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Analysis of Speech-Therapeutic Conduct in the Vocal Treatment of Trans and Transvestite Women in a Cisnormative Context

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Abstract

Introduction

The difficulty of transgender people to communicate verbally has several factors ranging from social to psychological. The voice as one of the main instruments of human communication contains numerous information of who emits it and gender is also part of it. The search for speech therapy of vocal aesthetics is an alternative for someone to readjust their voice to a more severe or acute region and can bring more security to the emitter. Investigating the motivations of this search for security and communicative comfort in trans people can highlight the social marginalization of this group that to protect themselves from possible discrimination, prejudice and/or even aggression resort to a possible passability in their vocal treatment.

Materials And Methods

The motivations of the search for 15 trans and transvestite women to speech therapy of vocal aesthetics were

analyzed through the comparison of the Transgender Voice Questionnaire (TVQ) and Voice-Related Quality of Life (VQOL) exams.

Result and Discussion

The search for gender social identity of the trans person is still based on the cisnormative social condition of male and female. Speech therapy is not aimed at results based on passability but the improvement of the vocal quality of trans people and updating the concepts of femininity and inclusive vocal masculinity for this group.

Conclusion

The search for gender social identity of the trans person is still based on the cisnormative social condition of male and female. Speech therapy is not aimed at results based on passability but the improvement of the vocal quality of trans people and updating the concepts of femininity and inclusive vocal masculinity for this group.

Keywords

Transgender People; Transvestite; Voice; Passability; Cisnormativity

Introduction

The human being communicates through multiple forms, whether through gestures, looks, facial expressions, body and voice. However, voice represents the largest form of communication for more than 50,000 years, given that words make up most of communication and are also able to convey the emotions contained in a message [1].

The complexity of the theme involving trans people is multi factorial. Not only because it is related to the body (form), but also to the psychological identity in how the individual understands him/herself in the world. An issue to be highlighted, and also linked to social, how society identifies this individual. In the cisheteronormative social context, gender identities are restricted to the biological condition (male/female) and, for this reason, end up being connected only to the genital. This point of view invalidates and represses behaviors and experiences that are outside this context [2].

In the construction of a new identity, the voice plays a fundamental role in the individual and social interpretation of the trans person. It is extremely important to include the perspective of the individual when the results of the procedures performed in the vocal intervention are evaluated. Self-image is an important component during this process and can be evaluated through instruments that help the individual to perceive his own voice [3].

The search for vocal quality through phonotherapy and surgeries has increased significantly in the trans environment so that the anatomophysiological readjustments allow the listener to identify the trans public by gender by which they identify themselves in daily events [4].

The voice of transgender people is often evaluated by individuals without knowledge in vocal analysis,

which can have a significant impact on their adaptation to the new gender identity. One study investigated how the fundamental frequency of voice, the feeling of femininity and satisfaction with one's own voice relate to trans people. Moreover, the results of this research indicated that the happiness of trans women and transvestites was not directly related to the fundamental frequency or perception of femininity analyzed by voice specialists or by people without training in the area [4].

When a person of a particular identity social group manages to transit in a divergent social group without being differentiated, that is, when a trans person can go unnoticed in a cis environment, this phenomenon is conceptualized with the term of passability. It is a resource by which people from different identity social groups use to not be discriminated against or socially segregated [5].

Vocal speech therapy covers all anatomophysiological areas that allow speech modulation through exercises therapeutic strategies that can lead to rehabilitation and aesthetic results, since voice is a moldable and adaptable communicative resource to various factors such as emotional state, sociocultural aspects and sexual condition [6]. With the growth of the search for vocal speech therapy of transgender people and have not been found in the literature a specific vocal gender classification that is inclusive for this public, voice therapy tends to be based on cisnormative vocal concepts and consequently exclusionary patients who do not have conditions vocal anatomophysiology of passability.

Therefore, the present study aims to analyze the motivations of the search for speech therapy vocal treatment of trans and transvestite women and relates them to the phonotherapeutic conduct.

Methodology

Study Model

This is a case study of the exploratory type of longitudinal analytical model with trans and transvestite women that in speech therapy focused on vocal aesthetics, characteristics that are not socially attributed in the concept of femininity. This research was approved by the Ethics Committee of the Veiga de Almeida University, Tijuca campus, under the number of opinion: 2.376.533. Before starting it, the participants received clarification and agreed to participate voluntarily, signing the Informed Consent Form (ICF).

Study Population

The study was conducted exclusively in trans women and/or transvestites who are in the vocal phonotherapy process. Factors such as age, transition time, profession were excluded because they did not present relevancy in the research.

Materials and Method

A questionnaire with 16 objective questions was developed through Google Forms based on the self-assessment protocols Transgender Voice Questionnaire (TVQ) and Voice-Related Quality of Life (VQOL) patients regarding their own voice and also the social impact caused by the speech characteristics of trans and transvestite women [7].

TVQ is a self-perception questionnaire. It is specific to trans people, developed to measure the perception

of this population as to their voice. This questionnaire, translated and adapted to Brazilian Portuguese, is composed of 30 items and has a variable classification scale from 1 to 4, 1 = “never”, 2 = “sometimes”, 3 = “often” and 4 = “usually or always”. The score ranges from 30 to 120, minimum and maximum, respectively. The higher the score, the worse the perception of one’s own voice [2].

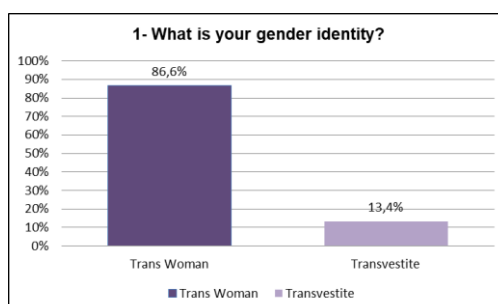
The VQOL presents ten items, six of physical domain (P) and four of social-emotional domain (SE); produces a total score and one for each domain. The items are answered on a five-point scale, in which 1 refers to “not a problem” and 5 “is a very big problem”. For the calculation of scores, a standard algorithm is used, which can vary from 0 to 100, the latter indicating the best possible quality of life [8].

A total of 15 trans and/or transvestite women who, as an essential criterion, were in vocal speech therapy participated in the study. The questionnaire was presented to patients who undergo the treatment of vocal confirmation in the Centro de Saúde Veiga de Almeida (CSVA) and in the outpatient clinic of trans voice and transvestites of the Institute of Infectology of the Oswaldo Cruz Foundation – INI/FIOCRUZ.

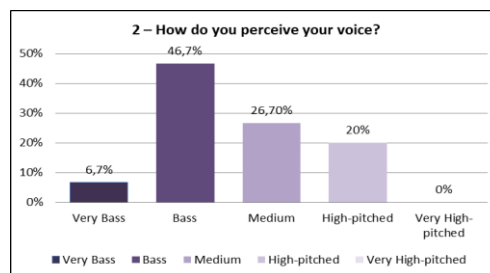
For the inspection of the questionnaire, the results were illustrated in graphs through the Excel program with the appropriate percentages of the answers obtained in the survey.

Results

Most trans and transvestite women have anatomically structures of the intrinsic muscles of the larynx and resonators that tend to the severe regions of the vocal pitch spectrum (voice sensation) that are socially associated with the male gender and this social and psychological impairments related to gender dysphoria. Among the research participants, 86.6% identified themselves as trans women and 13.4% as transvestites. (Graph1) As for the self-perception of the voice of these participants, 6.7% were identified as very severe, 46.7% as severe, 26.7% as average and 20% as acute. There was no response to very high voice (Graph 2).

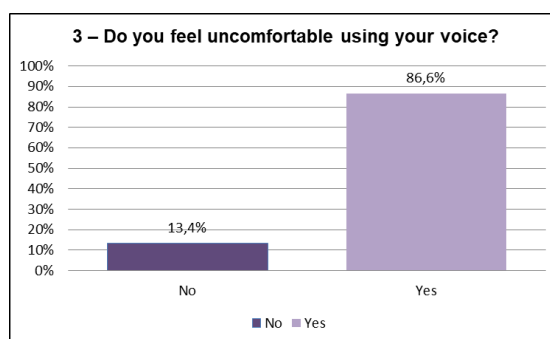


Graph 1: Percentage of gender identity of study participants.

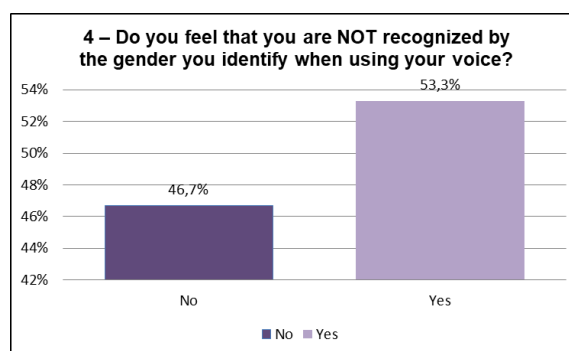


Graph 2: Percentage on participants' self-perception of voice.

Participants were asked about their dissatisfaction with current condition of their own voice, 13.4% of participants did not feel uncomfortable when using their voice and 86.6% felt (Graph 3). Regarding the non-recognition of the gender by which participants identify themselves when using their voice, 53.3% do not feel recognized and 46.7% feel recognized (Graph 4).

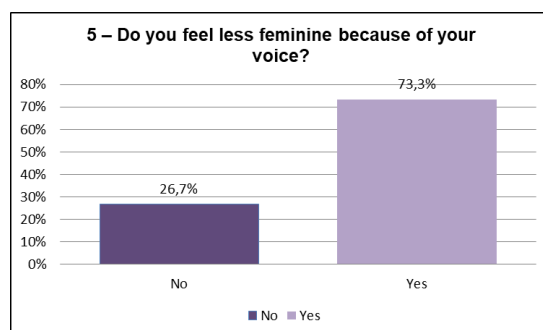


Graph 3: Percentage of participants who feel uncomfortable using their voice.

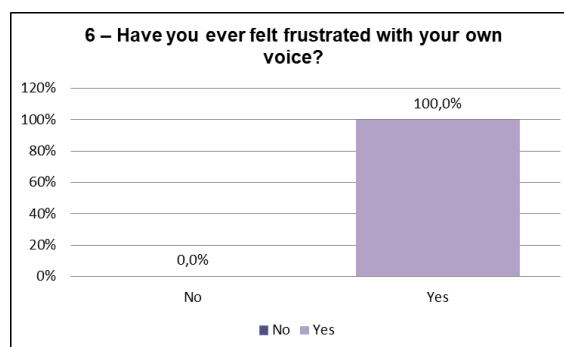


Graph 4: Percentage of Participants regarding the non-recognition of the gender by which they identify themselves when using their voice.

We asked participants how they felt about possibility because of their voice, and a total of 26.7% said they don't feel any less feminine and 73.3% felt less feminine. (Graph 5) Regarding the frustration related to their own voice, 100% of the participants feel completely frustrated. (Graph 6)

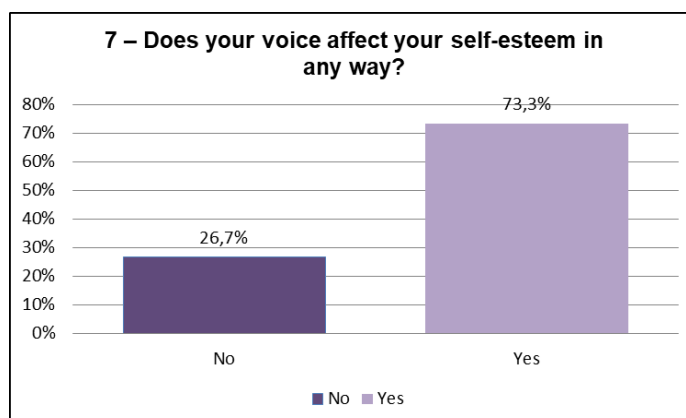


Graph 5: Percentage of participants who feel less feminine because of their voice.



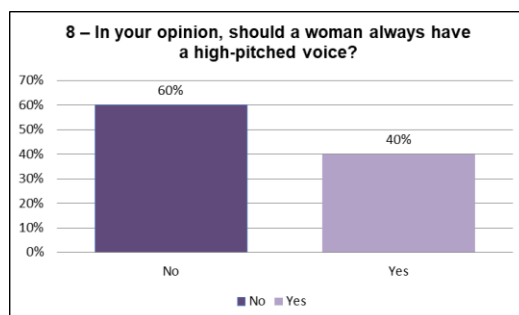
Graph 6: Percentage of participants who have ever felt frustrated with their own voice.

As for the damage to their self-esteem, 26.7% do not feel harmed and 73.3% feel their self-esteem has been harmed (Graph 7).



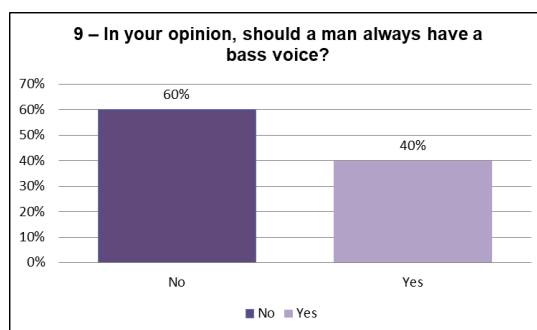
Graph 7: Percentage of participants who feel that their voice somehow undermines their self-esteem.

We also asked social questions. Minority, the need to be under the vocal cishnormative standards was presented. The questions were directed in a generic way. This did not include the motivations for the personal search of the patients themselves. A total of 60% of the participants do not believe that the woman should always have a high voice and 40% believe that the woman should semprept the high voice (Graph 8).



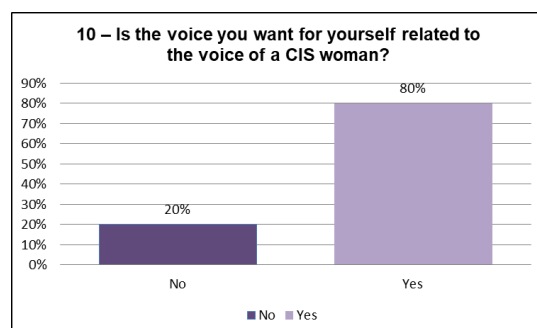
Graph 8: Percentage of participants who believe that women should always have a high-pitched voice.

We questioned the participants about the fact that they have a low voice and 60% of the participants do not believe that the man must necessarily have a low voice and 40% believe that this is the profile(Graph 9).



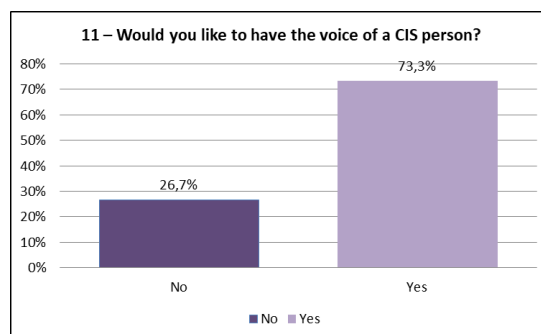
Graph 9: Percentage of participants who believe men should have a low voice.

Questions that included the personal motivations of patients regarding the use of their own voice and whether they presented, for the most part, a search for adequacy in the cisnormative standards were also asked. As for the percentage of participants who answered that the voice desired for themselves has some relation with the voice of a cisgender woman. Of these, 20% answered no and 80% answered yes(Graph 10).



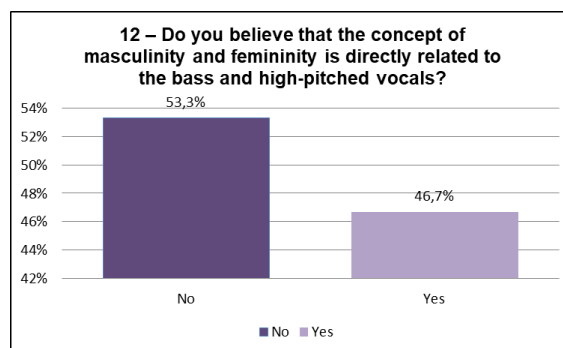
Graph 10: Percentage of participants who answered that the voice you want for yourself has some relation to the voice of a CIS woman.

As for the percentage of participants who would like to have the voice of a cisgender woman, 26.7% answered that they would not like and 73.3% that they would like to. (Graph 11)



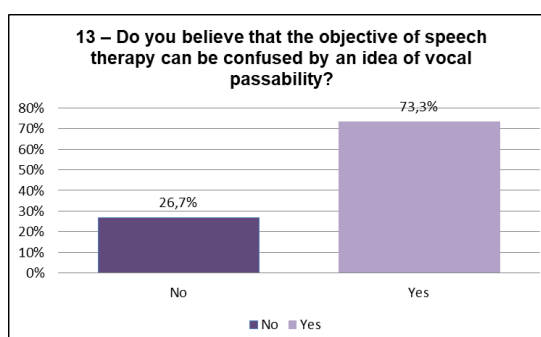
Graph 11: Percentage of respondents who would like to have the voice of a CIS person.

Biologically, the concept of masculinity and femininity shows a direct relationship with the voice, 46.7% of the participants agree with this statement and 53.3% disagree (Graph 12).



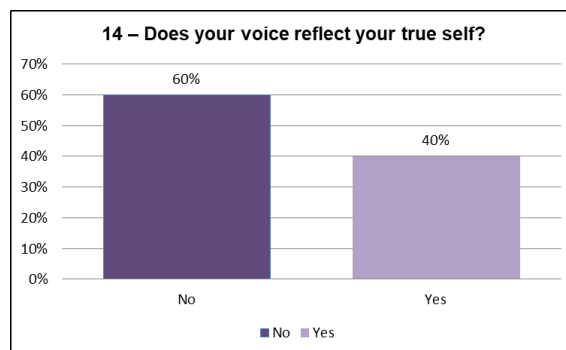
Graph 12: Percentage of people who believe that the concept of masculinity and femininity is directly related to bass.

26.7% of participants do not believe that the goal of speech therapy can be confused by an idea of vocal passability and 73.3% believe that it can (Graph13).



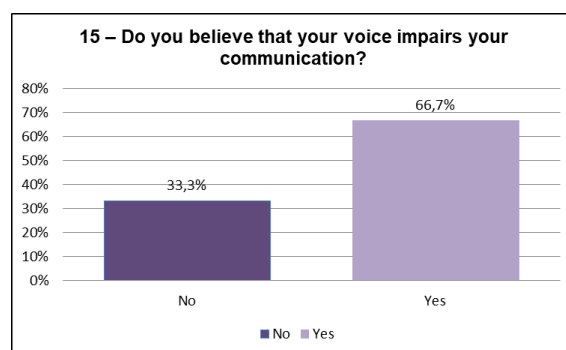
Graph 13: Percentage of participants who believe that the purpose of speech therapy can be confused by an idea of vocal possibility.

Regarding vocal perception, it was asked whether the voice reflects his personality and 60% of the participants do not believe that his voice reflects his true self, while 40% answered yes (Graph 14).



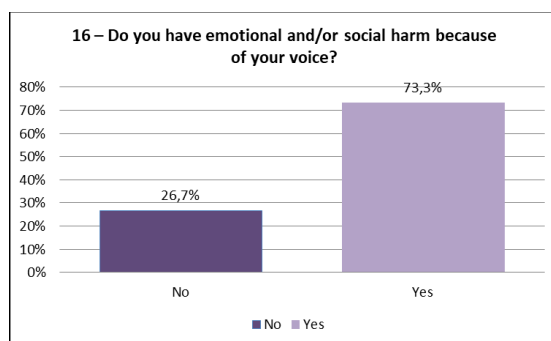
Graph 14: Percentage of respondents who believe their voice reflects their true “selves”.

Among the participants, 33.3% of them do not believe that their voice impairs their communication and 66.7% believe that there is damage (Graph 15).



Graph 15: Percentage of participants who believe that their voice impairs their communication.

Concerning emotional losses, 26.7% of the participants do not believe that emotional and/or social losses related to their voice occur, and 73.3% report emotional and/or social losses (Graph 16).



Graph 16: Percentage of participants who believe they have emotional and/or social impairments because of their voice.

Discussion

The present study analyzed the motivations of the searches for vocal speech therapy and compared with the characteristics of a possible search for possibility, speech therapy aims to expand the self-perception of the use of voice through myofunctional vocal exercises and exploration of resonators, opening the possibility of developing new timbres, pitches, volume, prosody and among other characteristics of speech

that enable communication with more safety, health and effectiveness. The increasing visibility of the transgender community has aroused greater interest among health professionals for a practice based on in-depth knowledge of the particularities of this population and, especially, cultural competence [9]. Still today, the binary and biologicist reading about the bodies of trans people demonstrate a political-social condition and the demarcation of the terms “cis” and “trans” place an opposition to the terms “real women”, “biological men”, “normal women” and “men born male” commonly used to invalidate, exclude and/or disparage a person who identifies with a gender other than that attributed to him socially by birth based on his genitals [10].

The cisgenerity antagonizing transgenerity assigns relational value to the two terms, and the public of trans and non-binary adults represent only 2% of the Brazilian population and as consequences have if the social standardization of the dominant group that marginalizes bodies and individuals that are outside the cisnormative standard. The influence of cisnormativity in the lives of trans women and transvestites impose on them physical and social characteristics of a cis woman and may have as a consequence symptoms of gender dysphoria that is diagnosed by DSM- 5 as the affective and cognitive incongruence with the sex assigned to him at birth, with enough intensity to produce clinically significant suffering, compromising the social, professional or other relevant areas of his life [8].

The voice as one of the main instruments of human communication does not only bring to the recipient the message contained in a dialogue, but can also bring with it information from the sender, such as expressing emotions, personality traits and in the cisnormative context gender. And about the gender information attributed to vocal characteristics, cisnormativity interferes with the social quality of trans and transvestite women who may be outside the vocal parameters of a cis woman and speech therapy inserted in this social context should not aim to hide or make a trans or transvestite woman go unnoticed, the search for passability as a resource, presents a social ambiguity and may present risks, since it is understood that passability does not guarantee that social refusal through gender diversity is remedied [11].

In 1990, the World Health Organization (WHO) removed homosexuality from the International Classification of Diseases (ICD) and replaced the terminology for homosexuality because the suffix “ism” is associated with disorders and illnesses. In Brazil, in 2001, the State of São Paulo approved Law 10,948, which provides a penalty for discrimination based on sexual orientation and gender. And in June 2019, the crimes of LGBTQIA + phobia began to be framed by law 7716/89 that equates such acts with the crime of racism in Brazil.

Although there are laws and more and more trans and transvestites people gain greater social recognition, it is still necessary to make a lot of political demands and activities-women and travestites are recognized by the gender to which they identify and having communication as the main object of study It is essential that the speech therapist responsible for trans and transvestite patients understands that voice therapy permeates the treatment of voice alone, that is, it is also in the interposition of information of the concept of vocal femininity based on the cisnormative context.

Conclusion

From the findings of the research, it is possible to conclude that many trans and transvestite women still seek voice therapy to adapt to gender cisnormative standards and acquire characteristics of passability. Communication as an object of study of speech therapy can not only be restricted in individual cases of patients, but also to the social phenomena to which they are inserted.

With this perspective, it is important to emphasize that it is not the function of voice therapy to adapt voices to pass ability, which has as a characteristic the social invisibility, but rather explore the diversity of voice and speech and allow the patient quality and aesthetics that are in accordance with their individuality. It is necessary to dissociate the vocal treatment based on passability and the construct of femininity that are associated with cisnormativity.

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