MASTER'S DISSERTATION PART 2

Experiences of group voice training in gender diverse people:

a qualitative study

Word count: 22,656

HEIKE KRENN

Student number: 01700557

Supervisor(s): Prof. Dr. Evelien D'haeseleer, Dr. Clara Leyns, Dr. Cassandra Alighieri

A dissertation submitted to Ghent University in partial fulfilment of the requirements for the degree of Master of Science in Speech Language and Hearing Sciences

Academic year: 2022 – 2023

GHENT UNIVERSITY

TABLE OF CONTENTS

1. MAATSCHAPPELIJK LUIK

1.1. Populariserende samenvatting

Het woord 'transgender' of de afkorting 'trans' wordt gebruikt om personen te beschrijven wiens genderidentiteit niet overeenkomt met het geslacht dat bij hun geboorte aan hen werd toegewezen. Sommige personen identificeren zich als 'non-binair', wat betekent dat ze zich niet thuis voelen in de traditionele categorieën van man of vrouw die door de maatschappij zijn gedefinieerd. De termen 'trans persoon' en 'non-binair persoon' maken deel uit van de bredere categorie van 'gender diverse personen'. Het doel van deze studie was om de ervaringen, gevoelens en percepties te onderzoeken van genderdiverse personen die deelnamen aan logopedische groepstraining. De studie vulde een leegte in kwalitatief onderzoek over dit onderwerp. Kwalitatief onderzoek is een onderzoeksmethode die gericht is op het begrijpen van de onderliggende betekenissen, motivaties en ervaringen van individuen of groepen. Het omvat het verzamelen en analyseren van gegevens, zoals interviews, om waardevolle en beschrijvende inzichten te verkrijgen.

Het sociale aspect van logopedische groepstraining was belangrijk voor de participanten, omdat het hen een gevoel van solidariteit en medeleven gaf. Het delen van ervaringen en moeilijkheden in een veilige omgeving maakte zinvolle verbindingen en discussies mogelijk. De participanten waardeerden de feedback van zowel de therapeut als de andere participanten en benadrukten het belang van positieve en constructieve feedback. Sommige participanten maakten zich echter zorgen en ervoeren stress en ongemak voorafgaand aan de groepstrainingsessies. Hierdoor hadden ze behoefte aan duidelijke uitleg en basisinformatie over de medeparticipanten om hun angst te verminderen. Praktische zaken, zoals de groepsgrootte en trainingsomgeving, waren factoren die van invloed waren op het comfort van de practicanten. Sommige participanten gaven de voorkeur aan kleinere groepen, terwijl anderen nieuwsgierig waren naar grotere groepen. De gecontroleerde trainingsomgeving van de groepstrainingsessies werd gezien als gunstig voor het oefenen van spontane spraak, maar sommige participanten waren nieuwsgierig naar sessies buiten het ziekenhuis. Deze praktische zaken moeten met de participanten zelf worden besproken om hun comfort te waarborgen en de trainingservaring te optimaliseren.

Concluderend leverde deze studie waardevolle inzichten op met betrekking tot de ervaringen van logopedische groepstraining bij genderdiverse personen. De groepstrainingsessies hadden een positieve invloed op het welzijn van de participanten en bevorderden acceptatie, solidariteit en zelfvertrouwen. Uit de resultaten van het onderzoek bleek dat praktische zaken en de combinatie van individuele en groepstraining als cruciale aspecten werden benadrukt. Deze factoren werden beschouwd als belangrijke overwegingen bij het optimaliseren van de logopedische groepstraining. In toekomstig onderzoek kan worden onderzocht hoe logopedische groepstraining kan worden aangepast aan de specifieke behoeften van elke participant,

mogelijke hindernissen voor deelname en de langetermijnresultaten van logopedische groepstraining. Door de behoeften en perspectieven van genderdiverse personen te begrijpen, kunnen zorgverleners hen beter ondersteunen bij het ontwikkelen van een authentieke stem die in overeenstemming is met hun genderidentiteit.

1.2. Maatschappelijke meerwaarde en maatschappelijke impact

Logopedische groepstraining biedt een sociale omgeving waarin participanten in contact komen met anderen die hen begrijpen, waardoor er een gevoel van samenhorigheid en ondersteuning ontstaat. De feedback en steun van zowel de therapeut als de andere participanten versterken de positie van genderdiverse personen en hun sociale netwerken. Logopedische groepstraining bevordert inclusie, sociale verbindingen en integratie in de samenleving voor genderdiverse personen. Deze studie benadrukt het belang van een ondersteunende en inclusieve omgeving in logopedische groepstraining, waardoor het mogelijk is om op maat gemaakte programma's te ontwikkelen. Daarnaast pleit deze studie voor de inclusie en ondersteuning van genderdiverse personen en bevordert sociale gelijkheid en begrip in de therapeutische omgeving.

2. ABSTRACT

2.1. Nederlandse versie

Achtergrond. Sommige genderdiverse personen wensen hun stem, spraak en communicatie aan te passen om die in overeenstemming te krijgen met hun genderidentiteit. Logopedische groepstraining kan een succesvolle aanpak zijn voor genderdiverse personen om verschillende parameters van stem en zelfperceptie aan te passen. Het verkennen van de percepties van genderdiverse personen is belangrijk omdat het de mogelijkheid biedt een volledig inzicht te krijgen in hun unieke ervaringen, die vervolgens meegenomen kunnen worden naar toekomstig wetenschappelijk onderzoek rond logopedische groepstrainingsessies.

Doelstellingen. Het doel van deze studie was het onderzoeken van de percepties en ervaringen van genderdiverse personen die logopedische groepstraining hebben gevolgd.

Methode. Voor dit onderzoek werd gebruik gemaakt van een kwalitatieve onderzoeksopzet aan de hand van semigestructureerde interviews. Via kwalitatief onderzoek kunnen de ervaringen, gevoelens en gedragingen van participanten worden onderzocht, vanuit het perspectief van de participanten zelf. Zeven participanten, tussen 20 en 57 jaar oud met een gemiddelde leeftijd van 32 jaar (standaarddeviatie (*SD*): 12,3), werden geïnterviewd. De semigestructureerde interviews werden online afgenomen via MS Teams. Deze interviews werden getranscribeerd en gecodeerd via het softwareprogramma NVivo. Met behulp van thematische inductieve inhoudsanalyse werden vier hoofdthema's gevonden: (1) impact van logopedische groepstraining, (2) interactie met co-participanten, (3) invloed van de logopedist en (4) verschillen met individuele sessies. In deze studie werd aandacht besteed aan de betrouwbaarheid van de resultaten.

Resultaten. Uit dit onderzoek bleek dat participanten tevreden waren over logopedische groepstraining en er waarde aan hechtten. Participanten meldden een gevoel van voldoening en meer zelfvertrouwen aan het eind van de logopedische groepstrainingsessies. Sommige participanten ervaarden stress en ongemak alvorens de logopedische groepssessie begon, mogelijk gerelateerd aan spreekangst, angst voor afwijzing en/of vooroordelen. Het sociale aspect van de logopedische groepstrainingsessies bleek belangrijk te zijn: de participanten meldden een gevoel van solidariteit en medeleven doordat ze anderen ontmoetten die hetzelfde proces doormaakten. Praktische aspecten, zoals groepsgrootte en trainingsomgeving, bleken ook belangrijk voor de participanten om rekening mee te houden.

Conclusie. Logopedische groepstraining werd als positief ervaren door genderdiverse personen en zorgde voor een gevoel van acceptatie, solidariteit en zelfvertrouwen. De combinatie van individuele stemtraining met logopedische groepstraining kan gunstig zijn voor genderdiverse personen. Faal- en spreekangst zou

kunnen verminderen door een duidelijke uitleg van de logopedische groepstraining. Verder onderzoek is nodig om logopedische groepstraining te optimaliseren en mogelijke barrières voor deelname te onderzoeken. Inzicht in de behoeften en perspectieven van genderdiverse personen kan hun zoektocht naar een authentieke stem beter ondersteunen.

Sleutelwoorden: Logopedische groepstraining, spraak- en taaltraining, genderdiverse personen, kwalitatief onderzoek, semigestructureerde interviews

2.2. English version

Background. Some gender diverse individuals wish to adjust their voice, speech, and communication to align with their gender identity. Group voice training can be a successful approach for gender diverse individuals to adjust different parameters of voice and self-perception. Exploring the perceptions of gender-diverse individuals is important because it allows a full understanding of their unique experiences, which could be considered in future scientific research on the topic of group voice training sessions.

Objectives. The aim of this study was to investigate the perceptions and experiences of gender diverse individuals who have received group voice training.

Method. This study used a qualitative research design with semi-structured interviews. Through qualitative research, participants' experiences, feelings, and behaviors can be examined from the perspective of the participants themselves. Seven participants, aged between 20 and 57 years with a mean age of 32 years (standard deviation (*SD*): 12.3), were interviewed. Semi-structured interviews were conducted online via MS Teams. These interviews were transcribed and coded through the software program NVivo. Using thematic inductive content analysis, four main themes were found: (1) the impact of group voice training, (2) interaction with co-participant(s), (3) the influence of the therapist, and (4) differences with individual sessions. Attention was paid to the reliability regarding trustworthiness of the results in this study.

Results. This study found that participants expressed satisfaction and found value in the group voice training sessions, with some reporting a sense of accomplishment and increased self-confidence at the end of the group voice training sessions. However, prior concerns were highlighted, with some participants experiencing stress and discomfort before the group session began, potentially related to speaking anxiety and the fear of rejection and prejudice. The social aspect of the group training sessions was found to be important, with participants reporting a sense of solidarity and compassion as they met others going through the same process. Practical aspects, such as group size and training environment, were also found to be important for participants to consider.

Conclusion. Group voice training was perceived as positive by gender-diverse individuals and created a sense of acceptance, solidarity, and self-confidence. Combining individual voice training with group voice training could be beneficial for gender diverse individuals. Fear of failure and speaking anxiety could be reduced through a clear explanation of the group voice training session. Further research is needed to optimize group voice training and explore potential barriers to participation. Understanding the needs and perspectives of gender diverse individuals can better support their journey towards an authentic voice.

Keywords: Group voice training, speech and language training, gender diverse individuals, qualitative research, semi-structured interviews

3. INTRODUCTION

The term 'transgender', abbreviated as the term 'trans', is an umbrella term for individuals whose perceived gender and assigned gender at birth are non-congruent (Anthony, 2021; Welch, 2017). This term covers a broad spectrum of individuals who temporarily or permanently identify themselves with a gender other than the one assigned to them at birth (Marijan & Bonetti, 2021; WPATH, 2023). Individuals going through the process of transition towards either female gender will be referred to as 'trans women' (AMAB[1]), and individuals going through the process of transition towards male gender will be referred to as 'trans men' (AFAB[2]) (Center, 2020; Marijan & Bonetti, 2021; Neira & Bowman, 2022; O'Connell et al., 2022).

Some individuals identify themselves as 'gender non-binary' and/or 'gender non-conforming'. These individuals exist outside of the binary gender paradigm, created, and perpetuated by society (Richards et al., 2016; Welch, 2017). The gender identity of a non-binary individual does not fall neatly within the women/men category (Hope & Lilley, 2022; Quinn et al., 2021). The terms 'trans individual' and 'gender non-binary individual' fall under the general term 'gender diverse people' (Hendricks & Testa, 2012; Quinn et al., 2021). 'Gender dysphoria' refers to the discomfort and distress caused by the discrepancy between a person's gender identity and the assigned gender at birth, and the associated primary and secondary sexual characteristics, and/or expected social gender role (Chen & Loshak, 2020; DeVore et al., 2021). One of the most influential factors affecting the quality of life (QoL) in transgender individuals is whether they can be seen by others as their own gender identity, and can 'pass' in their own perceived gender (Doyle, 2022; Litosseliti & Georgiadou, 2019; van Leerdam et al., 2023). 'Passing' occurs when an individual who is transgender 'passes' for their gender, and can function within society as their gender without receiving prejudice (Doyle, 2022; Peixoto et al., 2022; Welch, 2017). For some, 'passing' is the goal of their transition, and goes along with reducing their gender dysphoria (Transgenderinfo, 2022). Nonetheless, it should be noted that this is not the case for every transgender individual (Transgenderinfo, 2022).

3.1. The transition process

'Transitioning' is the process of fulfilling and presenting their gender identity, and often changing from the gender role associated with the assigned gender at birth to an altered gender role (Collazo et al., 2013; Radix, 2016; Welch, 2017). It is a multifactorial, complex, unique experience and an individualized journey that can include both social as well as medical transitioning, and can take many forms (de Vries & Sojka, 2022; Radix, 2016; Welch, 2017). Social transitioning can manifest itself in wearing different clothes, adopting a different

---

[1] Assigned male at birth
[2] Assigned female at birth

name, and/or behavioural change (Radix, 2016; Smith, 2020; Welch, 2017). Medical transitioning exists out of gender affirming hormone treatment (GAHT), and gender affirming surgery (GAS) (Center, 2020; Green et al., 2018; Karalexi et al., 2020; O'Connell et al., 2022; Welch, 2017). This may or may not include or be synchronized with social transition (Smith, 2020).

GAHT is the use of masculinizing hormones, such as testosterone in trans men, and feminizing hormones, such as estrogens and anti-androgens in trans women (Collazo et al., 2013; Glintborg et al., 2022). GAS is the surgery a transgender individual goes through to match their assigned gender at birth with their gender identity (Center, 2020; O'Connell et al., 2022; Schechter et al., 2017; Welch, 2017). Some individuals who identify as transgender undergo GAHT and/or GAS, however, not all transgender individuals do, and some transgender individuals have little to no desire to do so (Welch, 2017). Although non-binary individuals experience less body incongruence than transgender individuals, they might still experience fewer inconsistencies to elicit a desire for GAHT and/or GAS (Kennis et al., 2022). To have a gender expression that is congruent with gender identity, there is sometimes a need to adjust voice and communication (Litosseliti & Georgiadou, 2019; Ziegler et al., 2018). A speech-language pathologist (SLP) can offer help with these matters (Chadwick et al., 2021; Davies et al., 2015; Gelfer & Van Dong, 2013; Mills et al., 2017). SLPs or voice and communication specialists assist in transitioning their communication patterns to the desired gender to achieve a better QoL (Coleman et al., 2022; Davies et al., 2015; Hancock et al., 2014; Watt et al., 2018; WPATH, 2023). A client-centered, individualized approach is vital in this population and is recommended in clinical practice (Azul, 2016; Dacakis et al., 2012). It is essential to include the transgender individual's perspective when evaluating the results of the procedures performed (Dornelas et al., 2020).

3.2. Transgender voice

Gender-related voice characteristics are not only shaped by the anatomy of the speaker's vocal organ, but are also impacted by the speaker's voice use (Azul & Hancock, 2020). The development of an authentic, gender-affirming vocal presentation that matches the perceived gender is an essential aspect of the transitioning process for many transgender individuals (Conroy et al., 2022; Watt et al., 2018; Ziegler et al., 2018). Gender diverse individuals often do not identify with the meanings they themselves or other people attribute to their voice (Azul & Hancock, 2020). Transgender individuals are often aware of the importance of their voice and how its production has an impact on the presentation of their true gender, positively or negatively (Creaven & O'Malley-Keighran, 2017). Self-perceptions of the transgender individual regarding voice function and the impact on everyday life should be incorporated into the assessment (Dacakis et al., 2012). These participants must be prepared to deal confidently with the multifaceted, dynamic, and unpredictable nature of how voice function and socio-cultural positioning are established in social encounters, as Azul and Hancock (2020) described earlier.

Research revealed that when voices sounded more congruent with the experienced gender, greater well-being was reported (better life satisfaction, higher QoL, better self-esteem, lower levels of anxiety, and depression) than when voices sounded less congruent (Davies et al., 2015; Watt et al., 2018). If a transgender individual is unable to achieve their desired voice through either GAHT or self-modification, they might seek the support of an SLP (Hardy et al., 2020; Quinn et al., 2021). The goal of SLPs is to help transgender individuals to develop a voice and communication that represents their unique sense of gender (Davies et al., 2015; Mills et al., 2017). In addition to voice training, speech training, hormone therapy, and self-modification, phonosurgery is also an option to adjust the voice (Nolan et al., 2019; Song & Jiang, 2017).

3.2.1. Speech markers and gender perception

Four main components contribute to listener perceptions of speaker gender, namely pitch (the perception of mean speaking fundamental frequency f_0), resonance, articulation (and rate of speech (RoS)), and intonation (Hardy et al., 2020; Leung et al., 2018). It is generally known that f_0 is a major factor in gender differences of the voice (Dacakis, 2002; Hardy et al., 2020; Van Damme et al., 2017). Research indicates that greater pitch range, greater pitch variability, and lower vocal intensity tend to be associated with the female gender and would be seen as desirable for feminizing the voice (Azul et al., 2017; Dacakis, 2002). A comprehensive review of the voice literature stated that monotonous speech melody, smaller habitual and physiological vocal range, and higher vocal intensity tend to be associated with the male gender and would therefore be seen as desirable for masculinizing the voice (Azul et al., 2017).

3.2.2. Voice in trans women, trans men, and non-binary individuals

Trans women make up most of the transgender individuals seeking help from SLPs (Oates & Dacakis, 2015). This can be explained due to the fact that GAHT has no significant effect on the voice of trans women, in contrast to the effect of GAHT on the voice of trans men (Oates & Dacakis, 2015; Schwarz et al., 2017). GAHT does not change f_0 in trans women and the administering of estrogens and anti-androgens has no effect on the vocal folds (Oates & Dacakis, 2015; Palmer et al., 2012; Van Damme et al., 2017). Trans women can opt for laryngeal surgery, voice, and speech training, or even no intervention at all to speak with a more feminine voice and communication (Bowman & Goldberg, 2006; Watt et al., 2018). Feminization of the voice during speech training includes both prevention of vocal hyperfunction, and the adjustment of several voice characteristics such as f_0 and resonance (Kim, 2017). Vocal fold surgery can be considered in case of dissatisfaction with voice training results or in case trans women, who achieve acceptable results with speech training, find the sustained effort required tiring or stressful and cannot sustain the augmentation in all circumstances (e.g.: emotions, fatigue, laughter ...) (Leung et al., 2018; Van Damme et al., 2017). Trans women who receive postoperative voice training achieve a sizably greater increase in f_0 compared with trans women who do not receive postoperative voice training (Nolan et al., 2019).

Androgen GAHT can masculinize the voice in trans men, often resulting in an overall lowering of f_o (Watt et al., 2018). The hormones add mass to the vocal folds, giving trans men a deeper-sounding, more masculine voice (Gutierrez, 2019). Androgen GAHT increases the prominence of the thyroid cartilage in the development of the human larynx (Damrose, 2009). However, some trans men are not satisfied with the gender-related aspect of their vocal situations, despite undergoing GAHT (Azul, 2016; Myers & Bell, 2020; Ziegler et al., 2018). Thus, voice and speech training may be necessary to improve satisfaction with voice function and quality (Nygren et al., 2016; Ziegler et al., 2018).

Several studies suggest that there are shared voice-related experiences between non-binary individuals and trans women (Aires et al., 2021; Chadwick et al., 2021; Park et al., 2021; Shefcik, 2020). Non-binary individuals may try to adjust resonance alongside pitch, so that the voice is more neutral (Mills & Stoneham, 2017). Pitch and intonation are often produced in ways that are different from both men and women (Schmid & Bradley, 2019). Nonetheless, some non-binary individuals desire to feminize or masculinize their voice, some individuals have no need to change their voice, and some opt for neutralizing their voice (Mills & Stoneham, 2017; Mills et al., 2017).

3.3. Group voice training

Traditionally, people with voice difficulties are seen individually (on a one-to-one basis) by SLPs for voice training (Law et al., 2012). An alternative to these individual approaches is group voice training (Law et al., 2012; Welch, 2017). Group training is a treatment model that is delivered to a group of individuals with similar problems, with the aim to achieve a set of common goals (Law et al., 2012). Several benefits are associated with group training, for example providing opportunities to facilitate practice and peer modelling, and reducing the financial cost of voice and speech training (Cantarella et al., 2017; Law et al., 2012; Silva et al., 2017; Welch, 2017). Additionally, it facilitates the sharing of problems, information, and advice, thereby enhancing well-being and QoL in individuals (Azul et al., 2022; Silva et al., 2017). Transgender individuals who participate in group voice training can benefit from exchanging experiences with other transgender individuals, as well as from their support and by offering support to other members of the group (Marijan & Bonetti, 2021). The participants can discuss the training progress, practice and observe vocal communication behaviors as these group training settings serve as a safe space to practice voice (Marijan & Bonetti, 2021; Smith, 2020). More advanced group members can provide model, teach, and critique members who require additional support (Law et al., 2012).

According to clients' self-perceived voice function in the study of Abrahamsson et al. (2018), group training is effective, resulting in lower voice handicap index (VHI) scores (Rosen et al., 2004). The clients in this study were voice patients (Abrahamsson et al., 2018). Furthermore, group voice training has a high client demand, making the service fast and dynamic (Almeida et al., 2015). Trajano et al. (2020) found that group voice

training was effective in a significant reduction of vocal symptoms and anxiety. Group voice training can be a way to reduce long waiting lists associated with rehabilitation treatments, and increase clients' motivation and compliance (Cantarella et al., 2017). It must be considered that these studies focused on patients with dysphonia (Abrahamsson et al., 2018; Almeida et al., 2015; Cantarella et al., 2017; Trajano et al., 2020).

It is important to explore the perceptions of individuals following a particular training. Qualitative research can be a tool to examine this (Pyo et al., 2023). One of the strengths of qualitative research is providing an understanding from participants' perspectives about how they interpret or make sense of an event, situation, or action (Stewart et al., 2020). Qualitative research not only underpins examples of theoretical, methodological, and practical innovations in speech and language training, but can also contribute to improving the translation and implementation of research innovations (Hersh et al., 2022). Most qualitative studies around voice and voice training in the transgender community focus on individual voice training in trans women (Pasricha et al., 2008; Pickering & Kayajian, 2009; Stewart et al., 2020; Werier, 2021), less on trans men and non-binary individuals. The conclusions in terms of qualitative research are that mostly variable levels of satisfaction with vocal gender presentation are mentioned by transgender individuals (Azul, 2016). Trans women find it difficult to maintain a feminine voice while they experience emotion or when talking to strangers (Pasricha et al., 2008). The study of Coomer (2022) concludes that voice plays an important role for trans men. Vocal incongruence and the associated distress experienced by trans men have proven to affect avoidance behaviors, feelings of safety and well-being, and may play a role in a subjective sense of gender congruence (Coomer, 2022). These studies indicate that qualitative research can effectively add value where quantitative research might fall short (Pyo et al., 2023).

3.4. Conclusion

The views on voice training are often complex and evolving (Ahmed, 2018). Evidence supports group training as a successful approach for transgender individuals across several parameters of voice and self-perception (Marijan & Bonetti, 2021; Mills et al., 2017). There is a need for qualitative research on the experiences of group voice training in gender diverse individuals, as it is non-existent to date to our knowledge (Mills et al., 2019; Mills et al., 2017; Quinn et al., 2021).

The aim of this qualitative study is to explore the perceptions, emotions, and experiences of gender diverse individuals on group voice training for feminization, masculinization, and/or neutralizing of the voice. Since this is a broad research question, it can be divided into subquestions about how gender diverse people view group voice training, how they experience it, what feelings it elicits in them, whether they have positive and/or negative experiences regarding group voice training, and further subquestions that emerge throughout the course of the study. Gender diverse individuals could have positive feelings and could be open-minded about group voice training. This could possibly have a positive impact on the QoL of this population because of the

connection with other gender diverse individuals (Law et al., 2012; Silva et al., 2017). It was presumed that transgender individuals in group voice training create a positive vocal self-perception due to group cohesion and the commonality of the experience (Mills et al., 2019). In contrast, it could be a threshold for transgender individuals to practice their voice in a group setting (Mills et al., 2019; Mills et al., 2017). This could possibly be a potential barrier and disadvantage for gender diverse people. This qualitative study should provide further insight into the perceptions and feelings of gender-diverse individuals who attended group voice training sessions.

4. METHOD

4.1. Research design

A qualitative study design using semi-structured interviews was used to conduct this research (Charmaz, 2006; Holloway & Galvin, 2016). Through qualitative research, participants' experiences, feelings, and behavior can be explored, from the perspective of the participants themselves (Holloway & Galvin, 2016). The purpose of this qualitative study is to explore the perceptions and experiences of gender diverse people about group voice training for speech feminization, masculinization, and/or neutralization of the voice. This research was approved by the Ethics Committee of the Ghent University Hospital (Belgium) on 22/09/2022 (registration number: B6702022000222) (cfr. Fig. 1: 10.5). Each participant signed a written informed consent form (ICF) prior to participating in this study.

4.2. Participants

This study recruited gender diverse individuals who had received individual voice training sessions and subsequently chose to participate in group voice training at Ghent University Hospital. The decision to join group voice training was motivated by their desire to apply the acquired techniques in a collective setting. The focus of the individual voice training sessions was personalised to each client's specific goals and aspirations. Participants' inclusion criteria include identifying themselves as gender-diverse individuals (trans women, trans men, and/or non-binary individuals). The participants must have received group voice training no more than two years ago and must have received at least one group training session. In addition, the participants should speak fluently Dutch as the interviews will be conducted in Dutch. Our focus lied on the adult population (+18 years old). Transgender and non-binary individuals were included who receive GAHT and individuals who underwent glottoplasty, at least one month ago. Individuals with neurological disorders, organic voice disorders, and psychiatric disorders were excluded. Individuals who had hearing loss that would impede the interview were also excluded. Additionally, cisgender men and women, and gender diverse individuals who had not enrolled in a group voice training program were excluded. The inclusion and exclusion criteria were made clear in the information letter (ICF) for the participant. There were ten participants who met these criteria. An invitation for an interview was sent out to these participants. Seven participants accepted this invitation and were interviewed. The age of the participants ranged between 20 and 57 years, with a mean age of 32 years (*SD*: 12,3).

4.3. Data collection

A purposive sampling method and snowball-sampling were used for the recruitment of participants, mainly from the consultations within the voice clinic of prof. D'haeseleer. This method ensured that the data collected would provide the researcher with an in-depth understanding of the specific contexts, the individuals, and their experiences (Holloway & Galvin, 2016; Pasricha et al., 2008). The participants were mainly recruited from the gender clinic at the Ghent University Hospital (Belgium), and further via snowball sampling. Several organizations were contacted through social media when there was a shortage of participants for this study. These organizations were asked to share a request for this research. In a motivated e-mail with an information letter, the research was briefly described, the purpose of the research was clarified, and the target group was described. When the organization agreed to share the call, a flyer was sent. The organization was encouraged to share this flyer on their website, Facebook page, and/or social media.

4.3.1. Procedure

Semi-structured individual face-to-face interviews were conducted to investigate the perceptions and experiences of gender diverse people with group voice training. This interview structure allowed participants to discuss their experiences. It permitted some flexibility regarding what was discussed during the interview (Werier, 2021). By creating a topic guide (cfr. 4.3.1.1), the interviewer made sure that all the intended topics were covered, and simultaneously allowed that there was room for natural progress during the interview. The semi-structured interviews were mostly conducted online through Microsoft Teams © (Microsoft, 2023), preferably at a time and (online) location convenient for the participant or in the speech lab at Ghent University Hospital. The interviews were audio-recorded and lasted on average 1 h 05 min 12 s (min. 50 min 57 s, max 1 h 16 min 38 s; *SD*[3]: 8 min 0 s) The participants had given consent by signing the informed consent form (ICF) before the start of the interview, otherwise they could not participate in the study. Questions were asked regarding experiences, opinions, emotions, feelings, and thoughts about the topic. The participants were given space to elaborate on their response(s) so that the participants had every opportunity to substantiate their answers. Minimal field notes were taken to note remarkable non-verbal communication. In addition, the interviewer made notes to follow up with the participant's responses. Demographic data was collected at the end of every interview. All personal data obtained through the interviews was pseudonymized in the transcripts.

---

[3] Standard deviation

4.3.1.1.   Topic guide

A topic guide with open-ended questions was developed based on a literature study and expert consensus (cfr. appendix A: 10.1 and appendix B: 10.2). The topic guide directed the discussion during most of the interview. Several topics were covered in the topic guide, such as 'emotional impact,' 'social impact', and 'self-confidence and mental impact'. Each interview started with an open question: "What are your experiences with group voice training?" to introduce the focus of the interview without suggesting any specific theme. The interviewer expanded on the participant's responses by asking follow-up questions (e.g., "Can you tell me more about that?" or "How do you feel about that?"). The interviewer moved on to specific topics later in the interview. The topic guide was used flexibly. The questions were asked when necessary and when the conversation led to it. Moreover, the questions were not always asked in the same order and were not always phrased in the same way. To allow a continuous exploration of themes, investigator triangulation occurred by adapting the topic guide based on the first three interviews. The topic guide was piloted to evaluate the relevance of the items. When necessary, adjustments to the topic guide were made throughout the course of the research.

4.3.1.2.   Researcher positionality

Qualitative research methods assume that the researcher's identity and relationships with participants influence data collection and analysis (Ahmed, 2018). Therefore, it might be better for researchers to take ownership of their position and try to justify it, instead of imposing an air of detachment (Ahmed, 2018; Merriam & Tisdell, 2015).

Krenn H. is a cisgender woman (pronouns she/her) and a master student in speech and language sciences. She conducted, transcribed, and coded all interviews. She was responsible for data analysis, and manuscript writing as well. She was part of the investigator triangulation as she is the author of this dissertation.

D'haeseleer E. (SLP, PhD) is a cisgender woman (pronouns she/her) and an associate professor in SLP. She is the promotor (senior investigator) of this research and has 16 years of clinical and research experience in voice and 6 years in transgender voice. She is a member of a multidisciplinary gender team and the World and European Professional Association of Transgender Health. She is responsible for the conceptualization, methodology and supervision of the research project. She was one of the SLPs who provided the group sessions.

Leyns C. (SLP, PhD) is a cisgender woman (pronouns she/her) with 7 years of experience in voice and 4 years of experience in transgender voice. She has been researching the effectiveness of speech training for transgender women during her PhD. She is a member of a multidisciplinary gender team and the World and European Professional Association of Transgender Health since 2019. Her role on this project was

supervision, data analysis, investigator triangulation. She was one of the SLPs who provided the group sessions.

Alighieri C. (SLP, PhD) is a cisgender woman (pronouns she/her) with 6 years of clinical and scientific experience in speech and 4 years of experience in qualitative research with multiple qualitative publications. During this project, her role consisted of supervision, and interpretation of the data (as researcher with a qualitative research background).

Papeleu T. (MS, SLP) is a cisgender woman (pronouns she/her) with 2 years of clinical and research experience in transgender voice. She is a member of a multidisciplinary gender team. She was also one of the SLPs who provided the group voice training sessions and was part of the investigator triangulation because of her experience as an SLP with transgender persons.

Kerckhof M. (MS) is a clinical psychologist with expertise in qualitative research, and also a transgender man (pronouns he/him). He is part of the multidisciplinary gender team. He was part of the investigator triangulation as a psychologist on the gender team from a gender diverse background.

De Wilde J. (MS, SLP) is a transgender woman (pronouns she/her) with research experience in transgender voice during her master education. She is an elite vocal performer, and she was part of the investigator triangulation (as SLP who can also advise from a transgender background).

4.4. Data analysis

The collected data were analyzed to discover common and recurring themes in the data (Verbeek et al., 2020) by labelling key words, ideas, and opinions generated through semi-structured interviews. Coding of the data emerged in five themes. These themes were grouped into categories that were relevant to the research aims. To refine categories, open and axial methods of coding were used (Holloway & Galvin, 2016). To produce a good thematic analysis, the six phases of Clarke and Braun (2013) helped to lay out the process. The phases are as follows: 'familiarizing yourself with the data', 'generating initial codes', 'searching for themes', 'reviewing potential themes', 'defining and naming themes', and 'producing the report' (Clarke & Braun, 2013; Szedlak et al., 2015). In phase one, the researcher transcribed the interviews by themselves and read these transcripts thoroughly (several times). In phase two, different codes were assigned to interesting parts of the transcripts in a thematic and structured manner. In the third phase, the different codes were compiled into potential themes, collecting data from these codes under these themes. In the next phase, the different themes found were analyzed to see if they matched the coded extracts from the transcribed interview. In phase five, the names of the themes were revisited, and appropriate names were found with the themes being better specified when possible. In the final phase, a report was obtained in which the themes

with additional codes emerged with matching quotes. These quotes were translated from Dutch to English in this dissertation.

The interviews conducted were transcribed verbatim by the researcher, obtaining interview transcripts. The data analysis was performed using the qualitative analysis software program NVivo 12 © (NVivo, 2018; Phillips & Lu, 2018; Tiwari & Kaurav, 2022). The interview transcripts were analyzed using the consensual qualitative research (CQR) method to find several main themes and subthemes (Hill & Knox, 2021).

4.4.1. Trustworthiness

Trustworthiness of the data was ensured through investigator triangulation. Investigator triangulation is used to verify generalisability in the study, and multiple experts are involved in the study (Holloway & Galvin, 2016). Investigator triangulation was performed twice. During the first investigator triangulation, the researchers went over the first-found information form the first three interviews and decided which topics we wanted to obtain more information on. Three researchers participated in this first investigator triangulation (dr. Leyns, drs. Papeleu, Krenn H.). Two of the three researchers were responsible for giving the group training sessions. The other researcher (Krenn H.) was in charge of conducting the interviews. During this investigator triangulation, it was concluded that the topic guide needed to be further supplemented with questions on the social aspect of the group training sessions. During the second investigator triangulation, four researchers were present. The information from interviews four to six was reviewed. Two of these researchers (dr. Leyns, drs. Papeleu) were in charge of leading the group training sessions. Additionally, a psychologist from the gender team of the Ghent University Hospital (Kerckhof M.) also participated in this investigator triangulation, who provided valuable insights on the content of these interviews. In addition to this, speech-language pathologist (SLP) with a transgender woman experienced in academic research (De Wilde J.) also provided her notes on these interviews, which was discussed during the second investigator triangulation. During this investigator triangulation, the topics of the interviews were discussed in detail among all researchers. The final researcher (Krenn H.) conducted the interviews with the participants.

Continually reviewing the topic guide increased procedural reliability. Maintaining accurate field notes which noted the observations of the researcher through the data collection process ensured reliability (Connelly, 2016). An audit trail was also performed to increase trustworthiness (Carcary, 2009). Everything that happened during the research was documented in such way that third parties could understand how the research data was obtained. Data saturation occurred after six interviews, so one additional interview was conducted to confirm this saturation. No more new codes were found in this interview, so saturation was validated at this point.

5. RESULTS

Seven trans women (AMAB) participated in this study. The age of the participants ranged from 20 to 57 years, with a mean age of 32 years (*SD*: 12,3). The characteristics of the participants were presented in Table 2.

Based on the data analysis, four main themes were discovered: (1) impact of the group voice training, (2) interaction with co-participant(s), (3) therapist influence, and (4) differences with individual sessions. These themes were divided into different subthemes, presented in Table 1. These are described more explicitly in further detail. Each theme is supported with different quotes, translated from Dutch to English. A summary of the themes and corresponding quotes can be found in Appendix C (cfr. Table 5: 10.3). A summary of the original quotes in Dutch can be found in Appendix D (cfr. Table 6: 10.4).

Table 1: Overview of main themes and subthemes

Main themes	Subthemes
1. Impact of group voice training	1.1. Difference between the start and end of a group session 1.2. Practical aspects 1.3. Atmosphere during the group voice training session 1.4. Voice related experiences 1.5. Self-development 1.6. Feelings of the participant
2. Interaction with co-participant(s)	2.1. Positive and constructive two-way feedback 2.2. Interactive conversations 2.3. Getting to know peers 2.4. Influence of co-participant's personality 2.5. Comparing with co-participant(s)
3. Influence of the therapist	3.1. Counselling and monitoring 3.2. Therapist role
4. Differences with individual sessions	/

Table 2: Characteristics of the participants

Participant	Age (years)	Gender identity	Family composition	Education level	Social transition	Date last group training session	Number of group sessions attended	Number of co-participants	Content group session(s)	Location where group sessions were followed
1	31	Trans woman	Residing with parents	Bachelor	2018	September 2021	4	Session 1: 1 Session 2: 1 Session 3: 2 Session 4: 2	Spontaneous speech practice, voice exercises in group	Ghent University Hospital
2	38	Trans woman	Living alone	Bachelor	2022	December 2022	1	Session 1: 1	Voice feminization: spontaneous speech practice, voice exercises, reading fragments of text aloud in group	Ghent University Hospital
3	24	Trans woman	Residing with parents	Secondary school	2022	December 2022	1	Session 1: 1	Practice on voice in spontaneous speech and voice exercises	Ghent University Hospital
4	57	Trans woman	Living alone	Bachelor	2020	February 2023	1	Session 1: 1	Voice exercises, introducing each other (spontaneous speech), reading text sentence by sentence	Ghent University Hospital
5	28	Trans woman	Residing with parents	Bachelor	2020	October 2022	4	Session 1: 2 Session 2: 2 Session 3: 2 Session 4: 2	Viewing the voice parameters, voice exercises: word, sentence and text level, dialogues, and stories (spontaneous speech), songs	External private practice in the Netherlands
6	27	Trans woman	Residing with parents	Bachelor	2020	March 2023	3	Session 1: 1 Session 2: 1 Session 3: 1	Spontaneous speech about current events and arguments, trivial questions, and voice exercises	Ghent University Hospital
7	20	Trans woman	Residing with parents	Secondary school	2020	March 2023	4	Session 1: 1 Session 2: 2 Session 3: 1 Session 4: 2	Getting to know each other (spontaneous speech), voice exercises (e.g., lax vox), reading exercises and speaking spontaneously again	Ghent University Hospital

5.1. Impact of group voice training

Participants ($n = 6$) reported that they experienced the group training sessions as valuable and meaningful. Participant 7 did not indicate that she found the group sessions valuable, but rather an enriching experience. Participants 6 and 7 felt that the group training sessions were a great start toward developing their own voice.

> *"I can imagine, however, that for someone who has not yet made the transition to using that voice at all times, this might be a nice first step." (Participant 6)*

Participants ($n = 5$) also mentioned that the group training sessions are rather a logical continuation of the individual sessions. These participants mentioned they would not immediately conduct group training sessions before starting with individual voice training sessions. Participant 6 likewise stated that the group training sessions could not substitute but could complement the individual voice training sessions.

> *"Yeah, I have found that both individual sessions and group lessons hold a lot of value, so I wouldn't want to do them separately. However, I prefer to start with one-on-one sessions and then join group lessons. This makes for an easy entry, as I mentioned earlier." (Participant 5)*

Additionally, participant 6 also interpreted that it would possibly be interesting to make return visits to the psychologist/sexologist before participating in a group training session. The participant mentioned that this way, it can be checked whether one is also mentally ready to practice the new voice in front of co-participants. However, this participant did self-report feeling ready to participate in group voice training. Rather, she suggested this as an advice for the SLP in situations where others would be hesitant to participate in the group voice training sessions.

5.1.1. Difference between the start and end of a group session

Participants ($n = 5$) noted an evolution throughout the group training session. At the beginning of the sessions, feelings of stress, tension, and discomfort were experienced by these participants. Additionally, several participants ($n = 4$) often had numerous questions about the proceedings of the group training session and about their co-participant(s). Participant 4 experienced anticipatory stress prior to the group training session due to a lack of familiarity with the protocol of a group training session. Conversely, Participant 7 expressed a higher likelihood of experiencing stress as she personally feels hesitant to initiate conversations with unfamiliar individuals. This participant expressed that the onset of stress occurred just prior to the commencement of the group training session. The other participants did not specify the exact moment when their stress emerged.

> *"I am someone who often feels the need to assess a situation when encountering someone new and ask myself questions such as if they're a good person or not, what they might think of me and what I think of them, causing some internal stress." (Participant 3)*

This stress disappeared once the group training session started, participants 5 and 7 mentioned. The other participants did not specify when their stress subsided. Participant 5 also felt that during the beginning of her first group training session, she had to 'push through' slightly before she felt comfortable. They indicated that they experienced the group voice training sessions as exciting in the beginning.

> *"The tension leading up to the group voice training session was intense, but once we began the session, the tension dissipated immediately." (Participant 5)*

The end of the group training sessions was accompanied by a sense of accomplishment, increased self-confidence, and the experience to dare (to speak) more in all participants ($n = 7$). Participant 2 mentioned feeling spontaneous and good after her first group voice training session, she experienced a sense of satisfaction. Feelings of openness towards their peers and towards new events were also experienced more toward the end of the group training session.

> *"It is also similar to that. Yes, I have already experienced that shyness, I have felt it before, and it is like a moment of accomplishment. You've come a long way and giving yourself a 'thumbs up' for daring to do it is a great feeling. I took another step and crossed another threshold." (Participant 1)*

5.1.2. Practical aspects

Difficulties associated with group training sessions included several practical aspects. For example, participants ($n = 3$) mentioned that the size of the group could influence whether they would participate in the group session or not. Participants 2, 3, and 4 expressed a preference for smaller groups, consisting of one or two co-participants, whereas larger groups (four or more co-participants) were perceived as unpleasant and less comfortable by these participants.

> *"If I had to sit with eight, ten, or even more than ten people in the same room, it would be a little less easy, although not exactly embarrassing. For instance, if we had to sit with more than five or six participants today, I may have trouble speaking." (Participant 3)*

In contrast, two participants (participants 2 and 4) indicated that they were also curious about a larger group. With a larger group, there are more peers who can give feedback and from whom you gain more insights.

Furthermore, a larger group could ensure that the participant gets a broader view of voice. Participants prefer a small group because it feels comfortable, but on the other hand a group that is large enough to get different views on e.g., voice. Then again, this group should not be too large so that participants do not feel intimidated by each other either, as these participants mentioned.

> *"I participated with two individuals, and I am curious to see how it would differ with a larger group. It has the potential to be better, worse, or just different. I cannot say for certain, but I am simply curious about the possibility of doing it with three, four, or even five people." (Participant 4)*

Environmental conditions also influenced the experience of the group training sessions. The participants ($n = 3$) mentioned that it was an added value that the group training sessions were given in a controlled environment. A controlled environment was seen as an environment where a caregiver monitors events and where the participant receives guidance according to their needs. The environment where these participants followed their session was the speech lab of Ghent University Hospital, where their individual sessions also took place. This controlled environment gave a sense of security. Furthermore, this environment also gave a sense of security since they already were familiar with the place.

> *"A safe environment with an SLP who could adjust in case of any unexpected occurrences, rather than just in day-to-day situations." (Participant 6)*

Contrary to this, two participants (participants 4 and 6) were interested in organizing the group training session(s) outside of the clinical setting. These participants expressed interest in organizing a group voice training session, for instance, in the hospital cafeteria, or at a location where the LGBTQIA+ community gathers. They indicated that this would allow them to practice their voice in a real-life environment, which is what people practice for.

The fact that a group training session is longer in duration than a traditional individual training session (± 45 min. – 60 min. instead of 30 min.) was seen as an interesting advantage by participants 4 and 5. In addition, one hour was also considered an acceptable length of time for the group training sessions by participant 5.

> *"Group training can also have a longer duration, which I find interesting. It allows for more extensive conversations. Otherwise, individual sessions are limited to a maximum of half an hour, which feels quite short. When you gather in a group with different individuals, the conversations can be longer." (Participant 4)*

It was often a challenge to balance all the agendas of the participants and the therapist to find a suitable date for a group training session ($n = 4$).

5.1.3. Atmosphere during the group voice training session

The participants (n = 5) reported that the atmosphere in the group training session(s) was more informal than in the individual session. They also reported experiencing a positive atmosphere, namely a pleasant, warm, relaxed, open, and calm atmosphere.

> *"Group training is also more relaxed and informal compared to standard one-to-one sessions. I find this aspect meaningful and enjoyable. Even though you're still working on yourself, it doesn't feel like work." (Participant 6)*

Additionally, participants 2, 4, and 7 indicated that not only the participant, but also the co-participant was responsible for the atmosphere during the group session. Thus, they indicated that they themselves were not only responsible for the atmosphere during the group training sessions but also recognized the vital role of their co-participants regarding the atmosphere. Participant 4 specified the following:

> *"I was immediately reassured by her entrance, appearance, and way of speaking. Everything felt okay right from the start." (Participant 4)*

5.1.4. Voice related experiences

The group training sessions focused on practicing voice in spontaneous speech. Three participants indicated that they must already have some degree of comfort with their voice before participating in group voice training.

> *"People need to be comfortable with their progress or the ongoing process before they can open up and share it with their peers." (Participant 6)*

Three participants mentioned a relapse into old habits, back to the old pitch. These participants' explanation for this event was that they were more at ease when they spoke spontaneously. Participant 2 mentioned relapsing to their old habits when she should be using her new voice and should apply the exercises she had learned. This relapse was not necessarily perceived as something bad by participants 4 and 6. The participants were practicing, but it was not really noticed by the participant as practicing, due to the setting and practice on spontaneous speech, participant 6 mentioned. Participant 7 also indicated even forgetting at times that they were present in a group voice training setting, as this setting was relaxed.

> *"I didn't find it worrisome at all when I noticed the drop in pitch. It was acceptable, and the SLP wasn't concerned either." (Participant 4)*

The group training sessions were seen as a valid way to measure to which extend the techniques and methods are already known and can be applied in spontaneous speech ($n = 6$). The vocal techniques practiced in the individual training sessions could be subjected to an initial test of automatization during the group training session, these participants mentioned. Additionally, participant 1 noted that they could also experience which voice techniques they preferred to use over others, and this in a safe and controlled environment.

> *"Practicing in a group is a good way to assess how well techniques and methods have been internalized and automated." (Participant 4)*

However, the participants ($n = 5$) mentioned that during the group training session, the focus decreased on the effective vocal techniques due to focusing on the application of the vocal techniques rather than on the vocal techniques themselves. Participant 6 indicated that she could focus more on the content of the conversation, thus focusing on applying her new voice, rather than finding her new voice. Participant 7 stated it was a disadvantage that voice was not practiced as intensely during group training sessions compared to individual sessions. Participant 1 indicated that when working with the therapist in an individual voice training session, all attention was focused on voice practice, and that this went somewhat lost in group voice training sessions. Contrastingly, participants 1 and 7 indicated that it was more comfortable that their voices could rest often because they did not have to be conscientious as in an individual session, since a constant focus on the voice was perceived as tiring by these participants.

> *"While practicing spontaneous speech, there came a point where our concentration diminished. Our attention was diverted, and we observed that as we spoke more spontaneously, our speech became a bit sloppier." (Participant 4)*

When voice exercises were practiced together with the co-participant(s), the voice exercises were rather perceived as strange and uncomfortable by most of the participants ($n = 5$). On the other hand, the participants ($n = 3$) expressed their understanding that this is simply part of the training process. Hearing the other person practicing the voice exercises also helped to lower the threshold to perform the voice exercises, participant 6 mentioned.

> *"The voice exercises felt a bit uncomfortable, as they were unusual, but knowing that everyone else was doing them too made it less weird." (Participant 4)*

Four participants said that they considered it important to be at approximately the same level as the co-participant(s) in terms of voice level. An (approximately) equal voice level was perceived as comfortable and agreeable, where confidence could be depleted, these participants mentioned.

"I also felt that since our tonalities and voice levels were similar, it was even better. I could compare my voice with the other person's voice, which made me more confident and willing to participate." (Participant 3)

5.1.5. Self-development

All participants (*n* = 7) indicated that they were going through personal self-development with the help of the group training sessions. Three participants indicated that they learned to be more who they truly are. Thus, these participants indicated that it was nice they could give their own opinion. Additionally, participant 1 and 6 indicated that they learned to be gentler with themselves, as people are often harsher on themselves than on others.

"You also notice that sometimes it's easier to encourage someone else when you're listening to them, but when you listen to yourself, it can be more 'black and white'." (Participant 1)

Nonetheless, four participants experienced the group training sessions as a potential threshold, taking the participants out of their comfort zone. Participant 5 also indicated that this experience lowered the threshold to try out her new voice in daily life, due to the positive experiences in the group voice training sessions. After participating in a group session, five participants indicated that they felt proud of themselves because they dared to participate in the group voice training. These participants experienced this as daring to take the next step.

"I also think that participating in group training has a high threshold. I personally wouldn't have participated at the beginning of the training process, as I needed to be further along. It's not something I would have said yes to at that point." (Participant 1)

5.1.6. Feelings of the participant

All participants (*n* = 7) mentioned both positive and negative experiences. Positive experiences cited by the seven participants were noted as "pleasant", "cosy", and "interesting". In addition, participants 2 and 6 found the group training sessions enjoyable, and participant 5 experienced reassurance. Five participants mentioned an atmosphere of positivism. The following positive feelings were described by all participants (*n* = 7): comfortable, familiar feelings, enthusiasm, feelings of equality and a sense of acceptance, motivation, and feelings of self-confidence.

"Actually, I felt quite happy and satisfied. I didn't have specific expectations for individuals but rather technical expectations, and I was pleasantly surprised by the social aspect of the

experience. Making contacts and interacting with others left me quite satisfied and happy."
(Participant 6)

"Yes, it was a very positive and valuable experience. It was a lot of fun, and I looked forward to each appointment. We would chat before the session, which added to the enjoyment. Overall, it was a nice and positive experience that didn't last long enough." (Participant 5)

Besides positive experiences, negative experiences were also present ($n = 3$). The group training sessions were perceived as "confrontational", "requiring effort", and "embarrassing" by three participants. Participant 2 also questioned what would happen if she did not align with her co-participant(s). Negative feelings such as fear of failure, tension, jealousy, shame, and fear of speaking occurred in five participants. Furthermore, participant 3 and 5 mentioned that the group training sessions were fatiguing, as they lasted longer in time than individual sessions, and that personal contact with co-participants was perceived as intense.

"While attending the session for yourself, there is also a fear of failure, feeling weird, or suddenly losing your voice. So, there was some tension and fear, but it was still a very pleasant experience." (Participant 5)

"In the end, you might also have the misfortune of encountering someone who doesn't like you. Those kinds of situations can happen." (Participant 2)

5.2. Interaction with co-participant(s)

The social aspect of group voice training was another factor that caused participants ($n = 5$) to participate in the group training sessions. Feelings of solidarity and cohesiveness emerged among participants 1, 3 and 5. Several participants ($n = 6$) indicated that meeting peers gave a certain connection between each other. Helping each other feeling positive and motivating each other was a crucial factor in the group training sessions, participants ($n = 5$) mentioned. Participant 6 indicated that she could connect with people she could identify with. In turn, participant 4 indicated that she is active in the community and is very interested in other people and their stories, experiencing the connection with others as warm and pleasant. According to her, this is in stark contrast with the sometimes individual experiences in their transition and their new gender identity in the community.

"Yes, it was good. I immediately felt a strong connection and acceptance. The bond with the other girls in the group was perfect." (Participant 5)

It was also mentioned that the participants ($n = 5$) found support from each other, they motivated each other, and listened to each other. Additionally, participants 2 and 4 found reassurance from the co-participant(s).

"In a group session, you can give positive feedback to others, which gives them a positive feeling. It's not just about yourself; you're also actively engaged with others, offering positive comments and receiving them in return." (Participant 2)

Participants (*n* = 5) told that they learned from each other, especially from comments and observations made by each other. The participants learned both about the use of the other person's voice, but also about the fact that the other person might have a different perspective on certain issues.

"You also learn from comments and remarks made by others who hear you speak and vice versa. You learn from their approaches and compare them to your own." (Participant 2)

One participant also expressed interest in learning about the voice of other gender identities:

"Experiencing the differences between people with different gender identities is meaningful. It's interesting to see how trans women, and especially trans men, and nonbinary individuals navigate their own unique journeys while still having similarities." (Participant 1)

5.2.1. Positive and constructive two-way feedback

Two topics regarding feedback were mentioned by the participants (*n* = 5). Positive feedback was obtained from the co-participant. Alongside this, the feedback worked both ways, as the participants themselves gave feedback to the co-participant as well. Thus, people interacted with each other (*n* = 5).

"The reversed case is also true. For example, someone mentioned that my spontaneous laughter sounded very masculine, and it was interesting to receive feedback different from what I was used to from my speech therapist." (Participant 4)

Hearing the other person practicing gave positive feedback as well (*n* = 4). Hearing a co-participant practice their voice gave an extra social dimension where it was perceived beneficial to meet someone else working on the same issue, participant 5 mentioned.

"Well, you hear another trans woman in my case, just practicing her voice and also trying to develop it. This gave me very positive feedback as well, like I'm not the only one, or something like that." (Participant 5)

The speech therapist themselves also asked the participants to give feedback to each other, which was perceived as positive by participant 2.

"Try to apply the exercises you have seen in the individual sessions in a group session like that... well, at that point, I also heard from someone else how I do it. The speech therapist asked X what she thinks of Y, how does she do it, yes, like that." (Participant 2)

5.2.2. Interactive conversations

During the group voice training session(s), there was time to ask questions and have an open conversation (n = 6). Additionally, there was time to argue with each other. Participants 4 and 5 mentioned they actively listened to each other, and spontaneous conversations took place. A fluent, positive interaction with the co-participant(s) was necessary here. Arguing with each other was seen as a great advantage by participant 3.

"By interaction, I mean... How we experience group voice training... you also gave this reaction... You also ask each other several questions - how do you feel when you talk? Is that difficult for you? The other person then replies, eh or yes and vice versa... You are more open, more spontaneous. This also emerges more when you participate in a group session." (Participant 2)

Experiences and difficulties were shared between participants (n = 4). These experiences included voice-related issues but also issues that transcended voice.

"...You hear different experiences from the other person who faces the same situation. You also learn more from that person and how they experience it." (Participant 2)

5.2.3. Getting to know peers

Participants (n = 6) expressed curiosity, enthusiasm, and inquisitiveness to meet new people, whether or not from the community. The connection between participants was therefore reiterated here. Getting to know peers was seen as a benefit of group voice training. These participants also expressed the importance of knowing they were not alone, and that their experiences followed a similar path. They found it valuable to be aware that there were others undergoing the same process and therapy journey.

"Actually, yes, I did feel a need for more, not only meeting peers but also exploring together in this context... I was especially very excited and curious." (Participant 6)

5.2.4. Influence of the co-participant's personality

Participants (n = 6) indicated that the personality of the co-participant also plays a role. It was mentioned by four participants that if there was a timid or introvert person in the group, the concept of group voice training might be more difficult for these individuals.

> *"For someone who is a bit timid, quiet, introverted, that must be harder, but for me, I'm an open person. For me, that would be more fun." (Participant 2)*

Contrastingly, it was mentioned that group voice training sessions might be helpful for timid people, giving them a chance to emerge from hiding. In addition, it was then again mentioned that if one is rather dominant, this could possibly mean a hazard of that individual dominating the conversation somewhat.

> *"...then you also have the tendency that some people tend to dominate the conversation, and some people may want to hide away a bit or say, 'It is good that I do not have to say much here.'" (Participant 1)*

5.2.5. Comparing with co-participant(s)

Differences with the co-participant(s) were also noted. For instance, participants (n = 4) indicated different perceptions of group voice training, and occasionally different reactions and interests. These differences were perceived as interesting, and it was enjoyable to hear a different point of view. Participant 5 indicated that she noticed the difference in interests and that she was okay with this, as she found it pleasant to learn a different perspective on different topics.

> *"You did feel that difference in interests, but that's okay in itself too. But it's nice to hear different perspectives on all those things." (Participant 7)*

One difference three participants considered important was the difference in age. These participants indicated that it was more difficult to find a connection with each other if the co-participant differed significantly in age, especially if the co-participant was older. An approximately equal age was perceived as bonding by participant 5. Nonetheless, participant 5 indicated that it would be interesting if a session were to take place involving an individual who is much older.

> *"I did find it very relevant in the first session. This session was with a person who was significantly older than me. With her, I found it harder to identify myself with." (Participant 6)*

Differences in voice were heard during the group voice training sessions. Thus, participants 4, 5, and 6 indicated that they found it interesting how everyone managed their voices. Active listening to the other individual was cited by participant 4 as an important aspect to gain a broader view of voice.

> *"If you are practicing with someone else, by listening carefully to them, you can actually hear how that person says something, how they handle a certain situation. Do they talk higher? Do they talk lower? Does it make a difference? Or do they use more intonation? Just listening to others also creates a wider frame of reference." (Participant 4)*

In addition, participants (n = 4) indicated they compared their voice with the co-participant's voice. Both positive and negative sentiments emerged on this. These participants indicated that they benefited from hearing the voice of their co-participant(s), but it was sometimes confrontational when their co-participant was already more advanced in terms of voice. Participants 2 and 5 indicated that they felt 'positive jealousy' towards their co-participant(s). They experienced on one hand a sense of pride towards their co-participant(s), that they had already come to this point with their voices, on the other hand jealousy as in the fact that they would also prefer to have already reached this stage with their voices and their transition in it's whole.

> *"Though I think it's more relevant what you think of a voice you hear from another, and to link that to what you think about your own voice, different than what the other person thinks about their own voice, so actually, it's purely about your own opinion in this situation." (Participant 6)*

> *"She's been on hormones for a while. It's just the complete picture which, for me, is also just very cool. Which I also look forward to, which I have a bit of jealousy for, just positive jealousy." (Participant 5)*

5.3.   Influence of the therapist

The presence of the therapist also affected the experience of group voice training. Hence, the relationship with and personality of the SLP was a crucial element for the participants (n = 5). Three participants felt it was important to already know the therapist before participating in the group training session. Good contact was vital for a pleasant experience, these participants mentioned. Participant 4 described the therapist's demeanour as "relaxed directing".

> *"To be familiar, but especially with that speech therapist who pretty much supervised those group training sessions, and that you do know, yes, that's speech therapist X, no problem, all good." (Participant 6)*

5.3.1. Counseling and monitoring

Receiving feedback from the SLP on their spontaneous speech in a controlled environment was seen as an advantage by four participants. These participants perceived guidance in a relaxed, open manner by the therapist as encouraging. Participant 6 indicated that the therapist's attitude also contributed since the group training was embedded in a social context, the atmosphere was looser, which allowed a more relaxed interaction with the therapist. In addition, this participant indicated that this created a safe context and gave opportunities to talk and discuss with each other.

> *"Managing the progression actually very well, without actually really going to impose that or anything or being very strict, just yes, managing the session in a very relaxed way." (Participant 4)*

5.3.2. Therapist role

The role of the SLP during the group training sessions was described by the participants ($n = 5$) as mediating and observing. These participants considered it valuable that the therapist ensured a balance of time to practice voice between all the participants in the group voice training session. Participant 1 noted that the SLP helped to get the conversation going without intervening too much.

> *"There is a very important role for the speech therapist to make sure there's a balance between speech time, so if you have someone who is very chatty and someone who is rather reclusive, the balance might not be completely drawn to that person who is a bit more introverted, perhaps speaking less." (Participant 4)*

Contrary to the above, it was perceived positively if the SLP not only led the group voice training, but also participated actively during the group training session by several participants ($n = 2$).

> *"The SLP was really involved in the session. She was actively participating, reading along, talking along, and laughing along. She showed a positive attitude, made comments, and created a welcoming atmosphere. I was completely engaged in that positive environment." (Participant 3)*

5.4. Differences with individual sessions

Discrepancies were noted with the individual voice training sessions, all participants mentioned ($n = 7$). Two participants also mentioned comparing themselves to their ideology, both within and beyond group voice

training. The group training sessions were rather seen as a reality check, they realized that one must go through several phases before a certain result can be achieved, three participants mentioned.

> *"Because sometimes when you see that on TV, you might think, 'Wow, they speak like that all the time. Nicely done!' But I don't know how she achieved that. Maybe she learned through YouTube or, like me, through speech training. However, there are still steps that we need to take." (Participant 3)*

When questioned about the distinctions between the group voice training sessions and the individual voice training sessions, the participants ($n = 5$) conveyed that they perceived the individual sessions as being more clinical, technical, measurable, and methodical, while considering the group training sessions as more interactive, with greater application of vocal techniques, a more informal atmosphere, and less intense.

> *"I think I would definitely describe the individual sessions as more intense, which makes sense because the entire session focuses on you practicing alone. In group training sessions, you alternate with other people. Sometimes you perform exercises simultaneously, like the lax vox exercises. But when it comes to actual speaking, you take turns. It's not necessarily a bad thing, but it's just less intense." (Participant 7)*

6. DISCUSSION

The aim of this study was to provide insight into the experiences, feelings, and perceptions of gender diverse individuals who attend or have attended group voice training. There was a need for qualitative research on this topic, as it was non-existent to date to our knowledge (Mills et al., 2019; Mills et al., 2017; Quinn et al., 2021).

At the beginning of this study, several hypotheses were formulated regarding this topic, based on a literature study. The first hypothesis indicated that gender diverse individuals could have positive feelings about the group voice training sessions, which could have a positive impact on their well-being, due to the fact that these individuals connect with other gender diverse individuals (Law et al., 2012; Silva et al., 2017). The second hypothesis was that a positive vocal self-perception could be created due to group cohesion and the commonality of the experience (Mills et al., 2019). In contrast, it could be a threshold for transgender individuals to practice their voice in a group setting (Mills et al., 2019; Mills et al., 2017). This could be a potential barrier and disadvantage for gender diverse people, so this became the third hypothesis.

Four themes with underlying subthemes emerged from this research: (1) impact of the group voice training, (2) interaction with co-participant(s), (3) therapist influence, and (4) differences with individual sessions.

All interviews began with a broad open-ended question: 'How did you experience the group voice training sessions?'. This question surveyed the experiences of gender diverse individuals who participated in group voice training. All participants expressed satisfaction after the group training sessions and considered the group voice training sessions as meaningful and adding value to their training process. These results are consistent with the results in the study of Mills et al. (2019), where trans men reported being very satisfied with voice and communication group training. This study discovered that the impact of the group training sessions on participants' perception varied from one participant to another. Certain individuals indicated that the group training sessions were more of a logical extension of the individual sessions. Participants reported that they were comfortable with the fact that individual sessions were involved first before participating in group training sessions. Davies et al. (2015) also mentioned that it is important to eventually apply the learned techniques in everyday life. They expressed that they did not want to practice voice in group immediately, as feelings of fear of failure and insecurity might arise. This was aligned with studies by Adler et al. (2018) and Marijan and Bonetti (2021), as the combination of individual voice training and group voice training can be beneficial for gender diverse individuals. Despite participants reporting feelings of satisfaction after their group training session(s), it is in contrast with their feelings right before participating in a group voice training session. Five participants reported experiencing stress, tension, and discomfort relating to their voice and behavior just before the group training session started. This could be related to speaking anxiety (Leyns et al., 2022). Voice training worked as a facilitator to speak in public, thereby reducing speaking anxiety (Leyns et al., 2022). This may be another reason why individual voice training should be addressed first, before group voice training. Transgender individuals expect more rejection and prejudice due to the prevalence of

mental distress, reducing resilience and ability to cope (Applegarth & Nuttall, 2016; Hendricks & Testa, 2012). In this study, five participants expressed that the therapist's explanation of the group voice training session, including the process, expectations, and basic information about co-participants, could alleviate their prior stress. Interestingly, these participants reported that their stress completely disappeared once the group training session started. This observation suggests a potential challenge in inviting individuals with pre-existing stress related to speaking in a group setting. Further research is necessary to explore this issue in further detail.

The social aspect of group voice training sessions was important to participants, as they were able to meet individuals going through the same process. Thus, solidarity and compassion emerged during these group voice training sessions, where the participants could relate to each other. Mills et al. (2019) also mentioned that group training programs are effective in voice and communication change due to group cohesion, commonality of experience, shared learning, feedback, and witnessing, which is consistent with the findings of this research. What these group training sessions achieved was therefore broader than just the aspect of voice training. Certain participants indicated that a social aspect was a great added value of these group sessions, while others indicated that being able to practice spontaneous speech in a controlled environment was motivating to apply their voice more in everyday life. Pursuing the same goal together gives a sense of belonging and solidarity, as Law et al. (2012) also pointed out in their research. In the study of Law et al. (2012), a different target group (teachers) participated compared to this dissertation (gender diverse individuals). Halsall and Warren (2022) mentioned making connections tangible between gender diverse individuals empowers togetherness. Social experiences and difficulties could be discussed in a safe environment. This can be compared with the findings from the research by Barr et al. (2016). These results suggested that transgender community belongingness is a vital construct in the mental health of transgender individuals (Barr et al., 2016).

Additionally, four participants reported having questions about their co-participant(s): who they are, how are they going to react (to their voice), etc. Furthermore, Law et al. (2012) indicated that more advanced co-participants can model for those who are less experienced. In contrast to the study of Law et al. (2012), this dissertation revealed that participants felt more comfortable when their co-participants possessed a similar voice level, as mentioned by four participants. Furthermore, the participants' familiarity with the SLP contributed to a sense of relaxation and comfort, ultimately leading to their satisfaction with the session. They expressed a desire to become acquainted with the SLP prior to the commencement of the group training session. Feedback could be obtained not only from the SLP, but also from fellow participants. Participants expressed the importance of positive and constructive feedback. This feedback was given to each other, whether or not at the therapist's request. This is consistent with the fact that Marijan and Bonetti (2021) and Mills et al. (2019) mentioned that it can be beneficial for transgender individuals to share experiences with other transgender individuals, as well as to give and receive support from each other. Furthermore, additional research on this topic needs to be conducted.

The results indicated the importance of taking practical aspects into account. Group size was mentioned by three participants as an indicating factor whether or not they would participate in the group voice training sessions. Contradictory results emerged here. Three participants indicated that a large group (four or more co-participants) was more likely to be perceived as uncomfortable. Conversely, two participants indicated that they were curious about the course of a group training session in a larger group. It is important to discuss this issue personally and individually during the individual session before the group training session. This way, it can be explored what the participant expects from a group voice training session and ensured that the participant feels comfortable in the group voice training session. Another contradictory result was that three participants indicated that they found it pleasant that the group training sessions continued in a controlled environment, while two other participants indicated that they were curious about following the group training sessions in a different environment, outside the clinical setting. This could again be evaluated beforehand, during an individual session, to target what seems most comfortable to the participant. Furthermore, this could also be included in the structure of the group training sessions. Through the controlled environment of a group voice training session, these individuals can be given a positive experience that could possibly transfer to daily life and strengthen them in day-to-day events. This cannot currently be found in the literature as this dissertation is a pilot study. As a result, these are valuable findings that can be included and certainly need to be further explored in future research.

In terms of voice, three participants indicated that a certain level of comfort with their voice should already be owned. A slight relapse to old voice habits occurred during practice on spontaneous speech. Two participants indicated that they did not experience this as bad, and that the SLP did not find this very disturbing either. Reassurance from the SLP was an important factor here. Applegarth and Nuttall (2016) noted that the quality of the therapeutic involvement may be subject to variables such as the individual therapist, the readiness of the participant, and the location. This is an interesting observation and can be further kept in mind when an SLP leads a group voice training session.

Referring to the hypotheses, the results of this study are consistent with our hypothesis, as several participants indicated they personally experienced positive feelings regarding the group voice training sessions. A comfortable and familiar feeling was described, which led to a sense of acceptance, motivation, and self-confidence. Davies et al. (2015) mentioned a change in communication is not simply superficial but can reduce gender dysphoria and can improve mental health and QoL, which was in line with the results of this dissertation. The participants reported experiencing a sense of accomplishment and increased self-confidence at the end of the group voice training session. These results confirmed the second hypothesis, as Chadwick et al. (2022) too mentioned that voice training has a key role in empowering individuals to develop a voice that matches their gender identity, providing increased confidence in their voice and communication abilities. The third hypothesis was not fully confirmed by the results of this study. Participants experienced participating in a group voice training session as a barrier. However, this was not necessarily seen as a disadvantage. Crossing this threshold allowed them to have a positive experience in their voice

training trajectory. The participants experienced pride when they dared to cross this threshold. Azul et al. (2022) indicated in their research the importance of an SLP to proactively take responsibility in indicating the thresholds of certain steps in the trajectory and, in doing so, ensure the well-being of the participants. This is important to keep in mind when an SLP would bring up the topic of group voice training sessions in an individual voice training session.

6.1. Limitations

It is important to be mindful of the limitations of this study. In this study, only individuals who identified themselves as trans women were interviewed, as this was the largest population that participated in group voice training sessions at Ghent University Hospital. Additional research is needed regarding the experiences of gender diverse individuals who participated in group voice training, especially amongst trans men and nonbinary individuals. Additionally, only one participant was not attached to Ghent University Hospital. This raises the question of whether the group had sufficient diversity in terms of participant selection. This was limited as gender diverse individuals constitute a minority group (Barr et al., 2016; Schrock et al., 2004). Furthermore, it is important to keep in mind that for some participants it had been a long time since their last group session (cfr. Table 2: participant 1). Three participants also attended only one group training session (cfr. Table 2). It may be possible that these participants had not enough experience to evaluate the group voice training sessions. The interviews were conducted, transcribed, and coded by only one researcher. Hereby, attention had to be paid to ensure that the results were not biased by that one researcher (the writer of this dissertation). Furthermore, this may be an advantage as this researcher stood remarkably close to the results of this study. Investigator triangulation, in turn, ensured that evidence was double-checked, and thoughts were shared. Investigator triangulation is used to verify generalisability in the study, and multiple experts are involved in the study (Holloway & Galvin, 2016). Bans-Akutey and Tiimub (2021) stated the advantages of investigator triangulation. It becomes easy to find certain conflicting data and eliminate those so that this conflicting data do not negatively influence the study's findings, due to a variety of researchers reviewing the data. Moreover, errors are easily noticed and corrected, and eventually completely removed (Bans-Akutey & Tiimub, 2021). During these investigator triangulations, thoughts and opinions on the results were discussed extensively with each other. Additionally, the discovered themes were discussed with the promoters.

7. CONCLUSION

This qualitative study explored the experiences, feelings, and perceptions of group voice training among gender diverse individuals using semi-structured interviews. In conclusion, this study provided insight into the experiences, feelings, and perceptions of gender diverse individuals who attended group voice training. The results indicated that group voice training sessions have a positive impact on the well-being of gender diverse individuals, providing them with a sense of acceptance, solidarity, and self-confidence. Practical aspects, such as group size and environment, should be discussed individually and considered during the group voice training sessions. This study also highlighted the importance of combining individual voice training with group voice training, as they can be beneficial for gender diverse individuals. Stress and anxiety prior to a group training session may arise due to fear of failure, speaking anxiety, and insecurity, which could be reduced through a clear explanation of the course of the group voice training session and some basic information about the co-participant(s) by the SLP. The threshold of participating in a group voice training session was not necessarily seen as a disadvantage, but rather as an achievement when these participants dared to participate in a group voice training session.

Further research is needed to gain a better understanding of the impact of group voice training on the QoL of gender diverse individuals, and to optimize the therapy process. It could be beneficial to explore the ways in which group voice training can be tailored to the needs and preferences of individual participants. SLPs should proactively take responsibility in indicating the thresholds of certain steps in the therapy trajectory and ensure the well-being of the participants. Another area of interest is the impact of group voice training on long-term outcomes, including the QoL of gender diverse individuals. Additionally, it would be useful to examine the potential barriers to participation in group voice training, as well as the best practices for promoting the benefits of group voice training.

Overall, this study has provided valuable insights into the experiences of gender diverse individuals in group voice training. Group voice training can provide a valuable addition to the voice training trajectory of gender diverse individuals. By understanding the needs and perspectives of this population, healthcare providers can better support gender diverse individuals in their journey toward an authentic voice that aligns with their gender identity.

8. DANKWOORD

Graag wil ik mijn oprechte dank betuigen aan iedereen die heeft bijgedragen aan de voltooiing van dit onderzoek.

Allereerst wil ik mijn promotor, prof. dr. Evelien D'haeseleer, bedanken voor haar begeleiding en ondersteuning gedurende mijn masterproef. Daarnaast wil ik mijn co-promotor dr. Clara Leyns bedanken voor haar waardevolle feedback en steun tijdens het uitwerken en schrijven van mijn onderzoek. Hun bereidheid om hun onmisbare kennis en expertise op het gebied van transgenderzorg te delen is van groot belang geweest. Bedankt voor het beantwoorden van mijn talrijke vragen en de onschatbare hulp bij het begeleiden van de interviews. Ook wil ik mijn co-promotor dr. Cassandra Alighieri hartelijk bedanken voor haar expertise en begeleiding bij het opzetten en ontwikkelen van deze kwalitatieve studie. Haar wetenschappelijk inzicht en schrijfadvies zijn van onschatbare waarde geweest in dit onderzoek.

Verder gaat mijn dank uit naar drs. Tine Papeleu voor haar hulp bij het zoeken naar participanten en haar waardevolle inzichten tijdens de onderzoekerstriangulatie. Ik wil ook Mauro Kerckhof en Jana De Wilde bedanken voor hun hulp en inzichten tijdens de onderzoekerstriangulatie. Hun bijdragen zijn van grote waarde geweest voor de voortgang van mijn onderzoek. Daarnaast dank ik graag Katrien Eerdekens en Astrid De Vries voor hun waardevolle hulp bij de zoektocht naar participanten voor deze studie.

Verder wil ik mijn oprechte dank uitspreken naar alle personen die bereid waren deel te nemen aan de interviews. Zonder uw medewerking zou dit onderzoek onmogelijk zijn geweest.

Tot slot wil ik mijn familie en vrienden bedanken, wiens onvoorwaardelijke steun en aanmoediging van onschatbare waarde waren tijdens dit onderzoek. Jullie geloof in mij heeft me geïnspireerd en gemotiveerd om door te zetten, zelfs in de meest uitdagende momenten. Ik ben jullie zeer dankbaar voor de constante steun tijdens mijn studie.

9. REFERENCES

Abrahamsson, M., Millgard, M., Havstam, C., & Tuomi, L. (2018). Effects of Voice Therapy: A Comparison Between Individual and Group Therapy. *Journal of voice : official journal of the Voice Foundation*, *32*(4), 437-442. https://doi.org/10.1016/j.jvoice.2017.06.008

Adler, R. K., Hirsch, S., & Pickering, J. (2018). *Voice and communication therapy for the transgender/gender diverse client: A comprehensive clinical guide.* Plural Publishing.

Ahmed, A. A. (2018). Trans Competent Interaction Design: A Qualitative Study on Voice, Identity, and Technology. *INTERACTING WITH COMPUTERS*, *30*(1), 53-71. https://doi.org/10.1093/iwc/iwx018

Aires, M. M., de Vasconcelos, D., Lucena, J. A., Gomes, A. O. C., & Moraes, B. T. (2021). Effect of Wendler glottoplasty on voice and quality of life of transgender women. *Brazilian journal of otorhinolaryngology.* https://doi.org/10.1016/j.bjorl.2021.06.010

Almeida, L. N. A., Fahning, A. K. C. A., Trajano, F. M. P., Anjos, U. U. d., & Almeida, A. A. F. d. (2015). Group voice therapy and its effectiveness in the treatment of dysphonia: a systematic review. *Revista CEFAC*, *17*, 2000-2008.

Anthony, R. (2021). Outcome Measures and Demographic Representation of Voice Studies of Transgender People: A Scoping Review.

Applegarth, G., & Nuttall, J. (2016). The lived experience of transgender people of talking therapies. *INTERNATIONAL JOURNAL OF TRANSGENDERISM*, *17*(2), 66-75. https://doi.org/10.1080/15532739.2016.1149540

Azul, D. (2016). Gender-related aspects of transmasculine people's vocal situations: insights from a qualitative content analysis of interview transcripts. *INTERNATIONAL JOURNAL OF LANGUAGE & COMMUNICATION DISORDERS*, *51*(6), 672-684. https://doi.org/10.1111/1460-6984.12239

Azul, D., & Hancock, A. B. (2020). Who or what has the capacity to influence voice production? Development of a transdisciplinary theoretical approach to clinical practice addressing voice and the communication of speaker socio-cultural positioning. *International Journal of Speech-Language Pathology*, *22*(5), 559-570. https://doi.org/10.1080/17549507.2019.1709544

Azul, D., Hancock, A. B., Lundberg, T., Nygren, U., & Dhejne, C. (2022). Supporting Well-Being in Gender-Diverse People: A Tutorial for Implementing Conceptual and Practical Shifts Toward Culturally

Responsive, Person-Centered Care in Speech-Language Pathology. *AMERICAN JOURNAL OF SPEECH-LANGUAGE PATHOLOGY*, *31*(4), 1574-1587. https://doi.org/10.1044/2022_AJSLP-21-00322

Azul, D., Nygren, U., Sodersten, M., & Neuschaefer-Rube, C. (2017). Transmasculine People's Voice Function: A Review of the Currently Available Evidence. *Journal of voice : official journal of the Voice Foundation*, *31*(2), 261 e269-261 e223. https://doi.org/10.1016/j.jvoice.2016.05.005

Bans-Akutey, A., & Tiimub, B. M. (2021). Triangulation in research. *Academia Letters*, *2*.

Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of counseling psychology*, *63*(1), 87-97. https://doi.org/10.1037/cou0000127

Bowman, C., & Goldberg, J. (2006). *Care of the patient undergoing sex reassignment surgery (SRS)*. Crhc/csac.

Cantarella, G., Torretta, S., Ferruta, S., Ciabatta, A., Manfredi, C., Pignataro, L., & Dejonckere, P. (2017). Multidimensional Assessment of the Effectiveness of Group Voice Therapy. *Journal of voice : official journal of the Voice Foundation*, *31*(6), 714-721. https://doi.org/10.1016/j.jvoice.2017.02.004

Carcary, M. (2009). The research audit trial—enhancing trustworthiness in qualitative inquiry. *Electronic Journal of Business Research Methods*, *7*(1), pp11-24-pp11-24.

Center, N. L. H. E. (2020). *LGBTQIA+ Glossary of Terms for Health Care Teams*. National LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/02/Glossary-2022.02.22-1.pdf

Chadwick, K. A., Coleman, R., Andreadis, K., Pitti, M., & Rameau, A. (2021). Outcomes of Gender-Affirming Voice and Communication Modification for Transgender Individuals. *The Laryngoscope*. https://doi.org/10.1002/lary.29946

Chadwick, K. A., Coleman, R., Andreadis, K., Pitti, M., & Rameau, A. (2022). Outcomes of Gender‐Affirming Voice and Communication Modification for Transgender Individuals. *The Laryngoscope*, *132*(8), 1615-1621.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. sage.

Chen, S., & Loshak, H. (2020). CADTH Rapid Response Reports. In *Primary Care Initiated Gender-Affirming Therapy for Gender Dysphoria: A Review of Evidence Based Guidelines*. Canadian Agency for Drugs and Technologies in Health

Copyright © 2020 Canadian Agency for Drugs and Technologies in Health. https://www.ncbi.nlm.nih.gov/pubmed/33112530

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist*, *26*(2).

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . . Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, *23*(Suppl 1), S1-S259. https://doi.org/10.1080/26895269.2022.2100644

Collazo, A., Austin, A., & Craig, S. L. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. *Clinical Social Work Journal*, *41*(3), 228-237. https://doi.org/10.1007/s10615-013-0436-3

Connelly, L. M. (2016). Trustworthiness in Qualitative Research. *Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses*, *25*(6), 435-436. https://www.ncbi.nlm.nih.gov/pubmed/30304614

Conroy, C., Karcher, O., & Pasternak, K. (2022). An Interdisciplinary Approach to Gender Affirming Voice Training. *Voice and Speech Review*, *16*(2), 144-158. https://doi.org/10.1080/23268263.2022.2050001

Coomer, S. C. (2022). *Transmasculine Attitudes Towards Voice* Rush University].

Creaven, F., & O'Malley-Keighran, M.-P. (2017). 'We definitely need more SLTs': The transgender community's perception of the role of speech and language therapy in relation to their voice, language, and communication needs. *Social Work and Social Sciences Review*, *19*(3), 17-41.

Dacakis, G. (2002). The role of voice therapy in male-to-female transsexuals. *Current opinion in otolaryngology & head and neck surgery*, *10*(3), 173-177.

Dacakis, G., Oates, J., & Douglas, J. (2012). Beyond voice: perceptions of gender in male-to-female transsexuals. *Current opinion in otolaryngology & head and neck surgery*, *20*(3), 165-170. https://doi.org/10.1097/MOO.0b013e3283530f85

Damrose, E. J. (2009). Quantifying the impact of androgen therapy on the female larynx. *Auris, nasus, larynx*, *36*(1), 110-112. https://doi.org/10.1016/j.anl.2008.03.002

Davies, S., Papp, V. G., & Antoni, C. (2015). Voice and Communication Change for Gender Nonconforming Individuals: Giving Voice to the Person Inside. *INTERNATIONAL JOURNAL OF TRANSGENDERISM*, *16*(3), 117-159. https://doi.org/10.1080/15532739.2015.1075931

de Vries, K. M., & Sojka, C. J. (2022). Transitioning gender, transitioning race: Transgender people and multiracial positionality. *International Journal of Transgender Health*, *23*(1-2), 97-107. https://doi.org/10.1080/26895269.2020.1838388

DeVore, E. K., Gadkaree, S. K., Richburg, K., Banaszak, E. M., Wang, T. V., Naunheim, M. R., & Shaye, D. A. (2021). Coverage for Gender-Affirming Voice Surgery and Therapy for Transgender Individuals. *The Laryngoscope*, *131*(3), E896-E902. https://doi.org/10.1002/lary.28986

Dornelas, R., Guedes-Granzotti, R. B., Souza, A. S., Jesus, A. K. B. d., & Silva, K. d. (2020). Quality of life and voice: the vocal self-perception of transgender people. *Audiology-Communication Research*, *25*.

Doyle, D. M. (2022). Transgender identity: Development, management and affirmation. *Current Opinion in Psychology*, *48*, 101467. https://doi.org/10.1016/j.copsyc.2022.101467

Gelfer, M. P., & Van Dong, B. R. (2013). A preliminary study on the use of vocal function exercises to improve voice in male-to-female transgender clients. *Journal of voice : official journal of the Voice Foundation*, *27*(3), 321-334. https://doi.org/10.1016/j.jvoice.2012.07.008

Glintborg, D., Rubin, K. H., Kristensen, S. B., Lidegaard, O., T'Sjoen, G., Hilden, M., & Andersen, M. S. (2022). Gender affirming hormonal treatment in Danish transgender persons: A nationwide register-based study. *Andrology*, *10*(5), 885-893. https://doi.org/10.1111/andr.13181

Green, E. L., Benner, K., & Pear, R. (2018). transgender. *Could Be Defined Out of Existence Under Trump Administration, The New York Times*.

Gutierrez, A. M. (2019). *Listener Perception as a Measure of Treatment Effectiveness in Voice Modification for a Transwoman* The University of Texas at El Paso].

Halsall, A., & Warren, J. (2022). QUEER IN COMMON. *The LGBTQ+ Comics Studies Reader: Critical Openings, Future Directions*, 27.

Hancock, A., Colton, L., & Douglas, F. (2014). Intonation and Gender Perception: Applications for Transgender Speakers. *JOURNAL OF VOICE*, *28*(2), 203-209. https://doi.org/10.1016/j.jvoice.2013.08.009

Hardy, T. L. D., Rieger, J. M., Wells, K., & Boliek, C. A. (2020). Acoustic Predictors of Gender Attribution, Masculinity-Femininity, and Vocal Naturalness Ratings Amongst Transgender and Cisgender Speakers. *Journal of voice : official journal of the Voice Foundation*, *34*(2), 300 e311-300 e326. https://doi.org/10.1016/j.jvoice.2018.10.002

Hendricks, M. L., & Testa, R. J. (2012). A Conceptual Framework for Clinical Work With Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model. *Professional Psychology-Research and Practice*, *43*(5), 460-467. https://doi.org/10.1037/a0029597

Hersh, D., Azul, D., Carroll, C., Lyons, R., Mc Menamin, R., & Skeat, J. (2022). New perspectives, theory, method, and practice: Qualitative research and innovation in speech-language pathology. *International Journal of Speech-Language Pathology*, *24*(5), 449-459. https://doi.org/10.1080/17549507.2022.2029942

Hill, C. E., & Knox, S. (2021). *Essentials of consensual qualitative research*. American Psychological Association.

Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. John Wiley & Sons.

Hope, M., & Lilley, J. (2022). Gender expansive listeners utilize a non-binary, multidimensional conception of gender to inform voice gender perception. *Brain and Language*, *224*, 105049. https://doi.org/10.1016/j.bandl.2021.105049

Karalexi, M. A., Georgakis, M. K., Dimitriou, N. G., Vichos, T., Katsimpris, A., Petridou, E. T., & Papadopoulos, F. C. (2020). Gender-affirming hormone treatment and cognitive function in transgender young adults: a systematic review and meta-analysis. *Psychoneuroendocrinology*, *119*, 104721. https://doi.org/10.1016/j.psyneuen.2020.104721

Kennis, M., Duecker, F., T'Sjoen, G., Sack, A. T., & Dewitte, M. (2022). Gender Affirming Medical Treatment Desire and Treatment Motives in Binary and Non-Binary Transgender Individuals. *The journal of sexual medicine*, *19*(7), 1173-1184. https://doi.org/10.1016/j.jsxm.2022.03.603

Kim, H. T. (2017). A New Conceptual Approach for Voice Feminization: 12 Years of Experience. *The Laryngoscope*, *127*(5), 1102-1108. https://doi.org/10.1002/lary.26127

Law, T., Lee, K. Y., Ho, F. N., Vlantis, A. C., van Hasselt, A. C., & Tong, M. C. (2012). The effectiveness of group voice therapy: a group climate perspective. *Journal of voice : official journal of the Voice Foundation*, *26*(2), e41-48. https://doi.org/10.1016/j.jvoice.2010.12.003

Leung, Y., Oates, J., & Chan, S. P. (2018). Voice, Articulation, and Prosody Contribute to Listener Perceptions of Speaker Gender: A Systematic Review and Meta-Analysis. *Journal of speech, language, and hearing research : JSLHR*, *61*(2), 266-297. https://doi.org/10.1044/2017_JSLHR-S-17-0067

Leyns, C., Alighieri, C., De Wilde, J., Van Lierde, K., T'Sjoen, G., & D'haeseleer, E. (2022). Experiences of Transgender Women with Speech Feminization Training: A Qualitative Study. Healthcare,

Litosseliti, L., & Georgiadou, I. (2019). Taiwanese speech-language therapists' awareness and experiences of service provision to transgender clients. *The international journal of transgenderism*, *20*(1), 87-97. https://doi.org/10.1080/15532739.2018.1553693

Marijan, K., & Bonetti, A. (2021). Vocal therapy for transgender people: case report. *Logopedija*, *11*(1), 7-12.

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.

Microsoft. (2023). *Microsoft Teams voor online en hybride werk | Microsoft Teams*. In Microsoft. https://www.microsoft.com/nl-nl/microsoft-teams/teams-for-work

Mills, M., & Stoneham, G. (2017). *The voice book for trans and non-binary people: a practical guide to creating and sustaining authentic voice and communication*. Jessica Kingsley Publishers.

Mills, M., Stoneham, G., & Davies, S. (2019). Toward a Protocol for Transmasculine Voice: A Service Evaluation of the Voice and Communication Therapy Group Program, Including Long-Term Follow-Up for Trans Men at the London Gender Identity Clinic [Article]. *Transgender Health*, *4*(1), 143-151. https://doi.org/10.1089/trgh.2019.0011

Mills, M., Stoneham, G., & Georgiadou, I. (2017). Expanding the evidence: Developments and innovations in clinical practice, training and competency within voice and communication therapy for trans and gender diverse people. *INTERNATIONAL JOURNAL OF TRANSGENDERISM*, *18*(3), 328-342. https://doi.org/10.1080/15532739.2017.1329049

Myers, B., & Bell, T. (2020). Adapting vocal function exercises for voice masculinization. *Perspectives of the ASHA Special Interest Groups*, *5*(4), 861-866.

Neira, P. M., & Bowman, R. C. (2022). Improving Perioperative Nursing Care for Transgender and Gender-Diverse Patients. *AORN journal*, *116*(5), 404-415. https://doi.org/10.1002/aorn.13808

Nolan, I. T., Morrison, S. D., Arowojolu, O., Crowe, C. S., Massie, J. P., Adler, R. K., Chaiet, S. R., & Francis, D. O. (2019). The Role of Voice Therapy and Phonosurgery in Transgender Vocal Feminization. *The Journal of craniofacial surgery*, *30*(5), 1368-1375. https://doi.org/10.1097/SCS.0000000000005132

NVivo. (2018). *NVivo Qualitative Data Analysis Software*. In (Version 12) QSR International Pty Ltd. https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Nygren, U., Nordenskjold, A., Arver, S., & Sodersten, M. (2016). Effects on Voice Fundamental Frequency and Satisfaction with Voice in Trans Men during Testosterone Treatment-A Longitudinal Study. *Journal of voice : official journal of the Voice Foundation*, *30*(6), 766 e723-766 e734. https://doi.org/10.1016/j.jvoice.2015.10.016

O'Connell, M. A., Nguyen, T. P., Ahler, A., Skinner, S. R., & Pang, K. C. (2022). Approach to the Patient: Pharmacological Management of Trans and Gender-Diverse Adolescents. *The Journal of clinical endocrinology and metabolism*, *107*(1), 241-257. https://doi.org/10.1210/clinem/dgab634

Oates, J., & Dacakis, G. (2015). Transgender voice and communication: Research evidence underpinning voice intervention for male-to-female transsexual women. *Perspectives on Voice and Voice Disorders*, *25*(2), 48-58.

Palmer, D., Dietsch, A., & Searl, J. (2012). Endoscopic and stroboscopic presentation of the larynx in male-to-female transsexual persons [Article]. *Journal of voice : official journal of the Voice Foundation*, *26*(1), 117-126. https://doi.org/10.1016/j.jvoice.2010.10.014

Park, C., Brown, S., & Courey, M. (2021). Trans Woman Voice Questionnaire Scores Highlight Specific Benefits of Adjunctive Glottoplasty With Voice Therapy in Treating Voice Feminization [Article in Press]. *Journal of voice : official journal of the Voice Foundation*. https://doi.org/10.1016/j.jvoice.2021.07.017

Pasricha, N., Dacakis, G., & Oates, J. (2008). Communicative satisfaction of male-to-female transsexuals. *Logopedics Phoniatrics Vocology*, *33*(1), 25-34.

Peixoto, E. M., de Azevedo Oliveira Knupp, V. M., Soares, J. R. T., Depret, D. G., de Oliveira Souza, C., Messina, M. E. D., de Mello Andrade, L. M., de Melo, L. C. S., de Figueiredo Bezerra, D., de Castro, C. R. V., da Silva, L. M. T., Fernandes, B., Jalil, E. M., Friedman, R. K., de Moura Silva, C., Filho, E. J. A., Grinsztejn, B. G. J., Moreira, R. I., de Mattos Russo Rafael, R., & de Souza Velasque, L. (2022). Interpersonal Violence and Passing: Results from a Brazilian Trans-specific Cross-sectional Study. *Journal of interpersonal violence*, *37*(15-16), NP14397-NP14410. https://doi.org/10.1177/08862605211005152

Phillips, M., & Lu, J. (2018). A quick look at NVivo. *Journal of Electronic Resources Librarianship*, *30*(2), 104-106.

Pickering, J., & Kayajian, D. (2009). Voice program assists transgender community. *The ASHA Leader*, *14*(3), 18-20.

Pyo, J., Lee, W., Choi, E. Y., Jang, S. G., & Ock, M. (2023). Qualitative research in healthcare: necessity and characteristics. *Journal of Preventive Medicine and Public Health*, *56*(1), 12-20.

Quinn, S., Oates, J., & Dacakis, G. (2021). The Experiences of Trans and Gender Diverse Clients in an Intensive Voice Training Program: A Mixed-Methodological Study. *Journal of voice : official journal of the Voice Foundation*. https://doi.org/10.1016/j.jvoice.2020.12.033

Radix, A. E. (2016). Medical transition for transgender individuals. In *Lesbian, gay, bisexual, and transgender healthcare* (pp. 351-361). Springer.

Richards, C., Bouman, W. P., Seal, L., Barker, M. J., Nieder, T. O., & T'Sjoen, G. (2016). Non-binary or genderqueer genders. *International review of psychiatry (Abingdon, England)*, *28*(1), 95-102. https://doi.org/10.3109/09540261.2015.1106446

Rosen, C. A., Lee, A. S., Osborne, J., Zullo, T., & Murry, T. (2004). Development and validation of the voice handicap index-10. *The Laryngoscope*, *114*(9), 1549-1556. https://doi.org/10.1097/00005537-200409000-00009

Schechter, L. S., D'Arpa, S., Cohen, M. N., Kocjancic, E., Claes, K. E., & Monstrey, S. (2017). Gender confirmation surgery: guiding principles. *The journal of sexual medicine*, *14*(6), 852-856.

Schmid, M., & Bradley, E. (2019). Vocal pitch and intonation characteristics of those who are gender non-binary. Proceedings of the 19th International Conference of Phonetic Sciences,

Schrock, D., Holden, D., & Reid, L. (2004). Creating emotional resonance: Interpersonal emotion work and motivational framing in a transgender community. *Social Problems*, *51*(1), 61-81. https://doi.org/DOI 10.1525/sp.2004.51.1.61

Schwarz, K., Fontanari, A. M. V., Schneider, M. A., Borba Soll, B. M., da Silva, D. C., Spritzer, P. M., Kazumi Yamaguti Dorfman, M. E., Kuhl, G., Costa, A. B., Cielo, C. A., Villas Boas, A. P., & Lobato, M. I. R. (2017). Laryngeal surgical treatment in transgender women: A systematic review and meta-analysis. *The Laryngoscope*, *127*(11), 2596-2603. https://doi.org/10.1002/lary.26692

Shefcik, G. (2020). Assessment of Non-binary Individuals' Self-perception of Voice.

Silva, W., Lopes, L. W., Macedo, A. E. R., Costa, D. B. D., & Almeida, A. A. F. (2017). Reduction of Risk Factors in Patients with Behavioral Dysphonia After Vocal Group Therapy [Article]. *Journal of voice : official journal of the Voice Foundation*, *31*(1), 123 e115-123 e119. https://doi.org/10.1016/j.jvoice.2016.01.007

Smith, C. J. (2020). Culturally competent care for transgender voice and communication intervention. *Perspectives of the ASHA Special Interest Groups*, *5*(2), 457-462.

Song, T. E., & Jiang, N. (2017). Transgender Phonosurgery: A Systematic Review and Meta-analysis. *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery*, *156*(5), 803-808. https://doi.org/10.1177/0194599817697050

Stewart, L., Oates, J., & O'Halloran, P. (2020). "My Voice Is My Identity": The Role of Voice for Trans Women's Participation in Sport. *Journal of voice : official journal of the Voice Foundation*, *34*(1), 78-87. https://doi.org/10.1016/j.jvoice.2018.05.015

Szedlak, C., Smith, M. J., Day, M. C., & Greenlees, I. A. (2015). Effective Behaviours of Strength and Conditioning Coaches as Perceived by Athletes. *International Journal of Sports Science & Coaching*, *10*(5), 967-984. https://doi.org/Doi 10.1260/1747-9541.10.5.967

Tiwari, P., & Kaurav, R. P. S. (2022). NVivo. In *Encyclopedia of Tourism Management and Marketing*. Edward Elgar Publishing.

Trajano, F. M. P., Almeida, L. N. A., de Alencar, S. A. L., Braga, J. E. F., & Almeida, A. A. (2020). Group Voice Therapy Reduces Anxiety in Patients With Dysphonia. *Journal of voice : official journal of the Voice Foundation*, *34*(5), 702-708. https://doi.org/10.1016/j.jvoice.2019.03.003

Transgenderinfo. (2022). *Woordenlijst*. Transgenderinfo.be. Retrieved 08/04/2023 from https://www.transgenderinfo.be/nl/identiteit/concepten/woordenlijst-0#p-tot-s

Van Damme, S., Cosyns, M., Deman, S., Van den Eede, Z., & Van Borsel, J. (2017). The Effectiveness of Pitch-raising Surgery in Male-to-Female Transsexuals: A Systematic Review. *Journal of voice : official journal of the Voice Foundation*, *31*(2), 244 e241-244 e245. https://doi.org/10.1016/j.jvoice.2016.04.002

van Leerdam, T. R., Zajac, J. D., & Cheung, A. S. (2023). The Effect of Gender-Affirming Hormones on Gender Dysphoria, Quality of Life, and Psychological Functioning in Transgender Individuals: A Systematic Review. *Transgender Health*, *8*(1), 6-21. https://doi.org/10.1089/trgh.2020.0094

Verbeek, M. J., Hommes, M. A., Stutterheim, S. E., van Lankveld, J. J., & Bos, A. E. (2020). Experiences with stigmatization among transgender individuals after transition: A qualitative study in the Netherlands. *International Journal of Transgender Health*, *21*(2), 220-233.

Watt, S. O., Tskhay, K. O., & Rule, N. O. (2018). Masculine Voices Predict Well-Being in Female-to-Male Transgender Individuals. *Archives of sexual behavior*, *47*(4), 963-972. https://doi.org/10.1007/s10508-017-1095-1

Welch, B. (2017). *The Role of the Speech-Language Pathologist when Working with Clients Who are Transgender: A Guide of Gender Identity and Cultural Competency*. The University of Texas Rio Grande Valley.

Werier, A. (2021). *Changing voices: A study of transfeminine vocality* Arts & Social Sciences: Department of Sociology and Anthropology].

WPATH. (2023). *WPATH World Professional Association for Transgender Health*. Retrieved 10/05/2023 from https://www.wpath.org/

Ziegler, A., Henke, T., Wiedrick, J., & Helou, L. B. (2018). Effectiveness of testosterone therapy for masculinizing voice in transgender patients: A meta-analytic review. *INTERNATIONAL JOURNAL OF TRANSGENDERISM*, *19*(1), 25-45. https://doi.org/10.1080/15552739.2017.1411857

10.   APPENDICES

10.1. Appendix A: Topic guide by author Krenn H.

Table 3: Topic guide by author Krenn H.

Category	Questions
Introduction	Thanking the participant for being available for the interview and the introduction of the interviewer.
	The purpose of this interview and the associated study is to learn more about the experiences and feelings of gender diverse individuals in group training. This is a wide-open question, feel free to take some time to think about it.
Initial open question	How did you experience the group voice training sessions?
Guidelines for possible additional questions based on the responses of the gender diverse individual	Can you tell me more about that? (e.g., that aspect of the training)
	How do you feel about that? (e.g., that experience in the group)
	I can see this (the topic of the conversation at that point in the interview) is important to you, could you talk more about this?
	Can you give an example of X?
	You just said X, what do you mean by that?
	You say you feel X, what do you mean by that?
	Can you elaborate on that a little bit?
	How do you deal with that?
	Did I correctly understand that…?
	What did this mean to you?
General questions	What made you choose group voice training?
	What is the environment like at the group session?
	What do you think are the differences between individual speech and language training and group voice training?
	What are some of the benefits of group training?
	What are some disadvantages of group training?
	What are the added values of group voice training sessions?
	Did you know about the existence of group voice training before this?
Specific topics *Emotional impact*	How did you feel when going to the first group training?

		How did you feel when you met your fellow group training participants?
		How did you feel about the SLP('s) instructing and guiding the training sessions?
	Social impact	What was it like for you to meet a new person?
		How did you experience meeting a new person?
	Impact of home exercises	How do you manage your home exercises?
		What is the impact of home exercises on your daily life?
		What do you think of home exercises?
	Self-confidence and mental impact	How did you feel about trying voice exercises in group?
		Tell me about the impressions and feelings you get during a group session.
		Can you describe how you feel just after the group session?
		How did group training impact your personal life?
Closing of the interview		Reflection on the opening question: How did you experience the group voice training sessions?
		What thoughts/experiences will you take home from the group sessions?
		Is there anything else you would like to add about your experiences with group voice training?
		Are there any other final thoughts you would like to share with us?

Data collection and demographic information	Age
	Place of residence
	Family composition
	Native language
	Degree (diploma of primary education, secondary education, higher education (bachelor/master))
	Job
	Social transition data
	Subjective gender positioning
	Date of the last group voice training session and content
	Duration of group training session(s)
	Number of co-participant(s)
	Number of group sessions attended
	Gender identity(s) co-participant(s)
	Period of individual speech training and content
	Has the individual undergone glottoplasty?
	Information concerning GAHT
	Planned surgery
	Start date and end date of psychological trajectory

10.2. Appendix B: Translation of the topic guide in Dutch by author Krenn H.

Table 4: Translation of the topic guide in Dutch by author Krenn H.

Categorie	Vragen
Introductie	De participant bedanken om tijd vrij te maken voor het interview en de introductie van de interviewer. Het doel van dit interview en de bijbehorende studie is om meer te weten te komen over de ervaringen en gevoelens van genderdiverse personen in en rond groepstraining. Dit is een brede open vraag, neem gerust de tijd om hier even over na te denken.
Initiële open vraag	Hoe heb je de groepstrainingsessies ervaren?
Richtlijnen voor eventuele aanvullende vragen op basis van de antwoorden van het genderdivers individu	Kun je me daar meer over vertellen? (B.v., dat aspect van de training) Hoe voel je je daarbij? (B.v., die ervaring in de groep) Ik kan zien dat dit (het onderwerp van het gesprek op dat moment in het interview) belangrijk voor je is, kun je hier meer over vertellen? Kan je een voorbeeld geven van X? Je zei net X, wat bedoel je daarmee? Je zegt dat je je X voelt, wat bedoel je daarmee? Kan je daar een beetje over uitweiden? Hoe ga je daar mee om? Heb ik goed begrepen dat….? Wat betekende dit voor jou?
Algemene vragen	Hoe komt het dat je koos voor logopedie in groepsverband? Hoe is de sfeer tijdens de groepssessie? Wat zijn volgens jou de verschillen tussen individuele logopedische training en logopedische groepstraining? Wat zijn volgens jou de voordelen van groepstraining? Wat zijn volgens jou de nadelen van groepstraining? Wat zijn de meerwaardes van de logopedische groepssessies? Wist je hiervoor al van het bestaan van logopedische groepstraining?

Specifieke onderwerpen	Emotionele impact	Hoe voelde je je toen je naar de eerste groepstrainingsessie ging?
		Herinner je je dat je jouw groepsgenoten ontmoette, en hoe voelde je je toen je hen ontmoette?
		Hoe vond je het dat de logopediste de groepstrainingsessies instrueerde en begeleidde?
	Sociale impact	Hoe was het voor jou om een nieuw persoon te ontmoeten?
		Hoe ervaarde je het contact met een nieuw persoon?
	Effect van thuisoefeningen	Hoe ga je om met jouw oefeningen thuis?
		Wat is de impact van thuisoefeningen op jouw dagelijks leven?
		Wat vind je van thuisoefeningen?
	Zelfvertrouwen en mentale impact	Hoe vond je het om stemoefeningen in groep te proberen?
		Vertel me over de indrukken en gevoelens die je krijgt tijdens een groepssessie.
		Kun je beschrijven hoe je je voelt net na de groepssessie?
		Welke invloed heeft groepstraining op jouw persoonlijk leven gehad?
Afsluiten van het interview		Terugkoppeling naar de openingsvraag: Hoe heb je de groepstrainingsessies ervaren?
		Wat neem je mee uit de groepssessies naar huis?
		Is er nog iets dat je zou willen toevoegen over jouw ervaringen met groepstraining?
		Zijn er nog andere gedachten die je met ons wilt delen?

Gegevensverzameling en demografische informatie	Leeftijd
	Woonplaats
	Gezinssamenstelling
	Moedertaal
	Diploma (diploma lager onderwijs, middelbaar onderwijs, hoger onderwijs (bachelor/master))
	Beroep
	Gegevens sociale transitie
	Subjectieve genderpositie
	Datum van de laatste groepstrainingsessie en inhoud
	Duur van de groepstrainingsessie(s)
	Aantal medeparticipanten
	Aantal groepssessies gevolgd
	Genderidentiteit(en) medeparticipant(en)
	Periode van individuele spraaktraining en inhoud
	Heeft de betrokkene glottoplastie ondergaan?
	Informatie over hormoonbehandeling
	Geplande operatie(s)
	Start- en einddatum psychologisch traject

10.3. Appendix C: Summary of main themes, subthemes, and selected quotes

Table 5: Summary of main themes, subthemes, and selected quotes

Main themes	Subthemes	Selected quotes
Impact of group voice training	/	*"I can imagine, however, that for someone who has not yet made the transition to using that voice at all times, this might be a nice first step." (Participant 6)* *"Yeah, I have found that both individual sessions and group lessons hold a lot of value, so I wouldn't want to do them separately. However, I prefer to start with one-on-one sessions and then join group lessons. This makes for an easy entry, as I mentioned earlier." (Participant 5)*
	Difference between the start and end of a group session	*"I am someone who often feels the need to assess a situation when encountering someone new and ask myself questions such as if they're a good person or not, what they might think of me and what I think of them, causing some internal stress." (Participant 3)* *"The tension leading up to the group voice training session was intense, but once we began the session, the tension dissipated immediately." (Participant 5)* *"It is also similar to that. Yes, I have already experienced that shyness, I have felt it before, and it is like a moment of accomplishment. You've come a long way and giving yourself a 'thumbs up' for daring to do it is a great feeling. I took another step and crossed another threshold." (Participant 1)*
	Practical aspects	*"If I had to sit with eight, ten, or even more than ten people in the same room, it would be a little less easy, although not exactly embarrassing. For instance, if we had to sit with more than five or six participants today, I may have trouble speaking." (Participant 3)* *"I participated with two individuals, and I am curious to see how it would differ with a larger group. It has the potential to be better, worse, or just different. I cannot say for certain, but I am simply curious about the possibility of doing it with three, four, or even five people." (Participant 4)* *"A safe environment with an SLP who could adjust in case of any unexpected occurrences, rather than just in day-to-day situations." (Participant 6)* *"Group training can also have a longer duration, which I find interesting. It allows for more extensive conversations. Otherwise, individual sessions are limited to a maximum of half an hour, which feels quite short. When you gather in a group with different individuals, the conversations can be longer." (Participant 4)*
	Atmosphere during the group voice training session	*"Group training is also more relaxed and informal compared to standard one-to-one sessions. I find this aspect meaningful and enjoyable. Even though you're still working on yourself, it doesn't feel like work." (Participant 6)* *"I was immediately reassured by her entrance, appearance, and way of speaking. Everything felt okay right from the start." (Participant 4)*

	Voice related experiences	*"People need to be comfortable with their progress or the ongoing process before they can open up and share it with their peers." (Participant 6)* *"I didn't find it worrisome at all when I noticed the drop in pitch. It was acceptable, and the SLP wasn't concerned either." (Participant 4)* *"Practicing in a group is a good way to assess how well techniques and methods have been internalized and automated." (Participant 4)* *"While practicing spontaneous speech, there came a point where our concentration diminished. Our attention was diverted, and we observed that as we spoke more spontaneously, our speech became a bit sloppier." (Participant 4)* *"The voice exercises felt a bit uncomfortable, as they were unusual, but knowing that everyone else was doing them too made it less weird." (Participant 4)* *"I also felt that since our tonalities and voice levels were similar, it was even better. I could compare my voice with the other person's voice, which made me more confident and willing to participate." (Participant 3)*
	Self-development	*"You also notice that sometimes it's easier to encourage someone else when you're listening to them, but when you listen to yourself, it can be more 'black and white'." (Participant 1)* *"I also think that participating in group training has a high threshold. I personally wouldn't have participated at the beginning of the training process, as I needed to be further along. It's not something I would have said yes to at that point." (Participant 1)*
	Feelings of the participant	*"Actually, I felt quite happy and satisfied. I didn't have specific expectations for individuals but rather technical expectations, and I was pleasantly surprised by the social aspect of the experience. Making contacts and interacting with others left me quite satisfied and happy." (Participant 6)* *"Yes, it was a very positive and valuable experience. It was a lot of fun, and I looked forward to each appointment. We would chat before the session, which added to the enjoyment. Overall, it was a nice and positive experience that didn't last long enough." (Participant 5)* *"While attending the session for yourself, there is also a fear of failure, feeling weird, or suddenly losing your voice. So, there was some tension and fear, but it was still a very pleasant experience." (Participant 5)* *"In the end, you might also have the misfortune of encountering someone who doesn't like you. Those kinds of situations can happen." (Participant 2)*
Interaction with co-participant(s)	/	*"Yes, it was good. I immediately felt a strong connection and acceptance. The bond with the other girls in the group was perfect." (Participant 5)* *"In a group session, you can give positive feedback to others, which gives them a positive feeling. It's not just about yourself; you're also actively engaged with others, offering positive comments and receiving them in return." (Participant 2)*

		"You also learn from comments and remarks made by others who hear you speak and vice versa. You learn from their approaches and compare them to your own." (Participant 2) *"Experiencing the differences between people with different gender identities is meaningful. It's interesting to see how trans women, and especially trans men, and nonbinary individuals navigate their own unique journeys while still having similarities." (Participant 1)*
	Positive and constructive two-way feedback	*"The reversed case is also true. For example, someone mentioned that my spontaneous laughter sounded very masculine, and it was interesting to receive feedback different from what I was used to from my speech therapist." (Participant 4)* *"Well, you hear another trans woman in my case, just practicing her voice and also trying to develop it. This gave me very positive feedback as well, like I'm not the only one, or something like that." (Participant 5)* *"Try to apply the exercises you have seen in the individual sessions in a group session like that... well, at that point, I also heard from someone else how I do it. The speech therapist asked X what she thinks of Y, how does she do it, yes, like that." (Participant 2)*
	Interactive conversations	*"By interaction, I mean... How we experience group voice training... you also gave this reaction... You also ask each other several questions - how do you feel when you talk? Is that difficult for you? The other person then replies, eh or yes and vice versa... You are more open, more spontaneous. This also emerges more when you participate in a group session." (Participant 2)* *"...You hear different experiences from the other person who faces the same situation. You also learn more from that person and how they experience it." (Participant 2)*
	Getting to know peers	*"Actually, yes, I did feel a need for more, not only meeting peers but also exploring together in this context... I was especially very excited and curious." (Participant 6)*
	Influence of the co-participant's personality	*"For someone who is a bit timid, quiet, introverted, that must be harder, but for me, I'm an open person. For me, that would be more fun." (Participant 2)* *"... Then you also have the tendency that some people tend to dominate the conversation, and some people may want to hide away a bit or say, 'It is good that I do not have to say much here.'" (Participant 1)*
	Comparing with co-participant(s)	*"You did feel that difference in interests, but that's okay in itself too. But it's nice to hear different perspectives on all those things." (Participant 7)* *"I did find it very relevant in the first session. This session was with a person who was significantly older than me. With her, I found it harder to identify myself with." (Participant 6)* *"If you are practicing with someone else, by listening carefully to them, you can actually hear how that person says something, how they handle a certain situation. Do they talk higher? Do they talk lower? Does it make a difference? Or do they use more intonation? Just listening to others also creates a wider frame of reference." (Participant 4)*

		"Though I think it's more relevant what you think of a voice you hear from another, and to link that to what you think about your own voice, different than what the other person thinks about their own voice, so actually, it's purely about your own opinion in this situation." (Participant 6)
		"She's been on hormones for a while. It's just the complete picture which, for me, is also just very cool. Which I also look forward to, which I have a bit of jealousy for, just positive jealousy." (Participant 5)
Influence of the therapist	/	*"To be familiar, but especially with that speech therapist who pretty much supervised those group training sessions, and that you do know, yes, that's speech therapist X, no problem, all good." (Participant 6)*
	Counselling and monitoring	*"Managing the progression actually very well, without actually really going to impose that or anything or being very strict, just yes, managing the session in a very relaxed way." (Participant 4)*
	Therapist role	*"There is a very important role for the speech therapist to make sure there's a balance between speech time, so if you have someone who is very chatty and someone who is rather reclusive, the balance might not be completely drawn to that person who is a bit more introverted, perhaps speaking less." (Participant 4)* *"The SLP was really involved in the session. She was actively participating, reading along, talking along, and laughing along. She showed a positive attitude, made comments, and created a welcoming atmosphere. I was completely engaged in that positive environment." (Participant 3)*
Differences with individual sessions	/	*"Because sometimes when you see that on TV, you might think, 'Wow, they speak like that all the time. Nicely done!' But I don't know how she achieved that. Maybe she learned through YouTube or, like me, through speech training. However, there are still steps that we need to take." (Participant 3)* *"I think I would definitely describe the individual sessions as more intense, which makes sense because the entire session focuses on you practicing alone. In group training sessions, you alternate with other people. Sometimes you perform exercises simultaneously, like the lax vox exercises. But when it comes to actual speaking, you take turns. It's not necessarily a bad thing, but it's just less intense." (Participant 7)*

10.4. Appendix D: Summary of main themes, subthemes, and selected quotes in Dutch

Table 6: Summary of main themes, subthemes, and selected quotes: Dutch originals

Hoofdthema's	Subthema's	Geselecteerde quotes
Impact van logopedische groepstraining	/	*"Ik kan me voorstellen dat voor iemand die nog niet de stap heeft gezet om altijd die stem te gebruiken, dit misschien een mooie eerste stap kan zijn." (Participant 6)* *"Ja, ik zie zowel bij individuele lessen als bij groepslessen veel waarde, dus ik zou ze niet snel los van elkaar doen. Het komt eigenlijk op hetzelfde neer als wat ik eerder zei, ik zou echt beginnen met individuele lessen en dan pas overstappen naar een groepsles." (Participant 5)*
	Verschil tussen de start en het einde van een logopedische groepssessie	*"Ik ben iemand die altijd van tevoren allerlei vragen en zorgen in mijn hoofd haal, zoals wat gaat er gebeuren, of die persoon goed of slecht is, wat zal ze van mij denken, wat zal ik van haar denken. Dus ik heb altijd een beetje stress en spanning in mijn hoofd" (Participant 3)* *"De spanning ervoor was het grootst, maar zodra we begonnen waren, was het gelijk voorbij." (Participant 5)* *"Ja, ik herken dat ik vroeger niet zo'n spontaan persoon was op sociaal vlak, dus ik was ook verlegen. Ik heb dat gevoel nog steeds af en toe, maar het is een soort 'dikke duim' voor mezelf dat ik al ver gekomen ben en dat ik het gedurfd heb." (Participant 1)*
	Praktische aspecten	*"Als ik nu met acht, tien of meer mensen in dezelfde ruimte zou zitten, zou het misschien wat minder gemakkelijk zijn om initiatief te nemen, niet per se gênant, maar gewoon minder comfortabel." (Participant 3)* *"Nu was het eigenlijk met z'n tweeën, maar ik zou wel nieuwsgierig zijn als het met een grotere groep zou zijn. Gewoon nieuwsgierig of het beter of slechter zou zijn, (of het) anders zou zijn... Ik weet het niet, (ik ben) gewoon nieuwsgierig." (Participant 4)* *"Een veilige omgeving met een logopedist die kan bijsturen, anders dan in een alledaagse situatie." (Participant 6)* *"Groepstraining kan ook langer duren, en dat vind ik eigenlijk interessant. Normaal gesproken is het beperkt tot een halfuurtje of iets dergelijks, dus als je met verschillende mensen samenwerkt, kan het gesprek ook wat langer duren." (Participant 4)*
	Sfeer tijdens de logopedische groepssessie	*"Het voelt ook losser, in de zin dat het informeler is dan de standaard één-op-één sessie. Het is zinvol en prettig, maar je bent nog steeds aan het werk, hoewel het niet zo voelt." (Participant 6)*

		"Ik was meteen gerustgesteld door de manier waarop ze binnenkwam, hoe ze eruitzag en hoe ze sprak. Het voelde meteen goed." (Participant 4)
	Stemgerelateerde ervaringen	*"Ik denk dat mensen al comfortabel moeten zijn met waar ze in het traject zijn, voordat ze (zich) kunnen openstellen om het samen met peers te ervaren." (Participant 6)* *"Klopt, dus we zakten allebei in toonhoogte, dat was eigenlijk de belangrijkste opmerking van de logopedist. Ik vond het niet verontrustend, en de logopedist maakte zich er ook geen zorgen over." (Participant 4)* *"Dit is eigenlijk een goede manier om te meten in hoeverre de technieken en methoden al geïnternaliseerd en geautomatiseerd zijn." (Participant 4)* *"Nadat we een tijdje spontaan spraken, merkten we op een gegeven moment dat de concentratie wat afnam en dergelijke. We werden erop gewezen dat naarmate we spontaner werden, het iets slordiger werd, zou ik zeggen." (Participant 4)* *"Het was een beetje onwennig, want het zijn natuurlijk vreemde dingen, die echte stemoefeningen, maar ook anderen deden het, dus ja, een beetje vreemd, ja." (Participant 4)* *"Ik had ook het gevoel dat we een beetje op dezelfde golflengte zaten en min of meer op hetzelfde (stem)niveau, en ik dacht, het is nog beter, dan kunnen we stemmen vergelijken, haar stem en mijn stem, en zo een beetje ermee spelen. Daarom had ik meer 'confidence'." (Participant 3)*
	Zelfontplooiing	*"Je merkt ook dat het soms gemakkelijker is om iemand anders aan te moedigen, terwijl wanneer je naar jezelf luistert, het soms heel zwart-wit kan zijn." (Participant 1)* *"Ik denk ook dat het een hoge drempel is. Op dat moment durfde ik het wel aan omdat ik al redelijk ver gevorderd was, maar in het begin van het proces zou ik waarschijnlijk neen hebben gezegd." (Participant 1)*
	Gevoelens van de participant	*"Ik voelde me eigenlijk best gelukkig, tevreden zelfs. Ik had niet al te hoge verwachtingen vanuit persoonlijk oogpunt, eerder technische verwachtingen. Ik werd aangenaam verrast door hoe het voelde om deel te nemen aan die sociale gebeurtenis en contacten te leggen. Dus in dat opzicht was ik heel tevreden en gelukkig, eigenlijk vond ik het leuk." (Participant 6)* *"Het was erg positief, waardevol en gewoon een geweldige ervaring. Ik vond het erg leuk, het maakte me blij om daar naartoe te gaan. Morgen hebben we weer een afspraak en dan gaan we er weer naartoe, even kijken of ze er al zijn, een beetje bijpraten. Gewoon leuk, een fijne en positieve ervaring, het duurde allemaal te kort." (Participant 5)* *"Je bent er in feite voor jezelf, maar ik persoonlijk ben een beetje bang om te falen of opeens mijn stem kwijt te raken, dus ja, ik was wel gespannen en bang, maar over het algemeen vond ik het gewoon heel leuk." (Participant 5)*

		"Uiteindelijk kan je ook pech hebben dat je iemand tegenkomt waarmee je geen klik hebt, zo'n zaken kunnen ook gebeuren." (Participant 2)
Interactie met medeparticipant(en)	/	*"Het was gewoon goed, ik voelde me meteen geaccepteerd en had een fijne verbinding met de andere meiden. Dat was echt perfect." (Participant 5)* *"Dat denk ik ook wel, dat het een stimulans is en haar een positief gevoel gaf als ik zoiets zei. Het is leuk wanneer je tijdens een groepssessie iets positiefs kunt delen met anderen. Je moet niet alleen naar jezelf kijken, omdat individuele logopediesessies gericht zijn op je eigen vooruitgang, maar in een groepssessie ben je ook bezig met anderen. Je kunt positieve feedback geven en ontvangen." (Participant 2)* *"We stellen elkaar vragen over hoe we ons voelen tijdens het praten, of het moeilijk is voor de ander. We leren van elkaars aanpak en vergelijken dat met onze eigen ervaringen." (Participant 2)* *"Het is interessant om te zien hoe mensen met een andere genderidentiteit praten. Hoewel er verschillen kunnen zijn tussen transvrouwen, geldt dat ook specifiek voor transmannen en non-binaire personen. Het idee van anders zijn, maar hetzelfde doel hebben, is aangenaam en creëert een gevoel van solidariteit." (Participant 1)*
	Positieve en constructieve wederzijdse feedback	*"Ik merkte dat wanneer ik spontaan lach, het volgens de andere persoon nogal mannelijk klonk. Die feedback die ik ontvang in de groep verschilt ook van wat ik gewend ben van mijn logopedist." (Participant 4)* *"Het was waardevol om andere transvrouwen te horen oefenen en hun stemontwikkeling te volgen. Het gaf me een positieve bevestiging dat ik niet de enige ben." (Participant 5)* *"We proberen de oefeningen die we tijdens de sessies hebben geleerd toe te passen. We bespreken met elkaar hoe we het doen, en onze logopedist vraagt ons naar onze mening over elkaars prestaties. Het luisteren naar anderen en hun aanpak verbreedt ons referentiekader, de logopediste vroeg dat ook aan X van wat vind je van Y, hoe doet zij het, zo op die manier." (Participant 2)*
	Interactieve conversaties	*"In een groepssessie stellen we elkaar vragen over hoe we ons voelen tijdens het praten. Het creëert een meer open sfeer en stimuleert spontaniteit, dan stel je ook zo naar elkaar de vraag van, hoe voel jij je als je praat, is dat lastig voor jou, de ander geeft dan een antwoord daarop, of ja zo en vice versa omgekeerd ook." (Participant 2)* *"... Het is een andere ervaring om in een groepssessie te zijn, omdat je ook hoort hoe anderen in dezelfde situatie zich voelen. Je leert veel van hoe zij de dingen ervaren." (Participant 2)*
	Kennismaken met gelijken	*"Ik heb eigenlijk behoefte aan meer dan alleen het ontmoeten van gelijken. Ik wil samen met anderen contexten verkennen en exploreren." (Participant 6)*

	Invloed van de persoonlijkheid van de medeparticipant	*" Voor iemand die verlegen, stil of introvert is, kan het moeilijker zijn. Maar voor mij, als een open persoon, zou het leuker zijn."* (Participant 2) *"... Sommige mensen hebben misschien de neiging om het gesprek meer te domineren, terwijl anderen zich juist willen terugtrekken en minder willen zeggen.'"* (Participant 1)
	Vergelijken met medeparticipant(en)	*"Je voelde wel een verschil in interesses, maar dat was op zich oké. Dat verschil voelde je wel, maar dat is op zich ook wel oké, maar het is wel leuk om eens een ander perspectief op al die dingen te horen."* (Participant 7) *"Ik vond wel het heel relevant dat de eerste sessie met een persoon was die significant ouder was dan ik met haar vond ik dat moeilijker om mij dan te gaan identificeren."* (Participant 6) *"Door goed te luisteren naar anderen kan je horen hoe zij praten en met bepaalde situaties omgaan. Het maakt een verschil of iemand hoger of lager praat, en ook de intonatie is belangrijk. Het luisteren naar anderen verbreedt ons referentiekader."* (Participant 4) *"Alhoewel ik denk dat het relevanter is om je eigen mening over een stem te vormen op basis van wat je van anderen hoort en dit te vergelijken met je eigen stem, in plaats van wat anderen denken over hun eigen stem. Het gaat hier dus puur om jouw persoonlijke mening."* (Participant 6) *"Zij is al een tijdje bezig met hormoontherapie en het is gewoon het complete plaatje wat voor mij ook erg positief is. Ik kijk er ook echt naar uit en voelde dan een soort jaloezie, positieve jaloezie. Gewoon een oprechte bewondering."* (Participant 5)
Invloed van de therapeut	/	*"Vertrouwelijk, maar vooral met de aanwezigheid van de logopedist die dit min of meer begeleidt en waar je mee bekend bent of van weet, dat is logopedist X, geen probleem, alles is goed. Ik denk dat je het op die manier moet zien."* (Participant 6)
	Begeleiding en toezicht	*"Het is belangrijk om het verloop eigenlijk goed onder controle te hebben, zonder echt opdringerig te worden of streng te zijn. Gewoon op een ontspannen manier."* (Participant 4)
	Rol van de therapeut	*"Hier speelt de logopedist een belangrijke rol om ervoor te zorgen dat er een evenwicht is in de spreektijd. Als je iemand hebt die heel spraakzaam is en iemand die eerder teruggetrokken is, kan de balans misschien niet helemaal in evenwicht zijn met die persoon die wat introverter is en mogelijk minder aan het woord komt."* (Participant 4) *"De logopedist... Ja, zij was echt betrokken, ik bedoel, ze was echt actief betrokken, lachte mee, praatte mee, las ook mee... Ze liet echt die positieve kant zien, reageerde op de opmerkingen enzovoort. Dat zorgde voor een positieve sfeer waar ik erg van genoot."* (Participant 3)
Verschillen met individuele sessies	/	*"Soms zie je op tv of weet ik veel waar, je ziet constant van die prachtige prestaties en geweldige dingen... Ik weet niet hoe ze dat doen, misschien op*

	YouTube of zoals ik met mijn logopedie, gewoon zo... Maar toch... Er zijn stappen die we moeten (onder)nemen." (Participant 3) *"Ik zou de individuele sessies zeker als intenser bestempelen, wat ook logisch is, omdat je gedurende de hele sessie aan het oefenen bent, alleen. In groepssessies wissel je af met andere mensen, soms doe je dingen parallel, maar de meeste oefeningen, zoals de lax vox-oefeningen, kan je tegelijkertijd doen. Maar als het echt gaat om spreken, wissel je af. Het is niet per se slecht, maar gewoon minder intens." (Participant 7)*

10.5. Appendix E: Evidence of ethics committee submission and approval

Afzender : Commissie voor medische ethiek

Prof. Dr. Evelien D'haeseleer
Vakgroep Revalidatiewetenschappen
Alhier

contact	**telefoon**	**e-mail**
Commissie voor medische ethiek	+32 (0)9 332 33 36	Ethisch.comite@uzgent.be
Aanvrager	**datum**	**pagina**
Heike Krenn	22/09/2022	1/6
Onze referentie:	**EudraCT-nr:**	**Belg. Regnr:**
THE-2022-0057		B6702022000222

Betreft:
Ervaringen van groepstherapie bij genderdiverse personen: kwalitatief onderzoek
Experiences Of Group Voice Therapy In Gender Diverse People:
A Qualitative Study

Positief advies conform de wet van 7 mei 2004 betreffende experimenten op de menselijke persoon

Beste collega

De Commissie Medische Ethiek (CME) verbonden aan de Universiteit Gent (Ugent) en het Universitair Ziekenhuis Gent (UZ Gent) heeft het bovenvermelde dossier onderzocht en besproken op haar vergadering van 21/09/2022.

Na raadpleging van de bijkomende informatie en/of aangepaste documenten met betrekking tot dit dossier, is de CME van oordeel dat de voorgestelde studie, zoals beschreven in het protocol, wetenschappelijk relevant en ethisch verantwoord is.

EC geeft daarom op 22/09/2022 een gunstig advies over deze studie.

Ingediende documenten: zie bijlage 1
Ledenlijst: zie Bijlage 2
Aandachtspunten: zie Bijlage 3a

ALGEMENE DIRECTIE
Commissie voor Medische Ethiek

VOORZITTER:
Prof.dr. P. Deron

SECRETARIS
Prof.dr. R. Peleman

INGANG 75
ROUTE 7522

Met vriendelijke groeten,

Prof. dr. Philippe Deron
Voorzitter
Commissie voor Medische Ethiek U(Z) Gent

UZ GENT   UNIVERSITEIT GENT

Universitair Ziekenhuis Gent
C. Heymanslaan 10 | B 9000 Gent
www.uzgent.be

Fig. 1: Screenshot: Evidence of Ethics Committee submission and approval by the Ethics Committee by author Krenn H.

10.6. Appendix F: Signed document 'Declaration of confidentiality and transfer of right'

VERTROUWELIJKHEID & OVERDRACHT VAN RECHT EENZIJDIGE VERKLARING

GHENT UNIVERSITY

NDA-EV	

Deze Verklaring wordt afgelegd ten aanzien van

Universiteit Gent, openbare instelling met rechtspersoonlijkheid, waarvan de bestuurszetel gevestigd is te 9000 Gent, Sint-Pietersnieuwstraat 25, gekend onder ondernemingsnummer 0248.015.142 voor wie optreedt bij delegatie ingevolge het besluit van de Raad van Bestuur, prof. dr. Rik Van de Walle, rector ("UGent")

Door:

Krenn Heike Hanne	
Student, ingeschreven aan UGent in de richting:	Master of Science in de Logopedische Wetenschappen:
Project: Omschrijving / titel onderzoeksproject	Ervaringen van groepstherapie bij genderdiverse personen:

In het kader van zijn/haar opleiding aan UGent, zal ondergetekende kennis krijgen van bepaalde vertrouwelijke informatie toebehorend aan UGent of door derden toevertrouwd aan UGent.

Ondergetekende verbindt er zich toe om de aan hem/haar in het kader van het Project ter beschikking gestelde informatie op geen enkele manier publiek bekend te maken zonder voorafgaande uitdrukkelijke schriftelijke toelating van UGent. Deze verbintenis geldt voor een duur van **tien (10) jaar** te rekenen vanaf de datum van deze Eenzijdige Verklaring.

Ondergetekende draagt eveneens al zijn/haar rechten op onderzoeksresultaten behaald in het kader van het Project over aan UGent.

Ondergetekende garandeert de mensenrechten te zullen respecteren.

Deze Eenzijdige Verklaring vervangt alle schriftelijke en mondelinge overeenkomsten die de partijen eerder zijn aangegaan met betrekking tot haar voorwerp en omvat de enige en volledige overeenkomst ter zake tussen de partijen.

Aldus verklaart en tekent voor akkoord:

Naam	Krenn Heike Hanne
Handtekening	*Voorafgegaan door handgeschreven vermelding "gelezen en goedgekeurd"* gelezen en goedgekeurd
Datum:	29/09/2021

Fig. 2: Screenshot: Signed document 'Declaration of confidentiality and transfer of right' by author Krenn H.