


# Speech therapy assistance to the transgender population: an experience report

Gilberto da Cruz Leal<sup>1</sup> , Andréa Gracindo da Silva<sup>2</sup> ,  
João Paulo Ferreira da Silva<sup>2</sup> , Melissa França Lima Martins<sup>2</sup> , Julia Fonsi Sanchez<sup>2</sup> ,  
Jonathan Leonardo Gonçalves Prudêncio<sup>2</sup> , Aline Epiphany Wolf<sup>2</sup> 

## ABSTRACT

An incompatible voice with one's own identity is a theme frequently pointed out by the transgender population in speech therapy sessions. Speech therapy is a technique that allows the adjustment of the speaker's voice within a range of possibilities. The speech-language pathologist's role is to provide training, guidance, and counseling to this population, taking into account the specificities of each individual. In light of this, this study aims to report the experience of undergraduate students and speech-language professionals in providing care to the transgender population in a communication laboratory. Initially, key concepts, such as the differences between sex, gender, gender identity, and sexual orientation, are presented. Topics addressed include the violence suffered by the transgender population, the pursuit of vocal adaptation, the creation and development of the communication clinic, the support and assistance provided by professionals to the transgender population and their families, as well as the procedures adopted by the clinic. Among the conclusions, it is highlighted that speech therapy has demonstrated the importance of individual-centered care, legitimizing the guarantee of promoting the users' health. Furthermore, the importance of the speech-language professional in the vocal and communicative improvement of this population, which is often stigmatized, is emphasized.

**Keywords:** Health services for transgender people, Voice training, Voice quality, Speech therapy.

## INTRODUCTION

At first, it is understood that the presentation and delimitation of key concepts to guide this work is of crucial importance. These concepts will include the definition of biological sex, gender, gender identity, and sexual orientation.

Biological sex, as pointed out by Ciasca, Hercowitz and Lopes<sup>1</sup> is related to the individual's biological aspects, anatomy, chromosomes, and hormones. For these reasons, biological sex is classified as male (XY, testosterone, penis, testicles, typical hair, and fat distribution), female (XX, vagina, uterus and ovaries, estrogen and progesterone, presence of breasts and typical hair and fat distribution) and intersex (an atypical biological condition related to differences in sex development)<sup>1</sup>.

Gender, on the other hand, is related to the social context, thus being a construction of roles based on the culture of a given place and time<sup>2</sup>. In this sense, it is understood that cisgenders are

individuals who recognize themselves as belonging to the gender assigned at birth and that transgenders, on the other hand, are people who do not identify themselves with the gender assigned at birth<sup>3</sup>, which can lead them to experiences of social violence and gender dysphoria.

Gender identity, in this context, can be understood as the way in which the person sees himself, identifies himself, and feels represented, that is, it is a self-reported aspect. It concerns how a person wants to be recognized and treated, regardless of their biological sex<sup>4</sup>. This person may or may not use expression devices to adapt or feel more belonging to the gender they identify with, using, for example, body and gesture expressions, clothing, and vocal patterns<sup>4</sup>.

Finally, sexual orientation involves emotional and loving aspects and/or sexual attraction to men, women, both sexes, none or all of them<sup>5</sup>. It is related to a dimension of the individual that comprises both personal and social identity, and which translates into their attractions and behaviors<sup>6</sup>.

<sup>1</sup> Universidade de São Paulo. Escola de Enfermagem de Ribeirão Preto. Departamento de Enfermagem Materno Infantil e Saúde Pública, Ribeirão Preto, (SP), Brasil.

<sup>2</sup> Universidade de São Paulo. Faculdade de Medicina de Ribeirão Preto. Departamento de Ciências da Saúde, Ribeirão Preto, (SP), Brasil.



When dealing specifically with behavioral aspects, it is emphasized that the person tends to behave in a certain way due to several factors, such as a feeling of belonging to a group, social stigma, personal values, beliefs, fear, or inexperience, and even for other reasons<sup>6</sup>.

Santos<sup>7</sup> points out that binary gender and compulsory heterosexuality are established through language. An example similar to those used by the author can be the predetermination of a baby's gender through prenatal ultrasound. In general, the professional, based on the supposed external genitalia visualized in the exam, affirms "he is a boy", or "she is a girl". From that moment on, parents and relatives tend to create a more feminine or masculine experience and social expression (pink versus blue), compulsorily determining the child's gender identity<sup>7</sup>.

It is known that the transgender (trans) population suffers constant forms of violence (verbal, physical, and emotional) and is historically stigmatized and marginalized in social contexts, mainly for deviating from the standards imposed as "normal" regarding gender identity within what we call binary and heterocisnormative contexts<sup>8</sup>. For these and other reasons, the vast majority look for ways to promote a visual and behavioral approximation of the typical social standards of the genres to which they belong, even making vocal and speech adaptations, which can lead to erosion of phonatory structures, as well as increase experiences of violence due to speech and communication stigmas.

The voice is an important instrument in people's quality of life. It is an integral part of the process of building identity, self-image, self-acceptance, and social receptivity<sup>9,10</sup>. According to Butler<sup>2</sup>, it is understood that the voice is a performative act of gender, that is, its characteristics have a direct relationship with the individual's gender expression, being considered an extension of the body.

The voice, even being a secondary sexual characteristic, has a prominent role in the construction of gender. For this reason, a voice that is incompatible with one's own identity is a theme frequently pointed out by the transgender population in speech therapy sessions. Because of this, it is extremely relevant to question the expectations

and perspectives of transgender people about their vocal production (standard and quality) and their expectations regarding the possible results achieved with speech therapy, surgical techniques, or available drug or hormone<sup>11</sup> treatments.

Corroborating the above-mentioned, Schmidt et al.<sup>12</sup> indicate that trans people have their voices judged daily by people who have no experience with vocal analysis. This unbridled judgment, according to the authors, can significantly impact the subject's integration with their gender identity.

Outpatient clinics or reference centers for the specialized care of trans people are spaces that contribute to reducing the lack of information on the part of society. This lack of information tends to generate episodes of irreparable violence, both physical and psychological, resulting in anxiety, depression, low self-esteem, and may even lead to suicide, among other factors that directly influence the quality of life. Furthermore, there is family rejection, discrimination, victimization, and transphobia as factors that contribute to reducing the life expectancy of this population, which today is 35 years, according to data from the National Association of Transvestites and Transsexuals<sup>13</sup>.

In view of the above, this study aimed to report the experience of undergraduate students and Speech Therapy professionals in the care provided to the transgender population in a communication outpatient clinic.

## EXPERIENCE REPORT

This is a descriptive study of experience report type developed after the experience of students and speech therapy professionals working in a public clinic in the interior of the State of São Paulo. As it is a report, this study does not require submission to a Research Ethics Committee (CEP).

The Voice and Communication Outpatient Clinic was created in 2017, initially in conjunction with the Human Sexuality Outpatient Clinic of the Department of Gynecology and Obstetrics of the Medical School of Ribeirão Preto, University of São Paulo (FMRP-USP). This outpatient clinic aimed and aims to contribute to the development of scientific research that demonstrates the

importance of speech therapy with the trans population along with other health professionals, as well as promoting more assertive and adequate communication according to the patient's needs.

In this way, it is aimed to contribute to a better quality of life for the trans population through speech therapy, hormone processes, and humanized care by doctors, psychologists, speech therapists, and nurses. In 2021, the Ambulatory was renamed the Voice and Communication Laboratory (LabComT) and was linked to the Department of Health Sciences at FMRP-USP.

The laboratory is located at the Specialized Center of Otorhinolaryngology and Speech Therapy (CEOF), which is part of the General Hospital at FMRP-USP and at the premises of the Department of Health Sciences.

Services are offered in person and remotely on Tuesdays in the afternoon (with exceptional services on Wednesdays). The average time for each service is 50 to 60 minutes.

The access of trans patients in the laboratory occurs through direct contact with undergraduate students of the speech therapy course at FMRP-USP or with the professor in charge; by indication of other trans patients; referral from other specialties; health professionals; and primary care.

Initially, university students and speech therapy professionals observe the care offered to trans patients behind a spy mirror. As it is a teaching hospital, the patients seen understand that this is a common routine in the service.

After consultations, the professor in charge discusses the case with everyone involved, clarifying doubts and defining conduct. Gradually, the consultations are carried out by the undergraduate student or by the professional who was previously observing.

All patients are welcomed by members of the laboratory who already have the autonomy to provide care under supervision. It is noteworthy that, according to the Ministry of Health, user embracement tends to favor the construction of relationships based on the trust and commitment of users to teams and services, contributing to the promotion of a culture of solidarity and the legitimacy of the public health system<sup>14</sup>.

Professionals and students begin welcoming by asking how the patient would like to be

treated (name, pronoun, etc.). This strategy is fundamental because the patient has not changed or will not change his name, in addition to the fact that many of them have just started the transition process. It should be noted, however, that if the patient wants to, it is possible to update the social name in the hospital's system, even if this change has not been made in the official documents. Those responsible for providing care will also provide guidance on where to perform this service within the hospital complex: the main reception.

Once these guidelines have been given, the reception and attention continue, addressing issues such as the use of hormones (type, dosage and management), the use of the binder vest (time of use and its impacts), the beginning of the transition process, affective relationships and family, and lifestyle.

In this first consultation, it is also discussed with the patient what he expects from speech therapy and what led him to seek care. After welcoming, the patient's vocal recording is performed using the Voxmetria software. This program allows the acoustic evaluation of the vocal sound signal from a wide variety of functions and parameters. A video recording of the patient is also performed to analyze and evaluate non-verbal communicative aspects, such as body posture, gestures, facial expressions, and general behavior. Together, professionals and patients define which characteristics of the subject will be maintained and which will be improved.

Then, if appropriate, protocols such as the Transsexual Voice Questionnaire Male-to-Female (TVQ) adapted for trans men, Vocal Quality of Life (QVV), Vocal Handicap Index (VDI) and the Hospital Anxiety and Depression Scale (HADS) to complement the patient's evaluation process and understand a little more their demands, expectations, and desires.

With practicality in mind, team members adapted the protocols to electronic format (Google Forms), thus ensuring the organization of information and the creation and updating of the database.

In general, it is recognized that the main demands brought by trans men are the worsening of the voice (mainly due to its instability) and trans women, its sharpness. This phenomenon is

recurrently found in the literature<sup>15</sup>. However, it is necessary to clarify that the students and professionals involved, such as LabComT, work with the communicative aspects of patients individually, as some of them report the desire not to be framed in just one gender expression but to flow between the possibilities, according to their social groups and love interests.

It should be noted that the concern of LabComT goes beyond the worsening or sharpening of the voice (even if these are the main demands), as it is also necessary to identify a conscious, authentic, and safe communication pattern, in addition to guiding family members so that they can give necessary support and support for the trans patient throughout the transition process.

Concerning guidance for family members, students and professionals make room for conversations and clarification of doubts (many parents or guardians have never spoken about the subject). As it was done in this study, LabComT members initially addressed the terms and concepts in a clear and personalized way, explaining that it is not a disease or rebellion, among other issues. At the same time, they point out the importance of family members throughout the process, highlighting their role as a support network.

Finally, it should be noted that because LabComT is part of a Specialized Center for Speech Therapy and Otorhinolaryngology, there is a constant exchange of information and knowledge among professionals in these two major areas and other professionals involved. It is possible to state that there is greater agility with regard to the performance of exams and procedures.

## DISCUSSION

Oliveira et al.<sup>16</sup> state that the existence of outpatient clinics for the care of trans people represents recognition of the inclusion of this population in the Public Health System - SUS, and their existence is extremely relevant, given the specificities and particularities of this group. Therefore, the principle of equity advocated by the SUS is reinforced.

The establishment of more places like LabComT, as well as other transgender reception

centers, can contribute to reducing the socio-emotional vulnerability in which a significant part of the trans population is found<sup>17</sup>, as well as contributing to the training and qualification of professionals because, according to with Usman-Shah and collaborators<sup>18</sup>, health professionals are generally not prepared to care for transgender people because they did not acquire or improve the necessary skills to deal with this population during their training. In this sense, the importance of LabComT is highlighted in terms of training its members.

Regarding the social name, the literature shows that trans people adhere to the social name to correspond to their identity and representativeness<sup>19</sup>. Nowadays, the social name can be inserted in official documents, such as identity and passport, and non-official documents, such as school enrollment and SUS card, which represents an advance for this population.

The social name is a legal right guaranteed by the Decree No. 8727 of 2016<sup>20</sup>. The resolution is clear in stating that the person who identifies as transgender or transsexual has the right to request, at any time, the inclusion of their social name in the records of official documents, information systems, records, programs, services, files, forms, medical records and other similar records maintained by direct federal, autarchic and foundational public administration bodies and entities<sup>20</sup>.

It is also noteworthy that in 2018, the Federal Supreme Court ruled that trans individuals have the right to change their name and sex in the civil registry, regardless of surgical evidence<sup>21</sup>.

It is understood that the disrespect to the social name is considered a serious violence against the trans person in the health services. It can even be a trigger for not seeking health services or even for abandoning treatments for chronic diseases<sup>22</sup>.

It is important to mention that although the speech therapist is not included in the Ordinance of the Transsexualizing Process, the vocal demands brought by the trans population when they seek care centers are notorious<sup>23</sup>. Even though not advocated by the ordinance, the presence of speech therapists is increasingly common in services that are qualified by the Ministry of Health<sup>24</sup>.

The procedures performed in the outpatient clinic vary according to each patient's demand and condition. Speech therapy will allow the adjustment of the speaker's voice, within a field of possibilities. In the case of a trans man, for example, to adjust the vocal and communicative pattern to a male model, a hormonal intervention is efficient by itself, eliminating, in this case, the need for a surgical intervention<sup>25</sup>.

It is essential to mention that speech therapy plays an important role in the communicative adequacy of these patients because to have a male communicative pattern, it is not enough to have a fundamental voice frequency lower than 150 Hz, which is a parameter widely used in our practices. There must also be a focus on gestural expression, vocal intonation, and speech articulation<sup>25,26</sup>.

In trans women, the demands are different, and due to the specificities of this group, the therapeutic planning and the techniques used are broader since hormone therapy does not produce any effect on vocal change, especially after puberty. In most cases, surgical interventions and speech therapy must be associated with each other so that more effective results are observed<sup>27</sup>.

Male and female voices have resonance patterns, speech rate, intensity, pitch, and other suprasegmental characteristics that differ from each other<sup>12</sup>. Therefore, changing the voice from a male to a female pattern (and vice versa) involves quite complex adjustments.

In an experience report descriptive, Silva et al.<sup>28</sup> investigated speech therapy assistance in promoting vocal health in transgender men. The authors pointed out that among several characteristics, the voice allows the phenomenon of possibility, which is when a trans man or woman is socially recognized as belonging to the transitioned gender and not to the sex and gender assigned at birth.

Barros et al.<sup>15</sup> show that when the voice does not represent the gender with which the speaker identifies himself or herself, its use can cause discomfort and directly interfere with issues of social origin. And, because of this discomfort, a very common defense mechanism of the trans population is their seclusion from social environments or situations that require the use of the voice.

The literature shows that the self-perception of trans people concerning their voice is fundamental for the transition process to be successful<sup>29</sup>. In this sense, we highlight the importance of the speech therapist's role in this process, providing a better quality of life, inclusion, and humanization.

## CONCLUSION

Speech therapy assistance has shown the importance of person-centered care, legitimizing the guarantee of health promotion for users. For the students and professionals involved with Lab-ComT, many benefits were and are evident since these experiences have allowed contact with a very heterogeneous public, which lacks follow-up, mainly due to social prejudice, which also reverberates in the Health area. In addition, it demonstrates the importance of the professional in improving the voice and communication of this population, which is often stigmatized.

Because it is an experience report with a primarily descriptive character, this study should not be used as a basis for the creation and/or development of public policies, and it may also not represent the reality of the entire Brazilian population. Therefore, generalizations are not recommended. However, this report is expected to serve as a point of reference for study and research centers and clinical centers that aim to introduce speech therapy care, specifically aimed at caring for non-binary people, in their service network.

New studies recommended to investigate the perception of the trans population assisted in this and other outpatient clinics/laboratories with a focus on voice and communication, aiming at improving the services and strategies adopted.

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Indication of the specific contributions of each author to the submitted work, inserting the initials of the authors involved in each of tasks listed, as described in AUTHORSHIP REQUIREMENTS:

In terms of the authors' roles, the following were adopted:

- a) Conception and design of the study: (GCL, AEW)
- b) Participation in the discussion of results: (GCL, AGS, JPFS, MFLM, JFS, JLGP, AEW)
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- d) Critical review of the content; (GCL, AGS, JPFS, MFLM, JFS, JLGP, AEW)
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- f) Supervision. (AEW)

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Corresponding Author:  
Gilberto daCruz Leal  
gilbertoleal@usp.br

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