is trying to be mindfully aware of is something that causes them distress, any mindfulness exercise might invoke a stress response. Although this is not a blanket statement for all, the majority of individuals seeking voicework have experienced some kind of distress or tension related to their voice and/or body, otherwise they would likely not be engaging in this kind of work.

It is imperative that we recognize that consciously accessing something else within the voice requires focused attention, which will potentially spark some degree of an emotional response, depending on the individual and their specific background. While the emotional response and content that might arise will be specific to the participant, their experience, and their identified goals, working with the voice can lead to directly working with internalized beliefs related to their voice and themselves (The Voice Lab, personal communication, 2022). These beliefs can include, but are certainly not limited to, (a) being good enough; (b) being likable, lovable, and/or worthy; and (c) feeling in danger and/or unsafe. The intention in working with these beliefs is to transform the narrative surrounding them while also attending to any safety concerns, if those are present.

This work involves providing emotional holding or a blend of emotional holding and emotional processing.¹ The individual needs of participants will influence: (a) whether or not emotional holding or processing occurs, (b) the extent to which it occurs, and (c) how it emerges in sessions. So, practitioners will need to assess for this both in the initial assessment process and throughout the course of therapy. The way in which the music therapist engages in emotional processing will largely be dependent upon their specific theoretical orientation.² While it is possible to incorporate a wide range of models, the orientations of these models will need to be in alignment with liberatory approaches. Some examples of these models include Internal Family Systems, Narrative Therapy, and, of course, Liberation Psychology itself.

Various Frameworks for Understanding the Voice

In the following section, we present various frameworks that inform our understanding of the voice. This pulls from various fields, including music therapy, critical sociology, critical phenomenology, philosophy, speech/language pathology, and vocal pedagogy.

Habits of the Vocal Rhizome

The *vocal rhizome* is a conceptual framework we have created for understanding the voice within LMT-GAV. This pulls from the ideas from the work of Gilles Deleuze and Félix Guattari (1987) who situate that, while Western knowledge and practice is usually presented in a linear, hierarchical, arborescent format (e.g., ideas track back to a singular root system), knowledge is, rather, a non-linear, non-hierarchical rhizome with a web-like, complex root system that holds no clear beginning or end. The vocal rhizome refers to the ways in which each person's voice is a complex kaleidoscope of multiple facets, including breath and body, pitch and inflection, volume, resonance, and articulation, which coalesce into each other to form multiple iterations of vocal aesthetics. Because each person's physical voice is made up of this multifaceted root system, there are multiple points of entry into their vocal system. In sessions, we often spring from one facet of the vocal rhizome to another, as a change in one facet often ripples through the system. Part of the therapist's role is to follow those lines of flight that awaken euphoria as well as attend to molar or molecular lines that could be cutting off euphoric potentials for the participant's vocal system (Deleuze & Guattari, 1987, refer to pp. 3–24; Inmon, 2023, pp. 27–28).

Lisa Sokolov (2020) describes the voice as being a house that needs to be opened and freed up. In LMT-GAV, we consider that parts of an individual's vocal house might be boarded up and (un)intentionally off limits due to someone not knowing how to physically access those parts of their voice or due to trauma and/or internalized messaging. That is, an individual could have been socialized to not access those parts of the voice, potentially even receiving negative and painful messaging around the use of these parts of the voice. Specifically considering gender expression, this is connected to Erving Goffman's (1963) work on the acquiring and navigating of stigmas.

LMT-GAV is not about giving someone a new voice or even changing their voice; it is about accessing and embodying the parts of their voice that are already there but they have not had consistent or perhaps even any access to. Here, *accessing* refers to a brief moment of tapping into a particular vocal quality or mindset, whereas *embodying* involves re-accessing those access points and bringing them into an ongoing experience of using the voice. Pierre Bourdieu's notion of *habitus* may be helpful in conceptualizing this experiential shift from accessing to embodying (in Jenkins, 1992, pp. 74–84). When our emergent subjective desires are integrated into emergent objective structures through thought and action, the resulting negotiation between subjective and objective aspects of experience favors neither internal intention nor external systemic influence. Phenomenologists incorporate *habitus* into the concept of the *habit body* in order to frame habit as embodied, context-dependent, and mutable (Ngo, 2015, p. 26). Specifically, Ngo (2015, 2016) utilizes this concept to express how all people habituate to racism and thus have the potential to contribute to its re-emergence in the world as well as thwart it. While she focuses on the visual perceptual field, this influences our access to desired vocal aesthetics and is linked to whether we have experienced an enduring sense of vocal agency, which shapes and integrates into each context we move through (Ngo, 2016).

Inmon (2023) extends this to articulate (a) potentials for a post-intentional phenomenology of cisnormativity, (b) how white supremacist cisheteropatriarchy emerges through us all as habits and internalized beliefs, and (c) ideas as to how we may “curdle” (p. 161) the emergence of these oppressive systems (refer to pp. 93–194). Inmon also articulates how LMT-GAV can support a participant in becoming aware of their vocal habits, how one's internalized beliefs (which includes their internalized oppression) may emerge through their vocal habit body, and then support them in shifting their habits towards desired aesthetics by attending to *and* shifting their relationship to their internalized beliefs and oppression (pp. 185–188). LMT-GAV participants may choose a vocal habitus that favors a singular vocal aesthetic or various vocal aesthetics that are

chosen deliberately.

Gender Perception and the Voice

While we advocate that practitioners and participants question and challenge gender perceptions that are rooted in stereotypes and assumptions which center white supremacist cisheterosexist neurotypical norms, it is important to have some foundational understanding of how gender tends to be perceived within the voice. Below we will discuss the extremes of different variables of the voice that can be explored within LMT-GAV. These gendered understandings of the voice come from the synthesis of a variety of sources, including our clinical observations and personal experiences as well as the work of Coleman et al. (2022), Mills and Stoneham (2017), Jackson Hearn and Maddigan (2018), and Jackson Hearn and Kremer (2018).

Please note that the majority of discussions regarding gender perception focus on a binary experience of sound, which we understand to be based on bioessentialist assumptions of anatomy and physiology. This is inherently reductive of all the possibilities for gender identities and expression, especially those that are specific to Indigenous cultures. It is hoped that as we queer our listening, voices will not automatically evoke a particular image in relation to various aspects of identity and experience. One way we encourage disruption of these assumptions is by seeking to describe different qualities of sound in ways that expand notions of gender and personhood. Specific to anti-Blackness within vocal pedagogy, we find it important to shift away from “light/dark” imagery for voices because it enacts colorist values that associate darkness with masculinity and negativity. Some alternatives include shallow/deep, forward/back, and sharp/round.

First, let us explore variables that involve the vocal folds directly, specifically pitch, pitch variance, volume, and how the vocal folds are coming together. *Pitch* refers to how high or how low a sound is in terms of frequency. Generally speaking, voices within the range of F3–F4 tend to be perceived as feminine, and those within the range of A2–A3 tend to be perceived as masculine. Voices within the range of C3–C4 tend to be perceived as androgynous or gender-neutral. *Pitch variance* (or inflection) refers to how much pitch movement is present within the voice. This can involve smaller movements (e.g., a second or third), larger jumps (e.g., over a fifth, an octave, or more). Voices that have smaller movements, or less pitch variance overall, tend to be perceived as more masculine. Voices with larger movements, or more drastic pitch variance overall, tend to be perceived as more feminine. Additionally, pitch variance also refers to the general direction of pitch movement. Voices that have more upward movement tend to be perceived as more feminine and those that have more downward movement tend to be perceived as more masculine.

Volume is also involved with prosody and inflection. Voices that are softer tend to be perceived in a more feminine way, whereas voices that emphasize through the use of volume tend to be perceived as masculine. At the vocal folds, we can create sounds that are smooth, breathy, or gravelly.³ While each of these qualities can be worked with, whether to bring in or remove, most literature focuses on adding in or taking away breathiness as it tends to be heard as more feminine.

Moving away from the vocal folds directly, we can work with the shape and size of the vocal tract through resonance and articulation, which are intertwined. Because of all the individual mechanisms of the voice that can shift resonance specifically (i.e., larynx, cricoid cartilage, thyroid cartilage, aryepiglottic sphincter, tongue, palate, jaw, and lips), these variables can get complicated rather quickly; however by combining the different figures together in different ways, we can work with the clients’ vocal recipe to be more aligned with their gendered embodiment. *Resonance* refers to how the vibrations produced from the vocal folds are resonating or vibrating within the body, creating various formant

frequencies and vocal acoustics. Simply put, bigger spaces in the vocal tract amplify lower frequencies, which leads to sounds that are deeper and that tend to be perceived as more masculine. Smaller spaces in the vocal tract amplify higher frequencies, which leads to sounds that are brighter and that tend to be perceived as more feminine. Voices with upward movement and a large vocal tract tend to be perceived as belonging to a feminine or gay man, while upward movement with small vocal tract are associated with a typical female voice (TransVoiceLessons, 2024). While other variables can be important in regard to gender perception, pitch and resonance tend to be the most important, with resonance having a greater impact.

Articulation refers to how we shape vowels and consonants within the mouth, and again, this is tied into resonance. Voices that have a higher tongue position and are therefore more forward in the mouth tend to be perceived as feminine, whereas voices that have a lower tongue position and sit more in the back of the mouth tend to be perceived as masculine. Voices that have elongated vowels and aspirate consonants tend to be perceived as more feminine, whereas voices that have shorter vowels and pressured consonants tend to be perceived as masculine.

Lastly, the vocal folds are involved with articulation. Jackson Hearn and Maddigan (2018) have considered this in musical terms. Voices with a smoother onset are more legato and tend to be perceived as feminine. Voices with more glottal onsets are more staccato or marcato and tend to be perceived as masculine.

Again, each of the above parameters of the voice are variables that can be played with, and we encourage working with the variables themselves as they relate to participants' individual vocal imagery instead of automatically lumping them together in terms of gendered stereotypes.

Singer's Perspectives

Initial explorations into LMT-GAV involved an exploration of knowledge from the field of speech and language pathology, more specifically voice therapy with transgender, nonbinary, and gender expansive individuals. Literature has largely become more inclusive and client-centered since gender affirming voicework as a music therapy method was first published about, and it is encouraged to explore the referenced guides more specifically as they are beginning to become in more alignment with LMT-GAV. Strikingly though, the majority of training for speech-language pathologists does not focus on the voice but instead on speech and communication problems at the articulators (i.e., lips, tongue, palate, etc.) and in regard to hearing and swallowing. Leah Helou, a speech-language pathologist who specializes in gender affirming voice care, has named that it can be surprisingly difficult to find a speech-language pathologist who has specific training with the voice, and finding someone with experience in addressing gender-based needs can be even more difficult (personal communication, 2023). To find a speech-language pathologist who specializes in the singing voice adds a further layer of difficulty. This was echoed in a Somatic Voicework™ training, where it was highlighted that singers and voice teachers might actually know more about the voice itself since they work so intimately with it in a different way than speech-language pathologists (personal communication, 2023). Gumble believes this is particularly true when it comes to gender-focused work, which is inherently focused on fine-tuning the aesthetics of vocal sound rather than fixing a broken instrument. These points allude to the ways singers and music therapists who specialize in the voice might be at an advantage to addressing needs that arise within LMT-GAV. Importantly, we have found ourselves more explicitly exploring vocal pedagogy from a singer's perspective, particularly the methods of Estill Voice Training and more recently Somatic Voicework™.

Estill Voice Training (EVT; McDonald et al., 2017) is an anatomy-based vocal pedagogy geared toward various voice professionals (e.g., singers, voice therapists, voice actors, etc.).

In this model, it is understood that we all have a default unconscious setting to the way we use and hold our voice, whether in speech or song. This is known as an attractor state. Alongside this attractor state are all the individual anatomical figures that make up our voice (e.g., larynx, tongue, palate, true vocal folds, etc.). Each of these figures are considered to be ingredients and they all have their own attractor state position. All of these ingredients combined together form a vocal recipe. EVT presents six specific singing recipes and also supports singers in creating their own vocal recipe. The framework gives teachers information about how to connect with each figure of the voice while also supporting singers and students with being able to understand these figures themselves as helpful.

Informed by this approach, we recognize that individuals can have attractor state(s) informed by white cisheteronormative aesthetic expectations, other aspects of sociocultural experience such as local dialect, and also the physical shape of their individual vocal tract and size of their vocal folds. We help participants recognize their own attractor state(s) specific to different contexts they find themselves in, and then support them in identifying, accessing, and embodying the vocal recipe(s) of their choosing. It is important to note that this method (or at the very least the trainings in which Gumble and Schachner have attended) were saturated with bioessentialism and cissexist assumptions about gender and embodiment. If music therapists pursue training in EVT, it is encouraged for them to be mindful of this, take care of themselves, and seek out practitioners who have adapted the work to be more inclusive and complex in considering gender. This is true for the following approach as well.

Somatic Voicework™ (SVW™; LoVetri, 2009) is a body-based vocal pedagogy. This framework is particularly focused on teaching singers, but there are aspects of the approach that seem applicable to speech as well. Focused on vocal registration and creating a balance between registers, the aim is to both strengthen the instrument while also keeping it flexible, particularly so singers can move across various genres while remaining authentic to each. There is a recognition that the body can be blocked from trying to hold the voice in a particular way or through different messaging, emotions, and/or trauma. The aim is to free up these blocks by coaxing a different sound out of the singer with relaxation and/or strengthening tools that are carefully selected based on different vocal parameters.

While not named as transformational learning, SVW™ seems to incorporate similar principles, namely an emphasis on exploring the felt experience of the voice by singers. EVT is similar in its focus on being able to intentionally maneuver the individual figures of the voice. In efforts of modeling, SVW™ and EVT teachers are expected to train their own voices to be both strong and flexible so that they can accurately demonstrate all different types of sounds for students; however, the framework for how to cultivate these qualities is unique to each method. Regardless, this intentionality is aligned with the facilitation of LMT-GAV. Similar to EVT, SVW™ also uses the language of recipes and ingredients. However, here it is the teacher solely who has the recipes and ingredients, using these as a teaching framework for how to work with a student, rather than the student learning their own vocal framework enough to create and access their own vocal recipe (unless they have also been trained in SVW™). Importantly, the creator of SVW™ is very adamant that any “manipulation” of the voice (e.g., how EVT isolates individual figures) is incompatible with the approach as it is understood as holding the voice and inducing a block. This claim does not seem to be present from EVT teachers.

In wrestling with these two vocal pedagogies, there are tensions, namely around the suggestion that these approaches are incompatible with each other. This rigidity around positioning them as in direct opposition does not seem to best serve individuals, and one might wonder how the integration of both approaches might offer a teaching framework as well as a guide for building unique vocal recipes specific to the individual in the room.

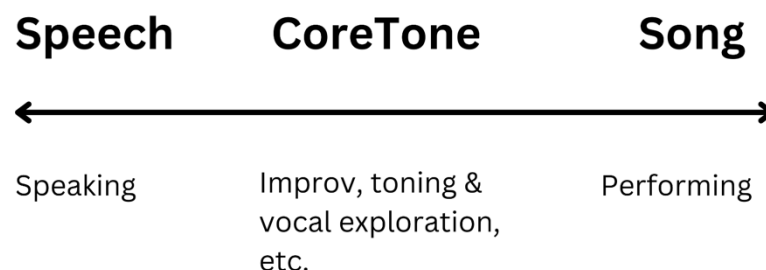
Further, incorporating EVT with SVW™ gives the singer/voicer more tools for how to navigate their own voice rather than relying upon the teacher for all potential changes. Trauma, stress, and tension are absolutely stored within the body and voice (Flock & Aldridge-Waddon, 2024; Monti et al., 2024), and any vocal training will involve working with this on some level. Simultaneously, it could be argued that by learning to independently maneuver different figures of the voice (i.e., a form of strengthening), one can become more able to shift a default holding or attractor state and/or shift how they respond to internalized cishegemony. This thereby might allow for the voice to be more freed up and thereby able to do more (i.e., it might be more flexible). Having the strength to independently and flexibly control individual pieces of the voice is not somehow bad, damaging, or unhealthy nor is it inherently inducing a block in the voice. Further, focusing solely on strengthening a part of someone's voice is not inherently a problem unless someone wants to be able to access multiple parts of their voice, and in those moments, the training would have to focus on maintaining flexibility while developing strength.

Although not vocal pedagogy, it has been helpful to incorporate principles from Alexander Technique (Gelb, 2013), particularly in considering the releasing of unnecessary tension. This is a teaching method aimed at unlearning habitual patterns of tension within the body that are learned both consciously and unconsciously. While Alexander Technique lessons tend to include both verbal and manual guidance aimed at encouraging the body to release unnecessary tension, LMT-GAV does not incorporate a hands-on approach (i.e., touching participants). It is important to note that tension can be a form of protection within the body (The Voice Lab, 2022). Rather than demanding that the body relax, it is encouraged to offer invitations to do so while recognizing the ways that tension is often trying to help control or keep us safe in some way. This is aligned with SVW™ principles regarding the body and voice getting blocked in some capacity.

Voice Continuum

While other music therapy approaches such as Neurologic Music Therapy have recognized the connection between speech and song (e.g., Melodic Intonation Therapy), we have found it helpful to visually represent how the voice exists on a continuum from speech to song (see Figure 1) and that even purely spoken non-sung conversations are musical endeavors—we just do not often perceive them as such. This is aligned with queering because it aims to unsettle a dichotomous understanding of the voice.

Figure 1. Voice Continuum.



Note: Image shows a line with arrows pointing away at each end. On one end is “Speech” and on the other end is “Song.” In the middle is “CoreTone.” Underneath “Speech” is “Speaking.” Underneath “CoreTone” is “Improv, toning & vocal exploration, etc.” Underneath “Song” is “Performing.”

On one side of this continuum exists what is perceived more explicitly as speech, and on the other side exists what is perceived more explicitly as song, often understood as musical

performance. For those working on their singing voices more specifically, we often stay at the song end of the continuum.

Speech is inherently musical in the ways it carries pitch, melody, rhythm, and timbre. In the liminal spaces between speech and song exists the CoreTone (Storm, 2013).⁴ The CoreTone involves tuning into the central pitch that a person keeps coming back to when talking, even as they might vary up or down through their inflection. In practice, the CoreTone helps us move from simply perceiving speech into exploring the liminal spaces between speech and song. Further, it is:

...a kind of “home base” of the voice. It shows where a person’s voice gravitates and provides the opportunity to consider whether that gravitation feels like an authentic and true representation of the person and who they know themselves to be. That is, at least in this moment as it will, of course, likely change over time, from day to day. (Gumble, 2019b, p. 10)

From here, we can springboard into different toning and vocal exploration experiences, which is often where we work if someone is wanting to shift their speaking voice. This space of vocal exploration is at times awkward with elongated words and phrases that are not quite speech but are not quite song. It is an in-between space that requires playfulness and a willingness to engage in what is often considered “weird” and “strange.” It is a queer space: a space of opportunity and new ways of voicing.

The Musical Container

In the following section, we introduce aspects of the musical container. While this work tends to prioritize being with participants in a playful, improvisational manner, practitioners will likely also use recreative, compositional, and receptive methods in conjunction with improvisational work.

Music Therapy Methods Within LMT-GAV

This model necessitates the incorporation of all music therapy methods, as delineated by Bruscia (2014, pp. 165–195): improvisational, re-creative, compositional, and receptive. We often utilize a blend of each method depending upon the therapeutic phase of treatment, the participant’s learning style, and the participant’s goals. To facilitate a clear understanding, we will first provide a brief, theoretical summary of how each method emerges in LMT-GAV, and then we will describe how the methods intertwine through some practical applications.

The participant does not have to be able to match pitch accurately to engage in this work, although the ability to match pitch can be a resource. What is more important is that the practitioner uses their ear training skills to follow participants wherever they go with the understanding that they are meeting participants where they are at. This aligns with the belief that we are all capable of accessing the music within us and that speaking is indeed a musical endeavor, even if we are not conceptualizing it as such. At times, the practitioner might need to provide more direction if the participant is struggling to successfully move their pitch, but unless someone has a goal of wanting to develop their “musical ear,” matching pitch is not a requirement. Gumble has found that for those who come in with difficulties hearing and matching pitch, LMT-GAV can support them with having greater sense of how to hear and move pitch, whether intentionally as a self-identified goal or simply as a byproduct of the work.

Improvisational method

Improvisational methods are intricately woven into this work because the musical container needs to enable creative vocal experimentation and play. Most of the overt applications of improvisational methods emerge through what we call *conversational improvisation*.⁵ Conversational improvisation is any kind of improvisation that plays with the CoreTone, often stretching into more overtly musical spaces to explore different facets of the vocal rhizome, which become the givens (Wigram, 2004). Aspects of vocal holding techniques from Diane Austin's work in Vocal Psychotherapy (2008) are implemented to create a container for conversational improvisation. If an individual has advanced training in this model, this could potentially be a resource for tending to the emotional process as well.

In order to support the participant in becoming more conscious of their vocal habits, practitioners first seek to match the participant's CoreTone and surrounding pitches, not only through an accompanying instrument but also through the practitioner's own voice. The container can be created with a two-chord holding pattern, with the participant's CoreTone and surrounding pitches reflected in the chords selected. Austin (2008) has identified that this two-chord holding pattern creates consistency and stability for vocal play. The musical container, both through the accompanying instrument as well as the practitioner's voice, serves as a kind of mirror back to the participant to reflect what the practitioner is hearing within the participant's voice. This mirror, especially when the practitioner also reflects within their own voice, can support the participant with staying within the musical experience without dropping out to a default attractor state to discuss the experience. It can then feel less like an exercise and more an exploration of voicing in a different way that both parties are participating in.

Improvisational play will typically be initiated by the practitioner through a structured, directive, and didactic experiential. However, as the participant resources their tool kit, improvisational play will increasingly be more initiated by the participant. The distinction between who initiates improvisational play will be further explored in the applications section of this article, particularly in regard to call and response. As we named earlier, LMT-GAV incorporates many improvisational elements, and these are often applied across the various music therapy methods used in this work. Namely, regardless of whether engaged in improvisational, recreative, compositional, or receptive, the practitioner is likely making use of vocal holding techniques.

Re-creative method

Re-creative methods can provide familiar structure to vocal play. Additionally, they provide multiple points of entry into vocal play for participants who are not confident vocalists or are new to vocal play experiences. In addition to utilizing pre-composed songs and recordings, practitioners can also involve mimicking vocal aesthetics of another's singing voice, speaking voice, or character voice. These methods are utilized to support someone in either (a) accessing vocal aesthetics that they may struggle to access when voicing through their habitual voice patterns of speaking and singing or (b) recalibrating their singing voice, if they are moving through HRT. By supporting the participant in accessing different vocal aesthetics in session with pre-composed music, we set up the participant to feel more confident in accessing pre-composed music as a resource for warming up, resetting, and re-calibrating their voice in the world outside of sessions.

Compositional method

Practitioners may find songwriting and song transformation to be useful for vocal exploration. This is very context dependent, often needing to be requested by the

participant in order for it to be meaningful to the therapeutic process. Sometimes it emerges in the therapeutic process because the participant is a singer/songwriter and is attempting to reconnect to their songs, write new songs, or re-learn their songs once they have calibrated to the changes that come from HRT transition (if applicable). Sometimes, it emerges because the participant is engaging in stream-of-consciousness emotional processing during improvisation. In these cases, compositional methods may be employed retroactively to create a song based on the improvisational experience.

Receptive method

Lastly, receptive methods emerge through this model in the form of grounding experientials, queer listening experientials, and didactic experientials. Grounding experientials emerge as music-assisted relaxation and/or movement to music to support participants in releasing excess tension in the body, increasing focus, and somatically resourcing for regulation. Active queer listening can support the overall intention of consciousness-raising, and it may include listening to music to reflect on beliefs about gender and internalized cisheteronormativity. It also might include listening to pieces of music or voices to help the participant “hear” different vocal qualities in the voice with more nuance. This can generate conversation that supports the participant in applying knowledge of mechanisms as well as in becoming curious of their assumptions of gender perceptivity associated with those qualities. This subsequently supports them in building their knowledge and gaining clarity about their own intentions for this work.

Applications

Here, we discuss some applications of the aforementioned music therapy methods, particularly how they often overlap with each other in ways that are not always clear. This involves a discussion of grounding and resourcing for regulation as well as call and response experientials. Our discussion hovers around speech-centric goals because that is often what participants seek from this work; however, there are varied applications that we offer for singing that we do not have space to discuss in this article.

Grounding and resourcing for regulation

Sessions often begin with some form of somatic and cognitive check in, and this can be done across improvisational, re-creative, compositional, and receptive methods. We find it important to connect session content with what is emerging for the participant vocally and emotionally, with the intention of having some form of practical application for the participant to play with until the next session. Before vocal play begins, it is important to attend to any current tension levels, which can also involve supporting the participant in developing interoception of tension in ways that do not trigger body dysphoria (if the participant experiences this) and also do not shame the participant into “just relaxing.” Engaging in movement to music that stimulates connection with the lower body, hips, and core will often influence a reduction in tension in the shoulders and neck, which are important areas to attend to before, during, and after vocal play experientials. Practitioners can often begin to involve voicing in the relaxation or grounding process by inviting the participant to allow uninhibited vocalizations to emerge. Practitioners can invite them through modeling it or mirroring what sounds they are hearing from the participant as a way to invite them to make more sounds.

Didactic call and response

Didactic call and response experientials emerge as more structured musical containers that

position the practitioner as the one modeling vocal aesthetics for the participant to mirror. These can be reminiscent of the structure of vocal warm-ups and exercises utilized in voice lessons. Unlike how these warm-ups are used in voice lessons for singers, these experientials are not approached to monitor for pitch accuracy or technical clarity (unless that is part of the participant's goals). Depending on what the participant is working on, these experientials are used to provide a process through which participants can (a) demonstrate their current vocal capacities and their habits for accessing the various registers of their voice, (b) experiment with maneuvering components of their vocal rhizome to access different vocal aesthetics, and (c) prime their voice for toning or conversational improvisation experientials. It is likely that participants will request recordings of these warm-ups so that they can utilize them in their life outside of sessions.

For participants who either have a turbulent history with classical voice lessons or have no experience or confidence with singing, we find that traditionally structured singing warm-ups can bring up physical blocks and important internalized messages that the practitioner needs to attend and respond to with nuance. In many cases, these participants may easily access certain vocal aesthetics when they enter a musical container that decenters their voice or that takes the effort of creating off their plate. This is often accomplished by incorporating pre-recorded music or mimicry into the call and response experiential.

Considerations for utilizing pre-recorded music

Songs are intentionally used within sessions. We often select a few songs based on the participant's experience and connection to the song as well as the key, range, and aesthetic of the song. In virtual settings, there is a limit to how the practitioner can accompany the participant, and oftentimes, the participant feels most confident singing along to a song as they listen to the original recording. We have found that it works best to prompt the participant to select a song, listen to it through headphones, and sing along into the mic for the practitioner to hear. This allows for the participant to be immersed in the original music and sing with perhaps less inhibition, and it allows for the practitioner to hear the participant uninterrupted by the original music.

Considerations for utilizing mimicry

Sometimes a participant does not sing or does not like to sing, even though they like music and feel supported by the way the practitioner integrates music into sessions. With these participants, utilizing mimicry is a unique gateway to supporting vocal play, as it invites participants to leave their vocal habits by entering into a character. This often unfolds as the participant recites a line from the character, singer, or actor while the practitioner utilizes music to prompt and track the participant's pitch, inflection, and resonance.

During experientials involving either pre-composed music or mimicry, the practitioner is listening for the emergence of vocal qualities that the participant feels is euphoric, and after, the practitioner dialogues with the participant about what they may have noticed about their voicing experience. Oftentimes, a certain phrase from the song chosen or from the spoken line can be integrated into a call and response between the practitioner and participant that hones in on a specific mechanism. This is done in order to serve as a bridge between recreative play and more improvisational play. The call and response experiential often involves engaging in incremental changes to a certain mechanism while maintaining others, and it can take the form of a warm-up.

Call and response within conversational improvisation

When first introduced, conversational improvisation will likely be more directive and

practitioner initiated, with the practitioner encouraging the participant to explore in a more improvisational manner. Here, experientials provide structure for the participant to tone on a single pitch (ideally the pitch they are considering for a new habitual CoreTone) with a resonant quality that the participant wants to practice. Because toning is an in-between space that is not quite singing nor speaking, it has a novelty that can enhance the participant's capacity to try voicing in new ways. Additionally, we find that it is easiest to concentrate on maintaining improvisational givens if the participant is reading something out loud or describing something in their environment, as this provides more conscious space for them to focus in on how they are voicing; however, it is important to offer options to the participant so that they can choose what works best for them. As the participant gains more confidence with sustaining a single pitch, the practitioner creates space for the participant to play with pitch variance, adjust resonance, and so on. Through modeling, the practitioner invites the participants to experiment with different givens depending upon the participant's goals (e.g., using vocal slides, step-by-step movement, or intervals to explore pitch, registration, and pitch variance; exploring different resonances within the vocal tract through vowels and working with individual figures of the voice; using relaxation strategies to encourage the releasing of unnecessary tension; etc.).

As the participant becomes more confident, they will begin to initiate changes to their vocal rhizome or pause to shift and reset when they notice that certain givens are dropping. As this emerges, practitioners affirm the participant's self-knowledge and begin to lean more into mirroring how the participant is voicing instead of modeling suggestions. Eventually, the practitioner invites the participant to play with shifting back into singing or speaking while maintaining the givens that they sustained in earlier stages of the experiential. If the focus is on speaking, this transition often entails shifting into reading things that take more intellectual focus or having real time conversations with the practitioner about things that interest them. This affords the participant an opportunity to split their attention between while attempting to maintain both certain vocal givens and the content of what they are saying. While there are structural components to this that the practitioner needs to track, this experiential needs to be approached in a playful manner. Gumble has found that the more individuals explore this vocal play space, the more participants strengthen their instrument while also developing increased flexibility. This eventually results in the vocal qualities that arise being transitioned back into speech—sometimes organically from simply being in a musical experience, sometimes done with intentional work by slowly shifting from the music back to speech.

From a musical perspective, the practitioner's role through conversational improvisation flows between (a) vocalizing in unison with the participant while modeling their desired recipe to encourage aesthetic entrainment, to (b) mirroring back what they are hearing within the participant's voice to delineate current and desired aesthetics, to (c) making use of vocal harmonizing to support participants with transitioning out of the work (e.g., having a participant stay at one pitch and/or resonance and the practitioner voicing at a different pitch and/or resonance). The nature of this flow emerges as participants become more conscious of what their own voice is doing and subsequently shift into different vocal qualities without guidance. The flow between unison to harmony supports the goal of differentiation and participants being able to hold onto their vocal recipe(s), even when the practitioner is not mirroring them back. For those who are more specifically wanting to work with their singing voice without transferring the vocal sounds out to their speech, the same principles can be applied but with less focus on speech (e.g., exploring their current vocal habits particular to singing and how the participant may want to shift that). For these participants, the work might involve more regular use of repertoire and songs, which even within speech work can also be used as points of entry into exploring different qualities of sound for speech.

Scope of Practice

It is imperative that practitioners consider their scope of practice on an ongoing basis. At this time, we are currently based in the United States, and as such have focused on the standards of practice specific to this geographic region. Clinicians need to verify their proper licensure and/or credentials in their country of practice. Below we explore scope of practice as it relates to the voice itself as well as in regard to tending to the emotional process.

Focusing on Aesthetics and Skill Development Rather than Pathologies

In our understanding, scope of practice involves a theory of a problem, issue, or intention of therapy and a theory of change (Bruscia, 2014). LMT-GAV frames the problem as a misalignment between vocal habits and one's desired vocal aesthetics, not as a pathological issue with vocal production. Relatedly, a joint statement providing guidelines has been offered by the American Speech-Language-Hearing Association, National Association of Teachers of Singing, Pan American Vocology Association, and Voice and Speech Trainers Association (2024). Although not specific to gender-focused voice training, these outline the roles of different voice professionals who specialize in voice:

1. The speech-language pathologist who works with vocal performers (singers, actors) needs to supplement their clinical knowledge with training in voice rehabilitation to inform their work in the context of rehabilitation.
2. The teacher of singing needs to supplement their knowledge of anatomy, physiology, acoustics, and vocal function with understanding of voice disorders to inform appropriate referrals.
3. Similarly, the voice and speech trainer who works with actors, singers and other professional speakers needs to supplement their knowledge of anatomy, physiology, acoustics, and vocal function with understanding of voice disorders to inform appropriate referrals. (pp. 14–15)

Music therapists exist at the intersection of each of these roles; however, they are unable to diagnose and treat vocal pathologies, unless they are dually certified/licensed to do so.

Considering this, there are two situations in which participants should be referred to a speech-language pathologist and/or laryngologist: (1) The practitioner hears a chronic problem within the voice that is of concern and is not being resolved over time⁶; (2) The participant knows they have a vocal pathology. It is important to ensure that any pathology is addressed before beginning or further engaging in any aesthetics-focused work and developing vocal skills. Depending on the particular individual, it might be fitting to work alongside these voice professionals to address gender-focused concerns while any vocal pathologies are being addressed. As LMT-GAV continues to develop, this particular aspect of our scope of practice needs to be further delineated so that practitioners have the skills and tools they need to make appropriate referrals.

Tending to the Emotional Process

In considering scope of practice as it relates to emotional holding and processing, we believe emotional holding to be a foundational aspect of LMT-GAV that fits within the scope of board-certified music therapists, especially master's level MT-BCs. However, in order for a therapist to properly and accurately assess the degree to which emotional processing is indicated for the participant's goals, we believe the therapist must have developed psychotherapeutic processing skills that extend past the general scope of entry-level music therapy practice (in the U.S., MT-BCs). We recommend that clinicians who want to practice LMT-GAV seek out additional training, credentials, or licensure related to

emotional processing.

Ongoing Assessment and Disclosure of Scope

As participants come to this voicework, the practitioner should be considering their own individual skills as well as the skills that they are needing to work on, as there is always room for development. Further, they should be considering both professional scope of practice (i.e., the standards and expectations set for music therapy and the scope of any other license or credential they occupy) as well as their personal scope of practice (i.e., professional scope in combination with additional training and experience that they have). To ensure ethical practice, the practitioner should be considering whether a participant is within both of these scopes. This is true for both emotional processing as well as for work based on particular vocal functions even when a participant does not have a vocal pathology (e.g., specializing in working with trans masc versus trans femme participants, specializing in supporting those navigating the impacts of testosterone-based hormone therapies, etc.).

This involves an ongoing commitment to learning and evaluation, and we have created an evaluation tool for practitioners to assess what areas of their clinical skills and practice are still in need of development, with this as part of the focus for supervision. Lastly, it is important that participants know about the practitioner's scope of practice coming into the work so that they are fully informed.

Conclusion

While much has been developed, there is still a considerable amount of work needed to expand understanding of LMT-GAV. In particular, we anticipate writing additional articles that more deeply explore the intricate nuances of clinical practice (e.g., introducing scaffolded phases of the model as well as clinical decision-making processes). In this article, we provided a definition; summarized theories, methods, models, and concepts that inform LMT-GAV; and delineated our scope of practice as music therapists. We intend for this to be sufficient grounding for further publications that explore the intricacies of clinical practice through guidelines and case study examples. It is our hope that as more clinicians enter into this work, more diverse perspectives will inform this approach.

About the Authors

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Maevon Gumble has published and presented nationally on topics related to gender affirming voicework, vocal pedagogy, and queering music therapy practice. They are currently pursuing doctoral studies in vocal pedagogy at Shenandoah Conservatory. As a music therapist and licensed counselor, Maevon works with members of queer, transgender, nonbinary, gender-expansive, polyamorous/consensually nonmonogamous, and/or BDSM/kink communities. Their work centers on the intersections of gender, sexuality, identity, voice, embodiment, trauma, and mental health.

Braedyn Inmon, MMT, MT-BC, LPC-A (they/he)

Braedyn grew up in so-called Texas, completed their undergraduate education in music therapy at Texas Woman's University, and became an MT-BC in 2016. They have a clinical background of working in hospice care, neuro-rehabilitation, and habilitative settings. In 2023, they became a first-generation graduate degree holder after completing the MMT program at Slippery Rock University, and their thesis was titled "Imagining a Post-Intentional Phenomenology of Cisnormativity: A Philosophical Inquiry." Braedyn

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Kaylynn is a CoMT-oriented music therapist based in so-called Pittsburgh, PA, USA. After becoming board certified in 2020, they have worked primarily in community settings, namely by incorporating social-emotional learning and trauma-informed practices into a recording studio songwriting program for youth. Kaylynn recently completed their Master of Music Therapy through Slippery Rock University, with a critical narrative thesis titled “Unmasking Alienation in the Lived Experiences of Songwriters.” They currently practice music therapy locally through Three Rivers Community Care and remotely through Connecticut Music Therapy Services, LLC.

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¹ *Holding* refers to acknowledging and validating participants in what they are experiencing while also supporting them with emotionally regulating back to the present moment through grounding and resourcing. It is supportive work aimed at getting back to working with the physical voice without going deeper emotionally. *Processing* refers to engaging in emotional holding work so that individuals are in the here and now while also supporting them to go deeper in attempts to process any emotional response and/or trauma that arises during voicing experiences. Here, the practitioner might ask probing questions or enter into musical experiences that are aimed at deepening and

working through the emotional experience, making it potentially reconstructive as well as supportive work.

² To consider our own theoretical orientations as they inform emotional holding and processing: Gumble tends to incorporate Internal Family Systems (IFS; Schwartz & Sweezy, 2020) and body-focused approaches. Inmon is an IFS-informed practitioner and also integrates other forms of somatic parts work into their approach. Schachner synthesizes narrative, family systems, and somatic theories.

³ More insight has been gained in regard to the use of gravel (called “slack” in Estill Voice Training). This vocal quality is often named as something to be avoided and positioned as “unhealthy,” and we previously subscribed to this thinking. The use of gravel can be harmful and unsustainable when created with constriction of the false vocal folds and when it becomes a rigid habit that someone is not wanting present within their voice; however, it is not inherently a problem if cultivated from a relaxed place and intentionally brought into singing. The narrative of gravel being unhealthy is perhaps directly connected with a positioning of classical voice as the most healthy way of voicing. Although not specifically discussing gravel, Somatic Voicework™ challenges the sentiment that classical singing is the only healthy way of singing. We suggest that the narrative of gravel as problematic is likely connected to a white colonial way of appraising vocal aesthetics (Bonenfant, 2010; Olwage, 2004). The narrative of “health” is often used to enforce a singular vocal aesthetic, and this singularity is the actual problem. We strive to attend to what influences the emergence of vocal nodules and other vocal issues while also not pushing the dominant narrative of “vocal health” in classical voice discourse.

⁴ Sanne Storm’s (2013) introduction of the CoreTone comes out of dissertation research which was aimed at developing a voice-based assessment specific to music therapy by measuring various quantitative data within the voice to analyze and “hear” mental health within the voice. This exercise was not developed for gender-based work, but has been borrowed from that space to explore within LMT-GAV.

⁵ These concepts are related to the voice therapy approach of Conversation Training Therapy (CTT; Gartner-Schmidt et al., 2016). While not specifically focused on gender-based work, CTT emphasizes conversationally-driven work at the beginning and throughout sessions. It was developed in recognizing the ways in which many individuals struggle to transfer the work from traditionally hierarchical exercise-based approaches into their natural conversation. Here, hierarchical refers to moving from vowels and consonants to nonsense words to small words and so on until in full dialogue. CTT advocates for clinicians to move in and out of conversation as a way of integrating clinical work into everyday lives with perhaps more ease. Rather than suddenly moving into an exercise that was not directly connected to how someone is using their everyday voice, participants move from something they just did within their voice into an exploration which very clearly relates back to that experience.

⁶ If someone has not worked to develop strength and flexibility within their voice through singing, voice acting, and so on, a developing voice might have some initial issues. As someone develops more strength and flexibility, vocal issues that were initially present might resolve themselves. If something is a chronic issue that is not getting resolved as strength and flexibility are developed, this would be an indication of a necessary referral. It is important to note that those who are navigating the changes of testosterone-based hormone therapy will inherently have challenges that arise because the vocal folds are changing, akin to going through puberty. The voice will settle over time, especially as someone develops a new muscle memory for how to navigate their voice. This does not need to inherently involve a referral to a speech-language pathologist or laryngologist.