

# Anti-Fat Bias in the Singing Voice Studio, Part One: Culture and Context

Elizabeth Ann Benson and Kate Rosen



Elizabeth Ann Benson



Kate Rosen

## PERSONAL REFLEXIVE STATEMENT

ONE OF THE AUTHORS, KATE ROSEN, is a singer and voice teacher in a fat body. Kate has been various degrees of fat her entire life and has experienced lifelong prejudice due to her size. She started a fat liberationist offshoot of her voice studio in 2021 called Fat Joy Voice, to serve musical theatre singers in fat bodies who have traditionally been underserved and mistreated in mainstream musical theatre training. The response to the launch was extremely positive, and it underlined the need for more voice training spaces to be intentionally inclusive of fat singers. The other author, Elizabeth Ann Benson, is an outspoken advocate for eliminating marginalization within the voice studio. She experienced weight gain due to perimenopausal hormonal shifts and was shocked by the willful ignorance, lack of support, and social stigma that she encountered. Benson realized that her thin privilege and implicit bias had prevented her from seeing that she lacked size-inclusive practices in the voice studio. Rosen and Benson came together to seek the best pedagogic practices for fat students in the voice studio. Unfortunately, the only formal guidance to be found was a widespread belief that fat students should become thinner through “fitness” advocacy, often underpinned by medical misinformation and moral judgment. As culturally responsive voice teachers, the inclusion of fat singers in our studios must be treated with more nuance. This two-part article will start a long overdue conversation on how to foster a sense of belonging for singers of all sizes in the singing voice studio.

## INTRODUCTION

Singing voice teachers are working hard to be inclusive and progressive in the twenty-first century. We are aware of our power to create inclusive learning spaces that embrace our students’ identity traits, including race, gender, sexual orientation, ability, neurodivergence, and more. However, body size is almost always left out of the discussion of inclusive actions in the voice studio. Put simply, fatness is a social justice issue and singing voice teachers have the power either to affirm or further marginalize fat students in the voice studio.

The intended audience for this article is voice teachers who have no idea that they are operating under an anti-fat implicit bias and are, therefore, unintentionally hurting their fat students through their words and actions. The implicit bias held against fatness is the water in which we all swim. The

purpose of this piece is not to shame anyone for having held anti-fat beliefs in the past, but instead to call us all in to reconsider best teaching practices in light of new information.

The word “fat” is used in this article in a neutral and affirming way. While recognizing that this word is polarizing, the fat community has reclaimed fat as an accurate and impartial adjective. Words that will be avoided are “overweight” and “obese.” Both terms pathologize and medicalize fatness and are mired in moral judgment. “Overweight” implies that there is a correct weight that one has exceeded. “Obese” is considered a slur in the fat community and should be avoided at all costs. It is associated with the damaging campaigns against the “obesity epidemic,” which has created and promoted widespread shame and stigma for fat people and has normalized deadly medical neglect. Fat studies scholars, fat-acceptance activists, and Health at Every Size<sup>1</sup> advocates also prefer the term fat, and the common practice in sociological publications is to use the words “overweight” and “obese” in quotation marks, if at all.<sup>2</sup> Euphemistic language, such as “curvy” or “husky” is often no better, since it dances around but refuses to use the more accurate word, fat.

In the first installment of this two-part article, the authors offer essential background information on the prevalence of fatness, the history of anti-fat bias, and the experiences of fat persons in healthcare, employment, and educational settings. This context encourages voice teachers to examine implicit anti-fat bias, one of the few remaining yet still widely tolerated cultural biases. Many believe that anti-fat bias can be justified by medical facts, but this belief requires a deeper look. In the second installment of this two-part article, the authors suggest tangible pedagogic modifications to foster a sense of belonging for all students in the voice studio, including fat students. Micro-activism in the voice studio is a huge step toward systemic change, and it can have a profoundly positive impact on our students.

The authors utilize a fat liberationist framework, holding that all fat people are “fully entitled to human respect and recognition,” and to equitable treatment under the law and within our culture.<sup>3</sup> We reject the long held idea that fat bodies are problematic in the performing arts and believe that the performing arts industry should provide opportunities for performers of every body size to

participate. For too long, simply being fat while pursuing a singing career has been regarded as a problem, with the prescribed solution being to lose weight or find another career. This idea is fundamentally prejudiced and should be discarded. People in fat bodies should have the same access to work in the performing arts as people in thin bodies. It is not true that the bodies themselves need to change, instead, it is our thinking about large bodies that must evolve to become more inclusive. The entire performing arts industry must include bodies of every size as an accurate representation of the world. To make a start toward this systemic-level change, voice teachers can make our voice studios and our teaching practices truly size-inclusive.

## CULTURE AND CONTEXT

According to a 2016 study, the average American woman “wears between a Misses size 16–18 and a Women’s Plus size 20W.”<sup>4</sup> For many years, size 14 was considered to be the average size, but Christel and Dunn found that this “conclusion” was based on faulty interpretations of then 20 year old data, so it was never an accurate representation of the average American woman’s size.<sup>5</sup> Given this data, the average American woman is not a size 6, or even a size 14, but a plus size 20W. Therefore, the average American woman is fat.

Fat people generally live normal lives, until that normalcy is interrupted by anti-fat bias, be it implicit or explicit, systemic, or individual bias. Onstage (and in film and TV), fat characters are often defined by their “struggle with weight” or other fat-related trauma. In fact, this is not an accurate representation of the lives lived by fat people. For example, it is reasonable to cast a person in a fat body as a romantic lead, because fat people fall in love every day. Given that fat people are the majority in the U.S., our art is suffering from a lack of reality. Filling the stage with thin bodies limits the potential of musical art to reflect ourselves and the world in which we live.

Fat people are not failed thin people. Their bodies, in their current state, deserve respect and accommodation. Fatness is caused by many factors, including genetics, hormones, and environment.<sup>6</sup> Some fat people cannot lose weight for genetic or hormonal reasons. Most importantly, almost all diets fail. A review of several weight loss studies by Mann et al. concluded that “diet-

ing does not lead to sustained weight loss in the majority of individuals,” and it is, therefore, not an effective treatment for “obesity.”<sup>7</sup> Our culture is so completely built around the pursuit of thinness that it may even seem strange at first to regard fat bodies as legitimate, not a transient state of being before the right diet and exercise regimen. This article aims to show that performers in fat bodies have a place in the voice studio, on the stage, and in the world.

### **Fatphobia is Rooted in Racism**

There are many excellent books and articles dedicated to the history of fatphobia or anti-fat bias. For the purposes of this article, we will briefly summarize the racist roots of fatphobia. Prior to the late 1800s, being fat was “often linked to a generalized sense of prosperity, distinction, and high status,” because only people with plenty of money and bodies free of disease could achieve fatness.<sup>8</sup> With the rise of Protestantism in the United States in the early twentieth century, eating began to be demonized as “decadent and dangerous” and “yielding to appetite and passion.”<sup>9</sup> In other words, a religious group assigned a moral judgment to what they deemed “overconsumption” of food, a judgment that previously had never existed. At the same time, fatness began to be associated with people of color, and in particular, Black people. Medical doctors got involved later in the twentieth century, but since medical doctors at that time were almost all white men, the underpinnings of racism were still informing their definitions of what was considered a “healthy” weight. According to Strings, “the phobia about fatness and the preference for thinness have not, principally or historically, been about health. Instead, they have been one way the body has been used to craft and legitimate race, sex, and class hierarchies.”<sup>10</sup> The authors strongly encourage further reading, starting with Strings’s monograph, and articles by Stoll and Gailey.<sup>11</sup>

### **Intersectionality**

In a health-centric world, fatness is a physically identifiable trait that can inspire immediate judgment. When fatness intersects with marginalized gender identity, sexual orientation, socio-economic class, race, or ability, the level of precarity increases. Many of the statistics referenced in this article have concerned fat women, because “fat women are stigmatized more than fat men in U.S. soci-

ety.”<sup>12</sup> Fikkan and Rothblum found that fat women are less likely to be hired for jobs or accepted into elite colleges than their thinner counterparts, and less likely than men, as well, “whether the men are fat or thin.”<sup>13</sup> The data are still mired in the gender binary with notably less data for the experiences of male-identifying persons. The authors acknowledge that many people are living in nonbinary fat bodies, but research on their experiences is currently lacking. Further exploration of the intersectionality of fatness and gender identity is needed.

There is a longstanding link between poverty and fatness. Many believe that poverty causes fatness because of a lack of access to “healthy” food, but research suggests that it is the other way around. Ernsberger states that “social stigma against fat people leads to diminished social status and ultimately poverty through discrimination in education and employment.”<sup>14</sup> In other words, society stigmatizes fat people for being fat and then makes them poorer.

The racist roots of anti-fat bias still play out as “socially acceptable” bias in educational and medical settings. Saguy argues that “in a context in which overt expressions of racism are decreasingly tolerated, and in which rates of ‘obesity’ are disproportionately high among the poor, African American women, and Mexican American men and women, condemnation of people for being fat may offer a socially acceptable way of expressing racism and classism.”<sup>15</sup> Unchecked anti-fat bias can very easily become a proxy for misogyny or racism.

Because “obesity” is not considered a disability, many fat people are subjected to ableist micro- and macro-aggressions every day. Consider the size of an airplane toilet, the type of chair in a doctor’s office waiting room, or unsolicited comments from strangers, friends, or family members. Compounding factors of marginalization, or the “cumulative burden of discrimination,”<sup>16</sup> lead to increased stress levels, which can cause more negative health outcomes.

### **Discrimination is Legal**

In the United States, there are no federal laws protecting fat people from size-based discrimination. Fatness is not included in the Americans with Disabilities Act, and crimes committed based on anti-fat bias are not eligible to be considered hate crimes. At the state level, fat people are included in antidiscrimination laws in only two states:

Michigan and Washington. A handful of cities have voted to include fatness in antidiscrimination laws, but everywhere else in the country, fat people face housing discrimination, employment discrimination, education discrimination, and more. In most of the U.S., the law still protects the perpetrators of oppression and discrimination against fat people. Public support for the inclusion of fat people in antidiscrimination laws has increased in recent years, but little tangible progress has been made.<sup>17</sup>

### Fatness is a Spectrum

Within the term “fat,” there are several subsets that describe size, but more importantly, describe the privilege held by fat people of various sizes. Within the fat community, there is not any value placed on being a smaller fat person within the spectrum. “Small fat” denotes a plus-size person who can shop in straight-size stores, fits in airplane seats, and carries a lot of thin privilege. They may still face some medical and other types of discrimination. A “midfat” person is a plus-size person who is still on the smaller side of plus-sized, can always shop in-store at plus-size retailers, and often fits into airplane seats. “Large fat,” “Superfat,” and “Infinifat” describe someone who is at the larger end of the fat spectrum.<sup>18</sup> Superfat or Infinifat people cannot generally access clothing in person at plus-size retailers. They may need access to custom clothing and specialized high-weight-limit items. These terms are used by fat people to self-describe, if they wish, or to describe degrees of privilege or access. Please note that it is not appropriate to categorize a particular fat person by using these terms toward them. They are presented in this article to discuss varied levels of access and privilege.

### Clothing Shopping

Fat people face extremely restricted access to clothing, especially in brick-and-mortar shopping. Even though the majority of American women wear plus size clothing (which starts at size 12 or 14), only 19% of the clothing made is for plus sizes—and much is available only online.<sup>19</sup> Lack of access to professional-presenting clothing impacts education and employment and contributes to the erroneous stereotype that fat people are “lazy” because their clothes may be ill fitting or too informal. When traveling, if luggage is lost, fat people have severely limited access to clothing on the go.

Singers often need to find specialized clothing for performance, further limiting their already narrow access to basic garments. As selection decreases, cost often increases. A plus-size singer looking for a recital gown will have a much harder time than a straight-sized singer, and they will likely pay more for the item. A small fat or midfat person may be able to shop off the rack at plus-size retailers, but tailoring may be an additional necessity, adding more to the overall cost. For large fat, superfat, or infinifat persons, shopping in plus-size stores or online may not even be possible, and the entire recital gown may have to be tailor made. Customized clothing is extremely expensive and requires additional lead time to create, factors that are not often taken into consideration in training and professional settings.

### Obstacles in the Built Environment

Many of the structures we encounter every day in our built environment are devoid of consideration for large bodies. Airplane seats are uncomfortably small for many people, but for fat people, they can be entirely unusable. A midfat person might experience bruising from the armrests and face the shame of having to request a seatbelt extender, but a superfat or infinifat person likely will be required to buy two airline tickets. Therefore, flying can cost twice as much for fat people, limiting access to travel, for both professional development and leisure. This economic disadvantage comes atop huge wage disparities for folks in larger bodies.<sup>20</sup>

Another everyday microaggression that fat people face is the presence of chairs with armrests in theaters, concert venues, and even in voice studios and rehearsal spaces. Fat people often cannot fit in chairs *with* armrests, but they can fit in a chair *without* armrests. A variation on this obstacle is a desk attached to a chair, often used in educational settings. Again, fat people often cannot fit into these types of chairs. There is shame and stigma attached to the idea of asking for an alternative chair, which causes some fat people to avoid these settings altogether. Something as easy to fix as “type of chair” is preventing access to everyday spaces for fat people.

### Fat Stigma

At the heart of anti-fat bias is often the assumption that fat people are lazy and refuse to become thin. This is false, but nevertheless, fat people are subjected to this

assumption as the basis of fat stigma every day. Fat stigma is a cause of harm to people regardless of their body size or comorbidity health factors. Sutin et al. found that “weight discrimination was associated with an increase in mortality risk of nearly 60%,” and they included all BMI weight categories in their study.<sup>21</sup> The presence of stigma alone is a risk factor in mortality rates. Implicit, explicit, or systemic fat shaming does not make people thinner, but it does increase their risk of death.

A study by Vartanian and Novak showed that fat stigma results in the avoidance of exercise.<sup>22</sup> Exercise can be framed as a punishment for living in a fat body, or as a way to change the body, rather than a way to use, enjoy, and relate to the body. Exercise avoidance is a coping mechanism that can allow fat people to disconnect from the painful and abusive ways exercise has been used against them. It is also difficult for fat people to use exercise facilities, due to both fatphobic bullying and concern trolling. Often, fat people will be addressed in an exercise environment by a thin person in a presumptuous way, such as “Great job!,” “How much have you lost so far?,” or “You’re wasting away to nothing!” This type of unsolicited and inappropriate commentary reduces a fat person’s physical fitness to nothing more than a weight loss attempt. This type of language has been identified as a microinsult, a subcategory of microaggressions.<sup>23</sup> It can also elicit an emotional response from people with a history of eating disorders.<sup>24</sup> To improve health outcomes for fat people, we must work to increase access to exercise (or “movement,” an alternative term often used in the fat activist community) and address the stigma against fat people in fitness spaces. On an individual level, we can avoid commenting on fat people’s exercise and call in our loved ones if they cross this line.

Due to the deep roots of fat stigma, even commenting on a fat body with the intention of praising can be harmful. Any comment, positive or negative, is an invasion of privacy. Just as most women do not enjoy being cat-called in the street, even if the intention is to “praise,” fat people also do not want to hear comments about their bodies. This type of “body invisibility” or “body neutrality” is a privilege enjoyed by most thin people. In the gym, out for a walk, or in the voice studio, any comment about the body can spark an emotional response for a fat person. If the comment is further compounded by

perceptible pity or insincere cheerleading, the emotional response may be even more harmful.

### Medical Care

The topic of medical mistreatment of fat people is very important, with countless books and articles dedicated to exploring the disturbing discrimination. For the purposes of this article, we will only scratch the surface of this painful reality. The authors would also like to provide a trigger warning: The following information may be disturbing, especially to those who have experienced trauma at the hands of anti-fat bias.

People in larger bodies experience stigma and mistreatment in the medical arena, with sometimes fatal results. Fat patients who become ill or injured are often ignored at the doctor’s office and told only to lose weight without any other treatment plan for the acute issue at hand.<sup>25</sup> Bad experiences with weight-centric doctors can “cause stress and avoidance of care, mistrust of doctors and poor adherence,”<sup>26</sup> which can further compound already dangerous medical neglect.

The Body Mass Index (BMI) has long been used as the primary tool for diagnosing weight categories in the medical field. It is defined as a person’s weight in kilograms divided by the square of the person’s height in meters ( $\text{kg}/\text{m}^2$ ). Because only height and weight are used to calculate BMI, no measurement of bone, muscle, or fat composition is taken into consideration. The BMI was developed by Adolphe Quetelet (a mathematician and statistician, *not a physician*) in 1832. He intended for the BMI to be used as a measure of public health (i.e., the level of “obesity” of the general population), not as a measure of individual health. The squaring of height means that tall people will yield a higher BMI (implying that they are more overweight than they are), and short people will yield a lower BMI (implying that they are more underweight than they are). When measuring a large population, this all averages out. Unfortunately, when measuring individuals, the results are inconsistent. The formula could become more accurate for individuals with slight alterations, as suggested by Nick Trefelen, a professor of numerical analysis at Oxford University.<sup>27</sup> Inexcusably, rather than make this very simple adjustment to the math formula, physicians continue to use the inaccurate 1832 formula to calculate individual BMI, the result of which is used to discriminate against

people in the twenty-first century. For example, BMI measurements are used to calculate qualification for certain medical procedures, medical and life insurance rates, and employer-sponsored “healthy” discounts on insurance premiums. Rejecting the use of BMI to measure individual health is a form of micro-activism.

The so-called “obesity epidemic” has been tremendously damaging to fat folks. The labeling of fatness as an “epidemic,” akin to a contagious disease, was done by the medical industry itself, and it sent the entire world into a fatphobic panic. In 1999, the *Journal of the American Medical Association* published its first themed issue on “obesity,” wherein researcher David Allison and his colleagues asserted that “obesity” caused 300,000 deaths per year. This was not in fact causation, but *correlation* being misrepresented by respected scholars in a respected journal, and no one questioned this rookie research mistake. In 2004, the same flawed research was replicated by Mokdad et al., and used to assert that “obesity” caused early mortality to the tune of 400,000 deaths in the year 2000.<sup>28</sup> The major flaw in this study is that researchers assumed that “overweight and obesity result from poor diet and inactivity,” but they failed to test this assumption.<sup>29</sup> Regardless of its problematic methodology, this “research” yielded huge amounts of funding from the U.S. government, the NIH, and the CDC,<sup>30</sup> and through the media, significantly amplified anti-fat bias in the general population. The CDC also published and promoted these faulty results on its website, making them widely available to the general public.

In 2005, a new study was conducted by Katherine Flegal et al., and this time, proper research methodology was employed. Correcting the sample problems from the earlier studies, and controlling for gender, age, and smoking, they found that people in the “overweight” category of BMI had lower mortality rates than people in the “normal” weight category. In other words, people who were “overweight” lived longer than people who were “normal” weight. They also asserted that “obesity” and “overweight” status combined may only be *correlated* with approximately 26,000 deaths in the year 2000 and did not cause 400,000 deaths as Mokdad et al. had falsely claimed.<sup>31</sup> Unfortunately, Flegal’s research was seen as a threat to the “war on obesity” which was responsible for funding a lot of research.<sup>32</sup> The CDC quietly revised their findings, correcting their 400K num-

ber to 26K online, but the genie could not be put back into the bottle. The “war on obesity” was raging, fueled by sensationalist media and the medical industry itself, which was benefiting financially from the increased interest in funding research to fight a “disease” that they had invented.

The authors strongly encourage further exploration of medical neglect of fat persons and recommend monographs by Saguy and Greenhalgh,<sup>33</sup> and the edited collection by Rothblum and Solovay.

### The Diet Industry and Eating Disorders

The diet industry was valued at over \$192 billion in 2019 and is projected to reach over \$295 billion by 2027.<sup>34</sup> The thriving industry funds and therefore controls much of the medical research in the “war on obesity.” In 1998, the BMI threshold for “overweight” was changed from 27.3 (women)/27.8 (men) to 25, instantly changing millions of Americans from “normal weight” to “overweight.” These changes came as the result of a report by the World Health Organization, which was funded by the diet-pill pharmaceutical company, Hoffman-La Roche.<sup>35</sup> The diet industry has earned billions from this arbitrary re-categorization. No consideration was given to the fact that BMI is used to discriminate against people, nor to the impact of instantly marginalizing millions of Americans. The BMI categories (underweight, normal, “overweight,” etc.) are in fact, “socially constructed,”<sup>36</sup> and not rooted in any medical research.

The diet industry claims, without evidence, that fatness is a public health problem that can be solved through dieting. The CDC reports that 10% of Americans were on a weight loss or low-calorie diet in 2017–2018.<sup>37</sup> On college campuses, this number is even higher, with 41% of college students reporting that they were dieting for weight loss in 2019.<sup>38</sup> However, research shows that diets do not work long-term due to the neurological, hormonal, and metabolic changes that occur under conditions of restricted caloric intake.<sup>39</sup> The overwhelming majority of those who intentionally lose weight on a diet end up gaining the weight back, plus more.<sup>40</sup> Moreover, research shows that people who chronically diet or weight cycle experience negative health outcomes, such as a link to “higher blood pressure, depression, and eating disorders.”<sup>41</sup> In other words, not only do diets fail to work, but they can make people sicker. When a diet fails, the diet

industry preys upon the so-called diet failure, blames the dieter, and suggests another diet. Author Tracy Mann, who has studied eating for 20 years at the University of Minnesota's Health and Eating Lab states that the diet industry is "allowed to lie. These companies make their money off failure, not success. They need you to fail, so you'll pay them again."<sup>42</sup> The diet cycle is deeply damaging to fat folks, financially, physically, and emotionally.

When the American Medical Association voted in 2013 to recognize "obesity" as a "disease," they not only secured a cycle of reimbursements and treatments to increase profits within the medical industry, but they also created a perception that fat people are morally obligated to seek treatment for their fatness, regardless of the risks involved.<sup>43</sup> Dieting easily can become a gateway to developing an eating disorder. Because many fat folks avoid seeking medical support due to the discrimination they face, they may make decisions about dieting alone, in a shadow of stigma. Moreover, starvation-based diets are often recommended by doctors, with no evidence that they work. There is little distinction between extreme dieting and disordered eating patterns. Dieting often requires constant attention to food intake, exercise, weight loss, and body image. Daily monitoring of these factors can easily cross over into obsessive monitoring, which is a hallmark of disordered eating. The use of diet pills and laxatives to increase the reducing effect of a diet is also common, but it has been proven to increase the likelihood of an eating disorder diagnosis within five years.<sup>44</sup> The use of diet pills and laxatives is not innocuous, it is part of a category of purging behaviors, along with self-induced vomiting, which crosses the line from dieting to an eating disorder. Under the influence of internalized and institutional anti-fat bias, the serious risks of dieting may be too easily ignored, minimized, or accepted. Thinness achieved through disordered eating is medically reckless. Lyons goes as far as to state that "until there is long-term safety and efficacy data to support focusing on weight loss, it should probably not be recommended to anyone."<sup>45</sup>

### Some Good News

When faced with the power of the diet industry, the history of anti-fat bias, and the immeasurable negative impact of the "war on obesity," it may seem like our society has little interest in humane medical treatment

for fat folks. However, some doctors utilize the Health at Every Size (HAES<sup>®</sup>) principles. The focus of the HAES<sup>®</sup> paradigm "is to create an environment of respect for body size diversity and to support lifestyle behaviors and attitudes that can improve health and well-being for people of all sizes, rather than focusing on weight loss."<sup>46</sup> This philosophy is broadly favored by fat liberationists, and it is the model to guide healthcare for the new century. Looking beyond a weight-centric, or more accurately, *thin*-centric model of health, could have a profound positive impact on our entire society.

## CONCLUSION

In the first installment of this two-part article, the authors have provided extensive context and insight into the culture of discrimination that fat people face. As we await the publication of part two, the authors hope that the time will provide a chance for self-reflection and examination of implicit bias. Once the work of dismantling anti-fat bias in our own minds has begun, we can move into the proactive and rewarding stage of revising pedagogy, both in philosophy and in practice to foster a sense of belonging for all students. In part two, the authors will explore tangible steps to make a more size inclusive voice studio. Micro-activism in the voice studio is a huge step toward systemic change, and it can have a profoundly positive impact on our students.

## NOTES

1. The Association for Size Diversity and Health states that the HAES<sup>®</sup> principles promote health equity, support ending weight discrimination, and improve access to quality healthcare regardless of size; <https://asdah.org/health-at-every-size-haes-approach/>.
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  15. Abigail C. Saguy, *What's Wrong with Fat?* (New York: Oxford University Press, 2013), 20.
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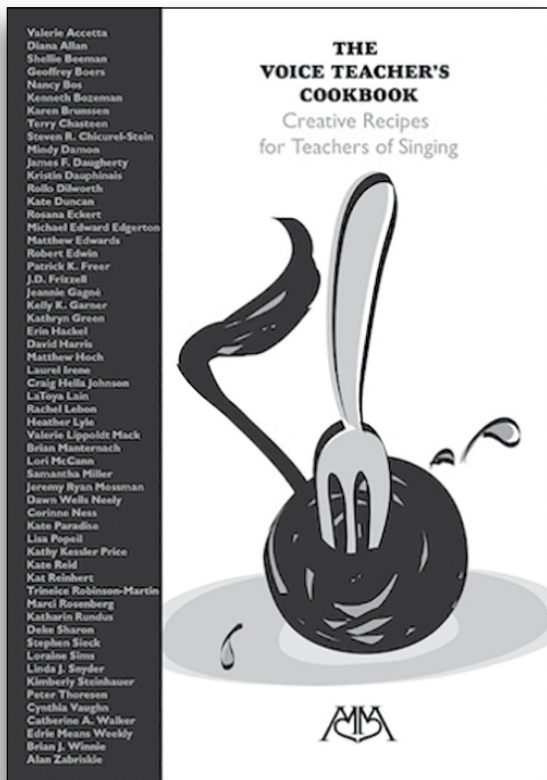
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- Dr. Elizabeth Ann Benson** is recognized as a dynamic pedagogue, scholar, and performer. She is an Associate Professor of Musical Theatre Voice at Auburn University, where she teaches applied voice for music theatre majors. She is the founder and owner of Benson Music Studios, specializing in voice training for musical theatre, popular, and contemporary singers and teachers. She has trained in numerous methodologies including Somatic Voicework™, the LoVetri Method, Soul Ingredients® Method, Rock the Audition with Sheri Sanders, and Vocal Health Education. Her book, *Training Contemporary Commercial Singers*, is hailed as “a remarkable and long-awaited contribution to the world of voice pedagogy” (*Journal of Singing*). Her current research program examines issues of equity, diversity, inclusion, and belonging within the voice studio. In 2021, she co-authored the seminal article “Practicing Equity, Diversity, Inclusion, and Belonging in the Singing Voice Studio,” published in *Voice and Speech Review* (with Trineice Robinson-Martin and Marisa Lee Naismith). She has been a livestream guest speaker with national and international organizations including the Grammy Awards MusiCares Program, NATS Chat, Institute for Vocal Advancement, Vocology in Practice, A Voice and Beyond Podcast, VocalFri Podcast, Voice Essentials, VoiceLessons.Com, and the SpeakEasy Cooperative. A versatile singer herself, Dr. Benson’s career highlights include opera (Carnegie Hall), musical theatre (Symphony Center), rock (The Hard Rock Café Atlanta), and virtual and live cabaret shows. Elizabeth holds a Master of Music degree from New England Conservatory, and a Doctorate from The City University of New York Graduate Center. She is both a graduate of the NATS Intern Program (2016) and a recipient of the NATS Emerging Leader Award (2012). She currently serves as a member of the NATS National Mentoring Initiatives Committee and directs the national “Mentoring over Coffee” program. (<https://elizabethannbenson.com/>)
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- Kate Rosen** is a singer, voice teacher, and outspoken advocate for fat folks. She runs the Kate Rosen Voice Studio, a successful independent voice studio outside Detroit, MI. Kate started a fat liberationist offshoot of her studio in 2021 called Fat Joy Voice, which serves musical theater singers in larger bodies who have traditionally been underserved and mistreated in mainstream musical theatre training. Her pedagogy focuses on joyful singing, collaboration, and inclusion.
- Kate earned her Bachelor of Music in Voice Performance from the Oberlin Conservatory of Music, and her Master of Music in Voice Performance from the University of Michigan. She is Level 2 certified in Somatic Voicework™ and has also studied Transgender Voice and Speech with Liz Jackson Hearn. Kate adjudicates for the Sutton Foster Awards, the Michigan branch of the Jimmy Awards, and has served on the Board of Directors for the Detroit Children’s Choir. She has performed at Detroit

Opera, the Castleton Festival, Opera MODO, and studied Czech diction and song literature at Moravian Masterclass in the Czech Republic. Role highlights include *The Rape of Lucretia* (Lucretia), *The Medium* (Madame Flora), *Le nozze di Figaro* (Cherubino), and *Così fan tutte* (Dorabella).

Awards include 1st Place in the Society for Musical Arts Young Artist Competition and an Encouragement Award from the Metropolitan Opera Laffont Competition. (<https://www.katerosenstudio.com/> <https://fatjoyvoice.com>)

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