Transgender women: their narrative on health, voice, and dysphoria

Mulheres transgênero: suas narrativas sobre saúde, voz e disforia

Mujeres trangénero: sus narrativas sobre salúd, voz y disforia

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Abstract

Introduction: the transgender woman, a person who identifies and performs in femininity, has increasingly looked for vocal therapy due to gender incongruence. **Objective**: to know the experiences and perceptions of these women about health, gender dysphoria, voice and society, to identify possible triggering factors of their discomforts and reflect on the speech therapy performance in this context, since health, in a broad view, is biopsychosocial, while voice, is a subjective construction. **Method**: Cross-sectional qualitative approach, with semi-structured interviews. Participants were found by the snowball technique and evaluation of the data was obtained by content analysis. **Results**: participants from the State of São Paulo, most of them study and/or work. They use hormones unsupervised due to the urgency of aligning with their gender identity. Negative social experiences generate discomfort and insecurity, showing that the other's point of view impairs self-perception. Thus, they seek passability to avoid harassment. The voice was seen as a trigger to have their bodies and gender questioned, and vocal therapy is seen as positive, for working on vocal potentialities, self-perception, and self-acceptance. Having peer support and positive transgender references provide greater self-confidence, acceptance, and reassurance in gender confirmation. **Final considerations**: psychosocial aspects, cisheteronormativity and demands of transgender people should be considered in transgender health care, including vocal therapy, as well as discussion about the demands of this public should be proposed in society in order to promote health and inclusion to this population.

Keywords: Voice; Transgender people; Social perception.

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TFS: study design, methodology, data collection, article outline, and critical review;
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Resumo

Introdução: a mulher transgênero, pessoa que se identifica e performa na feminilidade, tem buscado cada vez mais a terapia vocal em razão da incongruência de gênero. **Objetivo:** conhecer as vivências e percepções dessas mulheres sobre saúde, disforia de gênero, voz e sociedade, identificar possíveis fatores desencadeadores de seus desconfortos e refletir sobre a atuação fonoaudiológica nesse contexto, visto que a saúde em visão ampla é biopsicossocial e a voz, uma construção subjetiva. **Método:** abordagem qualitativa transversal, com entrevista semiestruturada. Participantes encontradas pela técnica bola de neve e avaliação dos dados obtidos por análise de conteúdo. **Resultados:** participantes do Estado de São Paulo, sua maioria estuda e/ou trabalha. Hormônios são usados sem supervisão pela urgência de se alinhar com sua identidade de gênero. Experiências sociais negativas geram desconforto e insegurança, mostrando que o ponto de vista do outro prejudica a autopercepção. Assim, buscam a passabilidade para evitar o assédio. A voz foi vista como estopim para terem seus corpos e gênero questionados e a terapia vocal é vista como positiva, por trabalhar as potencialidades vocais, autopercepção e auto aceitação. Ter apoio de pares e referências transgênero positivas propiciam maior autoconfiança, aceitação e tranquilidade na confirmação de gênero. **Considerações finais:** aspectos psicossociais, cisheteronormatividade e demandas das pessoas transgênero devem ser considerados na atenção em saúde da pessoa transgênero, incluindo a terapia vocal, assim como a discussão sobre as demandas desse público deve ser proposta em sociedade a fim de promover saúde e inclusão a essa população.

Palavras-chave: Voz; Pessoas transgênero; Percepção social.

Resumen

Introducción: la mujer transexual, persona que se identifica y se desenvuelve en la feminidad, ha buscado cada vez más la terapia vocal debido a la incongruencia de género. **Objetivo**: conocer sus experiencias y percepciones sobre la salud, disforia de género, voz y sociedad, identificar posibles factores desencadenantes de sus malestares y reflexionar sobre la actuación fonoaudiológica en este contexto, ya que la salud en sentido amplio es biopsicosocial y la voz, una construcción subjetiva. **Método**: Enfoque cualitativo transversal, con entrevista semiestructurada. Participantes encontradas mediante la técnica *snow ball* y la evaluación de los datos obtenidos mediante el análisis de contenido. **Resultados**: participantes del Estado de São Paulo, la mayoría de ellas estudian y/o trabajan. Utilizan hormonas sin supervisión por la urgencia para alinearse con su identidad de género. Las experiencias sociales negativas generan malestar e inseguridad, lo que demuestra que el punto de vista del otro perjudica la autopercepción. Buscan la pasabilidad para evitar el acoso. La voz fue vista como un detonante para que se cuestionen sus cuerpos y género y la terapia vocal es vista como positiva, para trabajar las potencialidades vocales, autopercepción y autoaceptación. El apoyo de las compañeras y referencias transgénero positivas proporciona una mayor confianza, aceptación y seguridad en la confirmación del género. **Consideraciones finales**: los aspectos psicosociales, la cisheteronormatividad y las demandas de las personas transgénero deben ser consideradas en la atención a sus salud, así como la discusión sobre sus demandas debe ser propuesta para promover la salud y la inclusión a esta población.

Palabras clave: Voz; Personas transgénero; Percepción social.

Introduction

A transgender person is someone who does not, to varying degrees, identify with behaviors or roles expected of the gender designated at birth[1]. The construction of gender identity involves performativity and expression of the body. Therefore, transphobia results from the perception of active body construction, where the idea of nature does not exist for transgender people whose bodies are seen as artificial and built[2].

Due to this, many transgender people pursue passability, which refers to the degree to which a person can convince someone of their own gender identity and be perceived as a cisgender person. The greater the passability, the smaller the chance of exposure to transphobia[2].

Heteronormativity describes the phenomenon of normativity that understands heterosexuality as natural, while other sexualities are considered pathological and abnormal. Similar reasoning exists between cisgenderism and transgenderism, where the latter is pathologized and marginalized. Therefore, as other studies have done before[4], this study adopts the term cisheteronormativity.

Cisheteronormativity is the norm that affirms that gender identity is connected to biological gender, assigned to birth, like sexual orientation. Society sees an individual who trespasses this hegemony as deviated and abnormal. In this manner, behaviors seen as natural are encouraged, while behaviors outside of the standard are opressed[3,4].

Beyond daily and chronic social stress, prejudice and discrimination can lead to minority stress[5], increasing the vulnerability of transgender people as they experience mental health issues, such as anxiety and depression[6].

Gender dysphoria is experienced as discomfort caused by the discordance between gender identity and sexual gender assigned at birth. There is a feeling of conflict between the expected gender role and the one performed as may exist distress about primary/secondary sexual characteristics[7].

Similar to other physical and behavioral characteristics, voice reflects the personality and can influence how individuals perceive themselves. Several vocal parameters are considered when defining a person's gender by voice, such as the melodic curve, rhythm, vocal intensity, and resonance[8]. Linguistic variation is also used for judging and evaluating gender[8]. Therefore, voice is a complex topic in which many adjustments and particularities impact the intra- and interpersonal field[9-11]. Vocal gender incongruence can cause the speaker distress and discomfort in a society that evaluates gender based on vocalization[12].

A person who aims to produce a more feminine or neutral voice may need to increase their voice's fundamental frequency (F0) during vocal training. Body movement during communication, expressiveness, and self-perception, they would need to modify their vocal resonance balance, intensity smoothing, prosody work, vocal breathiness, articulation of speech sounds, and vocabulary[8]. Non-verbal sounds, such as coughing, yawning, and huffing, can also be adapted[8].

Healthcare professionals should inform transgender patients seeking voice therapy that, regardless of social opinion, their voices are not dysphonic or altered; they are just different[8].

In speech therapy clinics, voice therapy is used by transgender people with variable needs. Health can be seen widely as biopsychosocial[13] and the voice is also constructed subjectively. All the issues that follow are relevant to the transgender person's care. Therefore, speech therapists must be aware of this population's experiences and perspectives, discuss them among peers, and internalize them for more welcoming and individualized care.

Objectives

This study aimed to analyze the reports of trans women about their health, gender dysphoria, voice, and society to identify possible discomfort triggers that may impact their behavior. In doing so, the study can investigate the role of the speech therapist in this context.

Methods

This is a cross-sectional qualitative study. Data was collected using semi-structured interviews, from November 2018 to April 2019, as part of the research project, "Voice of transgender women: self-perception and analysis of acoustic parameters." The present study was approved by the UNICAMP Ethics Committee of the State University of Campinas (approval no. 99789318.5.0000.5404/2018).

Participants were identified using the snowball technique[14]. The first participants were invited through social media. Those participants then referred others to the study[14]. Other LGBTQIAPN+ groups were contacted to recruit participants due to duplicate referrals. All participants lived in São Paulo and were mainly students or workforce members. This suggests that the group analyzed has a specific background, different from a significant number of marginalized transgender people in Brazil.

All participants signed an informed consent form and gave their permission to be recorded in the interviews.

Ultimately, 21 transgender women were interviewed using a script with six primary questions focusing on health, gender dysphoria, voice, and society.

The interviews were transcribed, and the material exploration and treatment of the collected data followed the steps recommended by Bardin[15] for content analysis. Pre-analysis, material exploration, and data treatment (inference and interpretation of the results) were performed. In several readings of the interview data, the three researchers identified relevant phrases and content that fit the research objectives. These themes were then grouped into categories and subcategories. Next, they were regrouped when complementary, arriving at four final categories.

The participants were symbolically given names of precious stones because they remain what they are in essence, whether polished or in their raw state. At the end of the analysis, the participants were invited to a meeting to validate and understand the study's results (excerpts used for dissemination and the categories created). This made them aware of what would be disseminated based on their statements.

Results

Table 1 shows the information related to participant characterization. The results are shown according to the category of analysis.

Table 1. Information about the research participants.

Participant	Age	Occupation	Hormone therapy (months)	Use of other medications	Marital Status	Education Level
Agate	22	Undergraduate student	13	No	Single	IGD
Ruby	23	Undergraduate student	69	Yes	Single	IGD
Quartz	33	Software analyst	21	No	Married	CGD
Diamond	38	Tax auditor	24	No	Married	CGD
Jade	25	Actress	24	No	Single	CGD
Amethyst	38	Legal forum clerk	36	No	Single	CGD
Sapphire	27	Undergraduate student	36	Yes	Single	IGD
Jasper	21	Undergraduate student	0	Yes	Single	CGD
Aventurine	32	Doctoral student	50	Yes	Married	CGD
Onyx	54	Psychologist	24	Yes	Married	CGD
Citrine	28	Administrative assistant	96	No	Single	IGD
Opal	24	Salesperson	8	No	Single	CHS
Tourmaline	28	Salesperson	132	No	Single	CHS
Pearl	33	Artist	180	Yes	Single	CHS
Zirconia	41	General helper	288	Yes	Single	CHS
Morganite	21	Undergraduate student	0	Yes	Single	IGD
Amber	19	Undergraduate student	0	No	Single	IGD
Fluorite	25	Doctoral student	108	Yes	Single	CGD
Hematite	47	Plastic artist	21	No	Single	CHS
Aquamarine	23	Entrepreneur	24	Yes	Single	CGD
Grenade	42	Cashier	288	Yes	Single	CGD

Legend: CHS - Complete High School; CGD - Complete Graduation Degree; IGD - Incomplete Graduation Degree

Four central cores and their respective categories were listed to identify the main topics presented by the participants.

Chart 1. Meaning Cores and categories.

Meaning Cores	Descriptors / Keywords	Categories
Perceptions related to the treatment received in the healthcare system	Stigma; acceptance; untrained healthcare professionals	• Voice • Speech and language therapy • Perceptions related to other healthcare professionals
Gender Dysphoria	Social pressure and conditions; lack of references; perception of the other	• Triggers and timely crisis • Genital reassignment surgery • Finding peers
Self-care	Self-medication; information network; hurry; healthy habits.	• Unsupervised hormone use (late onset and early onset) • Physical exercise • Mental health
Passability	Glances; judgment; safety; being in doubt about self	• Surviving • Approximation of the cisgenerity

Health – Unsupervised hormone use

The existence of transgender women who started hormone therapy without professional counseling but sought counseling in social media groups and with friends is well known. The urgent need for physical changes in some people prevents them from waiting for professional care when starting hormone therapy.

> *"[...] The realization of the time I lost in my life was very strong to me. Then, I had to change everything very quickly [...]"* (Amethyst)

As they gained experience using hormone treatment, one participant reported that she sometimes advised groups, particularly related to side effects of the treatment.

> *"I participate in a group where people exchange ideas, so if I see that something is very wrong, I usually give my opinion [...] So, I recommend consulting a doctor, especially [because of medication, which has caused thrombosis in many people [...]"* (Zirconia).

Some participants questioned the need to use hormones to be recognized as transgender.

> *"I stopped [using hormones] because my libido started to drop so much, my dick was not getting hard [...] then I saw a video of a trans actress [...] saying that her libido is the most sacred thing about her, and that's why she would never take hormones [...]. Then I thought: 'ah, I will test this on my body.'"* (Jade)

> *"There is a certain pressure like: 'Oh, hormone, when are you going to take it?' And such, but a long time, I took my time. It's just something I think, in the future [...]"* (Jasper)

Mental health

Mental health and psychological counseling are important for trans people. They can reflect on and address their own prejudices, understand the world, and undergo a process of self-recognition.

> *"[...] I'm going to see a psychologist too, so I can [...] see everything that needs to be done, because until a while ago [...] I used to see myself as a boy [...] as a transvestite [...], so we, who are trans, define ourselves as cis, right? A normal woman, who acts [...] like a woman [...]"* (Tourmaline)

Gender self-identification in childhood emerged as an issue in participants' reports. There is a movement in healthcare to legitimize transgender people when gender identification occurs early in life. In this sense, some participants were unsure about themselves because they did not identify themselves as females during childhood.

> *"It helped me a lot to create a self-report [...] So that I can understand how I was, how I discovered it now, why I hadn't done it before, and I'm trying it."* (Hematite)

Ruby reported physical exercises as a strategy for maintaining physical and mental health:

"[...] I had the courage to go to the gym, which I was always afraid of becoming more masculine [...], as the non-transition made me sedentary [...], so when after I started to get over it, I started to have a better relationship with my body and to have a bigger better social life. And because of that's how that I came out of depression and anxiety, understand you know? And then it also led me to eat better, to sleep better, to have a more sociable life, and I was progressively getting healthier and healthier." (Ruby)

Genital reassignment surgery

Some participants mentioned genital reassignment surgery during their report. While it can be an important dysphoria trigger, most participants in this study linked it to gender as a social construct.

"[...] my identity is feminine. But [...] I do not fully define myself with the female gender because of the genital, and I don't want to define myself with the male gender at all." (Diamond)

One participant also discussed the effects of the surgery.

"[...] It's a very aggressive surgery, you know? After the surgery, I will not be able to have children or to produce female hormones. Am I really going to have this surgery just for sex?" (Amethyst)

When expectations of affective and emotional relationships exist, sexual reassignment is seen as an option.

"if I met someone who likes me, who loves me [...] the way I am and everything, I probably wouldn't do it. I would be less tempted to do it [...] but I lost a lot of faith in people, you know?" (Ruby).

Family is important to the transgender population, influencing their process of acceptance.

"When a family doesn't support transgenders, there is a tendency for increasingly lower self-esteem, and (the person) starts getting sick. The first condition is depression. Then there is anxiety and even anxiety along with depression [...]" (Hematite).

Participants experienced those feelings in different ways:

"I believe that what [...] hurts me the most was [...] my parents [...] like, forcing myself to go to church[...], while they could have participated more in my life [...] coming to me and asking, 'What's going on? How do you feel? Are you suffering there at school?' [...] They missed that part a lot, you know?" (Opal)

Perceptions about healthcare professionals

Participants cited endocrinologists, psychologists, psychiatrists, and plastic surgeons among the most searched healthcare professionals in the previous year. However, it was difficult to find trained healthcare professionals in transgender care.

"[...] endocrinologist [...] psychiatry and plastic surgery [...]at the moment, I don't have trained professionals in these three areas - I don't have access to them even willing to pay for it, you don't find trained professionals. Or their schedule is already full." (Aquamarine)

The same participant added,
"The lack was really the technical aspect, since [...] I know there is very little research and little knowledge, right? So, we end up being guinea pigs." (Aquamarine)

The lack of willing professionals at healthcare facilities to provide a respectful and unprejudiced reception of these clients' needs was mentioned.

"[...] For example, talking to me with masculine pronouns [...] even after explaining how bad it is to me to be treated as a male. So, I don't know if they are not trained [professionals], if they lack empathy, but much of the healthcare system field is simply not prepared to deal with trans women." (Amethyst)

Nevertheless, she also reported positive experiences dealing with specialized professionals.

"I also had a hard time finding a psychologist. Now, I meet [...] an endocrinologist who is specialized in trans and my psychologist has done a lot of research and, finally, today I have appropriate care from the health system, but it was hard to find it." (Amethyst)

Speech and language therapy

Speech and language therapy were seen positively by the interviewees. This training is associated with improvements in voice, muscular potential, and behavior.

"Creating self-knowledge [regarding] the structure that produces the voice and everything, and so that I can deal with it better according to situations and, especially the emotions." (Ruby)

One of the participants had the following perspective on it.

"This kind of [...] self-knowledge that the speech-language therapy can bring is not only related to speech. I learn about posture and breathing [...] It's almost a secret, a magic secret that you can learn

[...], and it is a knowledge that could somehow be shared to the community [...] In my opinion, speech-language therapy is a matter of self-knowledge." (Onyx)

Gender dysphoria: triggers and timely crises

The participants frequently experienced dysphoria.

"It's a big nuisance. You think you're not you. You are in a body, but It looks like you're displaced from the way you are, and it looks like you're an alien [...]' (Agate)

They reported that dysphoria is not necessarily a continuous feeling but rather a crisis.

"There are times that you are feeling great, but then 30 minutes later, you are crying because you don't want it anymore [...] you want to give it all up." (Quartz)

Some participants used metaphors as a way to express themselves.

"It's like as you have a broken bone. The gender is like a bone. It is there with you all the time, it is supporting your life [...], but you do not realize that your bone is there unless it is broken, unless it hurts. Dysphoria is similar; you feel this pain, and you kind of have [...] to relate that to your gender, which is not a comfortable [...] position." (Aquamarine)

Voice

Voice was presented as a trigger leading to discomfort. The wish to change one's voice often appeared.

"I wish it was a little more... elaborated [...] My voice tone is very low." (Onyx)

"I believe that I have some issues [...], and sometimes I'm not sure if people like my voice... you know? [...] Yes, I have some issues with my voice too." (Aventurine)

The discomfort leads them to question their own personality and identity:

"I would like to express myself on one way, but I can't." (Onyx)

"Sometimes it seems that I'm being serious, with a deeper voice and [...] depending on the situation, it does not seem to match with my personality." (Citrine)

Even participants who did not report any discomfort with their voices felt that voice is an important topic that impacts the routine and well-being of their peers.

"You can't imagine how we, trans people, suffer with our voices. We suffer a lot since many of us still have very deep voices. Some still disguise their voices..." (Hematite)

Regarding their voice, the issue of cisheteronormative standards imposed on transgender bodies and the need for passability to look good and meet social demands was also raised.

"Do I really want to change my voice? [...] Or what really matters is me, defining myself and seeing myself like this, regardless of other people's opinions?" (Amber)

Identification with positive transgender role models was important to the participant's acceptance of their identities. The lack of peers with a good social image in the media and social context made the process of coming out as transgender difficult. Identifying themselves with peers was important for accepting their own voices:

"I really like to sing [...] and not having a voice such as the female singers I like, being able to sing comfortably songs of male singers, used to make me feel bad. That's why I was cured by transgender singers that I can sing, as 'As Bahias' [a Brazilian musical group of transgender women] songs..." (Jade)

Society and passability: approaching cisgenerity and survival

The participants see passability as approaching what is conceived of as feminine in society and being perceived as a cisgender woman.

"The more [...] feminine your appearance is, the more people will recognize you and treat you as a woman [...] and being able to recognize yourself more too, right?" I feel, for example, from my transition that I look at myself on the mirror, and I feel more comfortable with what I see now than with what I used to see before. (Aventurine)

Another participant agreed, saying,

"There are girls who like to pass as trans or transvestite. I don't. I'd like to be a real woman and pass easily because I believe that people look at you with less prejudice, you know?" (Tourmaline)

In this context, a more concerning account points to exhaustion in the search for passability.

"I don't want to fight every day for recognition and empowerment [...] it's very boring and very difficult. I cannot take it anymore. If I could, I would just be cis [...]" (Sapphire)

As reported, there is a broad spectrum regarding the issue of passability. These seemingly opposed views can be summed up in two statements: In Sapphire, who said, "If I could, I would only be cis," and Pearl, who said, "I don't really care about passability."

Passability is also a survival mechanism—it might ensure less exposure to violence, harassment, and humiliation.

"I believe it's a matter of survival, but in all places that I feel safe, I make a point of being less passable." (Amethyst)

Exposure to violence is a problem that can often be reduced depending on how passable the transgender woman is.

"People who are not passable are exposed to more violence, to more situations of embarrassment, and it is clear that we have to fight for [...] the fact that trans people with no passability should not imply embarrassment, violence, and lack of rights, right?" (Fluorites).

Discussion

All participants mentioned important considerations related to their bodies and voices. These went beyond aesthetic issues (a fit body, no stretch marks, straight hair) and were concerned with being required to express themselves according to cisheteronormative image and behavior standards.

This pressure arises due to normativity that creates a standard for how people should express themselves. It dictates what is hegemonic or deviated[3]. The need for duplication of something considered natural, allied with the repression of what is not considered natural, denaturalizes something already established[3].

The maintenance of cisheteronormativity occurs daily, between appearance, questioning, harassment, and directly interfering with a person's self-perception, what molds how they see themselves and build their own identities.

Araruna[16] states that the visualization, voice, and touch of others that impose expectations and truths on her also nourish her identity. She conforms to and explains it, showing a two-way

road in the character of her self-perception and self-construction in society.

Someone's judging views can be closer than imagined. Apart from a broad social prejudice, prejudice from one's family can be a detriment to mental health. Thus, family support is crucial for physical and mental health, reducing depressive symptoms and self-harm[17].

In that sense, we argue that dysphoria is not inherent in the transgender person. When it exists, its triggers delegitimize the identities of the trans person in the social context. It leads to marginalization and perpetuates stereotypes.

Despite the political mobilization of transgender women declaring themselves as transvestites, it is common to see cisgender people using this term in a pejorative way. Some cisgender people will classify transgender women as transvestites leading to exclusion, lack of work and intellectual opportunities, and connecting the "transvestite" with a masculine image.

The inability to achieve recognition as a woman and be treated as feminine caused participants discomfort and doubt in themselves. The perceived social stigma was a strong trigger of these discomforts that directly impacted their quality of life and self-acceptance.

Araruna's reflections[16] agree with the interviewees' reports on fear of speaking and being perceived as a caricature due to deeper voices carrying cultural content. Deep voices can socially conflict with physical characteristics. Being perceived as a counterfeit feminine body makes these women feel insecure.

Consequently, speech and language therapy is important to relieve gender dysphoria and achieve each person's specific goals in expressing their gender role[6].

There was also discussion of a deficit of healthcare professionals specialized and experienced in working with the transgender population. Unpreparedness is not limited to theoretical and intellectual training. The is a lack of information related to the needs of the LGBTQIPN+ population.

There are reports of disrespect for gender identity, harassment, and violence by healthcare professionals, discouraging the search for care and resulting in the neglect of health, physical and mental well-being[18-20].

Multiple barriers to care for transgender people have been identified in the southeastern United

States due to fear and mistrust of professionals. Inconsistent access to healthcare, disrespect, and mistreatment from healthcare professionals was mentioned by interviewees, due to the misalignment of this people's experiences related to gender, class, race, and location[18].

Misgendering is considered disrespectful and insensitive. This behavior was a common issue experienced by transgender women participating in the study during their initial healthcare interactions.

In Argentina, an attempt was made to identify factors that lead transgender women to avoid health care. The investigation found that a high proportion of respondents avoided care because of stigma and discrimination related to their identities within the healthcare system[19].

Health care for the transgender person goes beyond hormone therapy. It has implications of social support among the community and peers, who strengthen their identity by welcoming them[20].

Every healthcare professional who works with this population (or any other) must be familiar with gender variability, exercise cultural competence in his care, and show sensitivity to the care required by the patient[6]. Subjective issues and beliefs such as religion and political position should not be considered in a consulting room. Sex education also stands out as an important contemporary multidisciplinary area. It is necessary to invest in the training of healthcare professionals and educators[17], and citizens in general.

Queer theory is fundamental in destigmatizing transgenderism. It questions nature as the foundation of sexuality and problematizes the existing gender pairings, such as female/masculine, normal/pathological, sex/gender, and natural/cultural[21]. The theory of normativity is rethought as a whole in queer theory. The revised way of thinking articulates a discourse that escapes and repels the ideas imposed in a socio-political system that considers heterosexuality (as well as cisnormativity) as compulsory[22].

Passability is also based on other people's perceptions as this is sought to avoid harassment. The goal is to convince others of their own image and identity. Its purpose is cruel as it is based on the transformation of the body in the name of greater acceptance by the other and in seeking less exposure to transphobia. It implies the experience of transgenderism should be hidden and should only be seen when it approaches the cisgender norm.

Some participants clarified that they were not interested in looking like cisgender women. However, it was found that the more authentic the passability, the lower the chance of experiencing transphobia[3]. In addition to personal satisfaction, the comfort of not experiencing transphobia becomes the primary goal[23].

Although the responses vary considerably regarding genital reassignment surgery, it is understood that the intervention for transgender people is beneficial postoperatively. It results in well-being in aesthetic and sexual function[6], and the attenuation of stigmatizing male traits is important for these women[23].

The participants felt they knew of no other transgender people living without stigma. This lack of perceived quality of life for their identity leads to more feelings of insecurity and suffering. Identification with someone who went through the transition is fundamental for assuaging feelings of distress around the process. Participants felt that virtual forums were critical resources where they could help each other with information, experiences, and dialogues. This is a form of inter- and intrapersonal strengthening of the transgender collective. Another study demonstrated that the Internet played a significant role in finding information, reducing feelings of isolation, and promoting acceptance and validation of the trans identity[17].

Taking care of the body has been indicated as a strategy to help mental health and improve the relationship with one's body. Mental health is a key factor in the transition process. Many transgender women stress the importance of developing a psychological understanding of who they are to deal with everyday conditions, fears, and challenges.

Psychotherapy can be crucial in exploring gender identity and expression. It helps with the acceptance process, assessment and referral to other interventions, support for the patient's family, and dealing with other issues not necessarily related to transgenderism[6].

A speech therapist with access to this material can get an understanding of what transgender people go through and position themselves more conscientiously in the clinic.

Transgender experiences are varied, subjective, and multitudinous. It would not be correct to say that the experiences presented here are the only truth. However, this research does provide some insight into the experiences of transgender women

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and could help with the goal of enfranchising this population, spreading information, and promoting health and inclusion.

Final Considerations

Speech therapy is a positive opportunity for self-knowledge and control of one's voice, greater vocal tract mastery, and empowerment. Speech therapy illuminates the impact of judgment and prejudice on these women and affects their self-perception[16,24]. It reminds them of their voices and bodies' potential and the vast spectrum of sounds produced by men and women, cisgender or transgender (female, neutral, male - or other). Speech therapy aims to help them understand and use their vocal tracts in a healthy way, reducing the distance between "what I feel I am" and the "expression of what I am."

Healthcare professionals must confront their concepts and prejudices beyond binarity. They must disabuse themselves of the conforming goal of cisheteronormative standards for transgender women. These steps are crucial to stop healthcare professionals from disregarding transgender needs, desires, and goals regarding their gender expression.

We must emphasize that conforming trans bodies to cisgender standards, even for safety, does not deconstruct the cisheteronormative status quo. It does not sensitize actors who still do not see this population in an unprejudicial manner.

Acknowledgment

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