

*Contemporary issues in Human Communication Sciences*

*presents:*

*The show with the voice. A parody.*

I Assessment

Welcome to the first part of the show with the voice. Let us start with a tutorial that is designed to help you distinguish between the normal and the disordered voice. Listen carefully and concentrate on the sound only. At the end of the tutorial you should be able to detect whether a voice is healthy or abnormal, independent of the words people are using or the language they are speaking.

**Part one: The normal voice**

a) The normal female voice (*sound sample 1: sinus tone, 260 Hz*)

b) The normal male voice (*sound sample 2: sinus tone, 130 Hz*)

**Part two: The abnormal voice**

Now, listen to the different types of voice disorders.

a) Voice disorders of the adult male

The first sample is an example for an abnormal percentage of roughness in a voice, which makes its pitch sound too low even for a male (*sound sample 3: jitter > 2%, shimmer > 4%, Harmonic-to-noise ratio < 1%*).

In the next sample the voice quality is normal but it is the pitch that is too high for a male (*sound sample 4: sinus tone, 219.45 Hz*).

## b) Voice disorders of the adult female

As the female voice organ tends to be smaller in size it is not as powerful as its male counterpart. Consequently, women present more often with voice problems than men, especially those who tend to neglect the anatomical and physiological limitations of their voice box and try to push down their pitch or project their voices to a higher volume than the one they would be naturally capable of. Some of the possible consequences of this maladjusted behaviour will be presented with the next three samples.

Sample one:

Pitch below the normative range of biological females (*sound sample 5: sinus tone, 154.1 Hz*).

Sample two:

Voice quality exceeds female breathiness, excessive roughness for a female, pitch too low for a female (*sound sample 6: 108.43 Hz*).

Sample three:

An unwomanly backwards resonance focus leads to the development of a mannish glottal fry (*sound sample 7*).

### **Part three: Voice disorders in psychiatry**

Some voices may present with similar abnormalities as discussed before but will be considered to belong to a different category of disorders: the fascinating field where the domains of psychiatry and speech pathology overlap. This part of the tutorial is intended for the senior clinician and rated “SG”. Beginners in voice therapy may continue to listen under the guidance of their supervisors. It is recommended that clinicians who feel disturbed by the lifestyle of this particular population but nevertheless want to help those patients should learn to “exclude [their

feelings] from the therapist-patient relationship [in order] to be able to communicate empathetically” (de Bruin et al., 2000, p.221) with these people who might especially need our help.

*a) The homosexual voice*

Homosexuality is a disorder of sexual orientation in which the client feels sexually attracted to a person of the same gender.

Sample one: the gay voice

Corresponding to his role in a sexual encounter this person uses the breathy and high-pitched voice of a female (*sound sample 8: vowel /a/, 230.81 Hz*).

Sample two: the lesbian voice

Whereas the gay voice use patterns can be considered healthy in terms of vocal hygiene requirements, lesbians present with a tendency to vocal abuse, resulting in an almost violently rough and strained voice quality whose pitch often even penetrates the realm of male normative ranges (*sound sample 9: vowel /a/, 82.45 Hz*).

*b) The transsexual voice*

Transsexuality is a disorder of gender identity in which the clients consider themselves to be “trapped in” (Gross, 1999, p.246) “the ‘wrong’ body” (Brown et al., 2000, p.129). Their physical appearance may be unambiguously male, while perceiving themselves as female, or the other way around being physically unambiguously male but perceiving themselves as female (see Keil, 1994, p.5, my translation). “They are different from transvestites or cross-dressing persons who just like to wear clothes of the other gender ... and they are not

homosexuals” (Gross, 1999, p.246). As “they hate everything about their body that makes them appear as [their natural gender]” (Gross, 1999, p.246) they do not hesitate to take whatever measure at hand to correctively interfere with their originally normal and healthy bodies. Slyly they convince doctors to prescribe them hormones and to surgically mutilate their genitals.

Our colleagues in psychiatry have tried for decades to cure these people from these unhealthy obsessions with pharmacological and psychotherapeutical approaches but unfortunately without success.

This is why we agreed with them on a treatment regime to adapt “the patient’s body to fit his / her [unalterable] feeling” (de Bruin et al., 2000, p.221). “It is generally recognized that speech pathologists can significantly contribute to this reassignment process by helping transsexual clients to achieve communication behaviours that do not betray their biologic sex. In particular, speech pathologists have been called upon to provide voice training in the case of male-to-female transsexuals with the aim of” (Van Borsel et al., 2001, p.570) “acquir[ing] a more naturally feminine mode of speech and mannerism” (Brown et al., 2000, p.130).

The following example presents the voice of a client who, after having been discharged from therapy, successfully managed to enter a particular niche of show business. The lyrics express the tragic of the lives of these people who normally end up isolated and unemployed, eking out a wretched existence (*sound sample 10: utterance on word level (“voice”), 5 attempts: 1 = 82.24 Hz, 2 = 98.76 Hz, 3 = 119.61 Hz, 4 = 141.89 Hz, 5 = 162.75 Hz*).

## II Treatment

Welcome to the second part of the show with the voice. We will now present one of the contemporary approaches to voice treatment and hand over to our colleagues from the special unit “Endocrinology in Speech Pathology” who will inform you about chemical methods of vocal regendering:

Welcome to this presentation of our latest voice product: “VoiceMale for TRANSMEN”.

VoiceMale understands that transmen’s voice needs differ from other’s voice needs, and therefore have created a voice care product designed with TRANSMEN in mind. The VoiceMale for TRANSMEN voice product has been engineered for effortless performance that works in two ways:

- 1) Voice product that is simple, quick and easy to use.
- 2) Outstanding performance by combining nature and technology to create unique formulations for TRANSMEN, that gently enlarge and help strengthen each vocal fold muscle fibre, giving you a strong, male voice.

What does VoiceMale for TRANSMEN do?

The VoiceMale for TRANSMEN voice product is perfect for the gym goers, womanizers or TRANSMEN who simply play hard at passing. The all in one vocal fold and fundamental frequency masculinizer provides maximum results with minimum effort. This unique formulation containing testosterone extracts not only effectively removes the femininity from your voice, but will also help to regender your whole body.

### III Mission statement

Thank you for your interest in “the show with the voice”.

Let us finish with our version of the Hippocratic oath that can be understood as Speech Pathology’s phonocentric mission statement:

I am a voice improver.

I am a voice improver.

I am a standardizer.

I’m an equalizer.

I’m a normalizer.

I’m a pitch increaser

voice)

voice

voice

voice

(voice

I’m a hygienist.

I’m a positivist.

I’m a Speech Pathologist.

Yeah.

## References

- acclivity. *SleepingBeauty.wav*. Available at: <http://freesound.iaa.upf.edu> [Date of access: December 13, 2007].
- Brown, M., Perry, A., Cheesman, A. D., & Pring, T. (2000). Pitch change in male-to-female transsexuals: has phonosurgery a role to play? *International Journal of Language and Communication Disorders*, 35(1), 129-136.
- De Bruin, M. D., Coerts, M. J., & Greven, A. J. (2000). Speech Therapy in the Management of Male-to-Female Transsexuals. *Folia Phoniatrica et Logopaedica*, 52, 220-227.
- Gross, M. (1999). Pitch-Raising Surgery in Male-to-Female Transsexuals. *Journal of Voice*, 13(2), 246-250.
- Keil, Tobias (1994). Transsexualität und Stimme. Möglichkeiten und Grenzen der stimmlichen Anpassung im Geschlechtsangleichungsprozeß. *Sprechen*, 2, 4-14.
- rezk. *untitled5.wav*. Available at: <http://freesound.iaa.upf.edu> [Date of access: December 13, 2007].
- Satoration. *sinus 65khz drone.wav*. Available at: <http://freesound.iaa.upf.edu> [Date of access: December 13, 2007].
- sleep. *dist\_guitar\_triplet.wav*. Available at: <http://freesound.iaa.upf.edu> [Date of access: December 13, 2007].
- UncleSigmund. *breath.wav*. Available at: <http://freesound.iaa.upf.edu> [Date of access: December 13, 2007].
- Van Borsel, John, De Cuypere, Griet, & Van den Berghe, Hilde (2001). Physical Appearance and Voice in Male-to-Female Transsexuals. *Journal of Voice*, 15(4), 570-575.