

THE IMPORTANCE OF GENDER-AFFIRMING VOICE THERAPY FOR TRANS WOMEN

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Abstract: *A voice that does not match one's gender identity can contribute to gender dysphoria. Therapy to feminise or masculinise the voice is, therefore, an important part of the gender transition process for transgender people.*

The purpose of this paper is to explore the perspectives of transgender women on voice feminisation therapy. Three transgender women undergoing voice feminisation therapy participated in this qualitative study. Semi-structured interviews were chosen as the method of data collection, and the data were processed using thematic analysis. The thematic analysis revealed three main themes: the motivation for voice change and the reasons for voice therapy, the challenges encountered during the process of voice feminisation, and participants' experiences of voice therapy.

Although the experiences of the participants varied, they consistently emphasised the positive effects of therapy on self-confidence, quality of life, and a reduction of gender dysphoria. In addition, this study emphasises the need for increased accessibility of information about transgender services, as well as an increase in the number of vocal therapists offering these services.

Keywords: *transgender women, voice therapy, personal perspective*

INTRODUCTION

The discrepancy between vocal characteristics and gender identity or expression has been identified as a major cause of gender dysphoria in transgender individuals, particularly transgender women (MtF). Voice, particularly voice pitch, is a common cause of misgendering (Gibbs, 2024) because it may not align with a person's gender identity (Varga & Bonetti, 2016). Ziltzer et al. (2023) highlighted voice as a major cause of gender dysphoria in transgender women, transgender men, and non-binary individuals in relation to

dysphoria from the face and neck. Research points to the positive effects of voice therapy on transgender people (Leysn et al., 2024; Nolan et al., 2019). Positive outcomes include improved social perception of voice, greater client satisfaction with their voice, changes in acoustic parameters (f0) in both transgender men and women, and an overall improvement in quality of life after therapy (Gelfer & Tice, 2013; Mills et al., 2019). In addition, research by Ramírez-Arroyo et al. (2022) showed that vocal self-perception significantly affects the quality of life of transgender women. All respondents reported unfeminine vocal self-perception, which correlated with a negative assessment of their quality of life. The respondents cited the desire for a voice that matches their gender identity and does not "give away" their transgender status in public as the main motive for voice therapy and/or surgical feminisation of the voice (Ramírez-Arroyo et al., 2022). For successful health behaviour changes, a patient must have sufficient self-efficacy and motivation to engage in and continue voice therapy (Bonilha & Dawson, 2012). Motivation is vital in voice therapy for trans women because it fosters engagement, and ultimately supports individuals in finding a voice that aligns with their identity and contributes to their overall well-being.

It is particularly important to emphasise that the issue of support for transgender women is a matter of human rights and social inclusion, and that they can experience stigmatisation in society (Verbeek et al., 2020). Transgender individuals belong to a very vulnerable group that faces numerous prejudices, potential social exclusion, and

a lack of adequate support from both the environment and the system. Therefore, it is crucial to lay the foundations for the inclusion of transgender people - in this case, transgender women - in society. Recognising and amplifying the voices of transgender women is consistent with the principles of participatory action and inclusive research design (Singh et al., 2013).

An essential aspect of voice therapy for transgender clients is building mutual trust and respect between the therapist and the client. Transgender individuals often face various forms of discrimination when interacting with gender-affirming caregivers, which can lead to mistrust among professionals, including vocal therapists. It is critical to provide competent care, which includes familiarising oneself with the gender transition process and appropriate terminology, respecting the client's preferences (e.g., preferred pronouns), as well as considering the psychological and social factors specific to transgender clients. While quantitative research on the effects of voice and speech feminisation therapy for transgender women is abundant, there has been an increase in the number of qualitative studies examining the relationships that transgender individuals have with their voice and their experiences with voice feminisation. Qualitative research provides direct insight into how participants experience the world around them, as well as their attitudes and motivations (Oranga & Matera, 2023). This information allows clinicians to re-evaluate and modify their approaches to therapy with transgender clients (Leyns et al., 2022).

Aim and research questions

This article aims to gain insight into the perspectives of transgender women on voice feminisation therapy, focusing on their motivations for changing their voice, experiences after beginning therapy, perceived benefits or challenges, and recommendations for improving the therapeutic process.

The following research questions were addressed:

1. What are the experiences of transgender women with respect to voice feminisation therapy?
2. What possibilities do transgender women recognise to improve the process of feminising their voice?

METHODS

Participants

The study participants were selected through purposive sampling according to the criterion of participation in feminisation therapy for the voice (Campbell et al., 2020). Three female patients who had previously undergone therapy participated in the research study. The participants were adult transgender women who had undergone voice therapy. Although only three participants took part in the study, their insights offer valuable and in-depth perspectives on the topic. It is important to emphasise that the participants of the study were not selected according to specific criteria, but represented people who have had experiences with the voice therapy process in our context and were willing to share their personal experiences. The participants were adult transgender women (18+ years) whose transition process began one to two years prior to undergoing voice feminisation therapy (medical intervention with hormone therapy). They perceptually evaluated their voices as male. In terms of expectations, all subjects felt that their ideal voice was somewhat feminine. Since the research focused on the perspectives of transgender women, it was essential that the participants were in the final stages of the therapeutic process (before post-treatment follow-up). Anonymity and confidentiality were prioritised in all the phases of the study. In addition, special care was taken to ensure the well-being of the participants and maintain a trusting relationship throughout the interview process, as well as after its completion.

Data collection

A semi-structured interview was conducted (Ruslin et al., 2022) with pre-defined research topics related to motivations for voice change and experiences of participating in voice feminisation therapy, allowing for the exploration of additional

information. This study was approved by the Ethics Committee of the scientific institution. To ensure that participation was voluntary, each participant signed a consent form before the interviews began. This document primarily guaranteed anonymity and confidentiality, as well as compliance with all ethical principles of qualitative research. Before the interviews, the participants were informed about the research objectives and methods of data collection. They were also assured that they could withdraw from the study at any time and refrain from answering the questions.

Data collection took place in June 2024. The interviews were conducted in rooms with a pleasant atmosphere and no background noise. To ensure the credibility of the qualitative research, three researchers were involved in the coding process. This collaborative approach followed the principle of triangulation as a method to increase trustworthiness in qualitative studies. The interviews were recorded and transcribed verbatim. After transcription, the audio recordings were destroyed, and the transcripts were anonymised, i.e., they did not contain any personal or identifying information.

Data analysis

Thematic analysis was used for qualitative analysis of the interview responses. The themes were identified solely from the explicit statements made by the participants, without looking for hidden meanings or reporting on anything that the participant did not say directly (Braun & Clarke, 2006). The analysis followed the six steps described by Braun and Clarke (2006). The first step was to familiarise oneself with the data, which involved transcribing and reading transcripts. This

was followed by an open coding process, in which participants' responses were categorised into codes that summarised the relevant information. Once coded, potential themes within the codes were identified and reviewed, with the possibility of sub-themes ('themes within themes'). Themes were then clearly defined and named. The final step of the thematic analysis was to report on the identified themes and explore the links between them (Braun & Clarke, 2006).

RESULTS

Below are the results of the thematic analysis conducted in the form of themes with the corresponding codes. For clarity, the results are presented and explained in the tables and then discussed further.

The themes focus on the motivations of transgender women for changing their voices and their specific experiences with voice feminisation therapy, with an emphasis on the recognised benefits and recommendations for improving the process. The following section presents the results of the thematic analysis related to the motivation for voice change, as influenced by self-perception of the voice and the perception of the voice by others.

Motivation for voice change through self-perception of the voice and perception of the voice by others

Participants' motivation to change their voice was based on their own perception of their voice and how they believed others perceived them. These perceptions are detailed in the table along with the specific reasons for including them in the therapeutic process (Table 1).

Table 1. Overview of themes and corresponding codes for the thematic area - Motivation for Voice Change and Reasons for Voice Therapy

Motivation for Voice Change and Reasons for Voice Therapy	
Themes	Codes
Perception of their voices before the feminisation process	<ul style="list-style-type: none"> • Awareness of a deep voice (Part 2) • Strong gender dysphoria related to voice (Part 3) • Lack of self-confidence due to voice pitch (Part 2) • Avoidance of using voice in public (e.g., in stores, public transport, bakeries, etc.) (Part 2, Part 3) • Desire to change voice to align with desired gender identity (Part 1, Part 3) • Lack of awareness of one's own voice and greater emphasis on others' perception of the voice (Part 1)
Perception of voice by others	<ul style="list-style-type: none"> • Perceiving the voice as masculine in social interactions (Part 2, Part 3) • Misgendering due to a mismatch between gender expression and voice pitch (Part 2) • Discouragement in situations of misgendering (Part 2) • Avoidance of using voice in public (e.g., in stores, public transport, bakeries, etc.) (Part 3) • Desire to achieve "passing" in social interactions (Part 1, Part 2, Part 3)
Reasons for inclusion in voice feminisation therapy	<ul style="list-style-type: none"> • Unsuccessful attempts to change voice independently at home (Part 2) • Following instructions from online sources to modify the voice on their own (Part 1) • Difficulty understanding instructions and numerous doubts about independent voice modification (Part 1, Part 2) • Perception of the self-modified voice as unnatural by others (Part 2) • Desire for feedback and expert guidance in the voice feminisation process (Part 2) • Vocal therapy as a more affordable and simpler alternative to surgical voice feminisation (Part 3)

As a source of motivation for voice change, participants highlighted their own perception of their voice and awareness of its depth prior to feminisation (Part 2: "...because my vocal cords developed under male hormones, so naturally I have a slightly deeper voice..."). This voice was a major source of gender dysphoria and was associated with a lack of self-confidence (Part 3: "...the last thing that really bothered me, that caused tremendous dysphoria, was my voice, which was not very different from what it is now, but it was still a bit deeper"). Accordingly, one participant noted that during the transition process, she identified her voice as one of the aspects she needed to address to adjust to living in her desired gender identity (Part 2: "So I had to figure out what aspects I needed to change in order to sort of adjust to that role. One aspect was voice."). In contrast, one participant expressed that she had not been particularly conscious of her voice, but she was motivated her to change her voice after hearing how others perceived her voice (Part 1: "So I never felt dysphoria about my voice because, simply put, I did not recognise it. This is the voice with which I mostly talked.").

In relation to the perception of their voice by others, all three study participants reported that, in social interactions, people perceive their voice as male and they are misidentified as male due to the discrepancy between gender expression and voice pitch in public (Part 3: "...I have also worked with people, we had masks, people often thought at first that I, that they were talking to a woman... then the voice comes out and they say 'Oh, we thought you were a woman'"). In such situations, transgender women reported feeling discouraged (Part 2: "For example, in a conversation on the phone, online or something like that, if my voice is not perceived as female, as a female voice, so to speak, then that can be a little bit, maybe a little bit discouraging"). In addition, all participants stated that they avoided using their voices in public to varying degrees because they were faced with the reactions of others (Part 3: "...or speaking in a store, of the simplest things, of the most simple things, like buying bread, groceries, I did not speak because my voice bothered me so much and I was so insecure about it..."). Given these reactions, the main motivation for changing voice for all participants was the desire to

achieve a voice that would not “give away” their transgender status in public (Part 1: “Yes, that’s the most important thing now, that the voice does not give me away anymore”; Part3: “Well, in the beginning, yes, my main goal was to be passable in public...”). These desired changes were an important motivation for participating in voice-feminisation therapy.

Two of three participants stated that they had tried to change or feminise their voice before therapy by turning to online sources (Part 2: “So I tried to learn about the voice and how to control the voice and things like that but learning something like that is quite difficult”). However, they encountered numerous difficulties and doubts (Part 1: “...they have instructions on the Internet on how to do it, but it did not quite work for me. It did not work at all because it took me a long time to figure out how to even start.”). One participant also mentioned that people around her felt her voice was unnatural and forced when she tried to use a self-modified voice (Part 2: “So when I talk to some people I try to change my voice, people can kind of intuit that the voice is forced, that it’s not quite natural”). All of this prompted the participants to seek professional advice on feminising their voice (Part 2: “...then it was a matter

of finding someone who knew what and how... I was able to find some information on the Internet about how to control some elements of the voice, but was I doing it right...So the expert was, I think, very important”). In addition, one participant emphasised that their motivation for voice therapy included the financial accessibility and simplicity of this form of therapy, compared to surgical options (Part 3: “I was very, very open to it, because of course it’s much cheaper, much easier, painless”). The following section presents the results of the thematic analysis concerning participants’ experiences related to their involvement in the therapeutic process, recognised benefits of therapy, and suggestions for improving the therapeutic process.

Process of feminising the voice, contributions, and improvements in therapy

The following table details the perspectives of transgender women regarding their involvement in the process of feminising their voice, focusing on the recognised benefits of therapy and aspects that could be improved (Table 2).

Table 2. Overview of themes and corresponding codes for the thematic area - Experiences in the Process of Voice Feminisation

Experience in the Process of Voice Feminisation	
Themes	Codes
Expectations from the therapeutic process	<ul style="list-style-type: none"> • Avoiding overly high expectations to prevent disappointment (Part 2) • Achieving a voice pitch that does not “reveal” a person in public (Part 1) • Acquiring knowledge about voice production and how to use one’s own voice (Part 2, Part 3)
Features of the therapeutic process	<ul style="list-style-type: none"> • Ease of application of therapeutic techniques (Part 3) • Satisfaction with progress in therapy (Part 1) • Discovering different characteristics of one’s own voice and speech during therapy (Part 3) • Using visual feedback apps (Part 2) • Discovering new goals as therapy progresses (Part 3) • Working on different aspects of voice and speech, such as pitch, volume, and intonation (Part 1, Part 2)
Important determinants in the therapeutic process	<ul style="list-style-type: none"> • Importance of good cooperation with the therapist (Part 3) • Importance of daily exercise at home (Part 1, Part 3) • Importance of positive feedback from the surrounding environment (Part 3)
Role of the therapist	<ul style="list-style-type: none"> • Informing the client about a healthy way of voice feminisation (Part 1, Part 2) • Providing feedback to the client on progress in therapy (Part 2)
Contribution of therapy to personal change	<ul style="list-style-type: none"> • Significantly higher self-confidence (Part 3) • Improvements in quality of life (Part 3) • Reducing levels of gender dysphoria (Part 3) • Increased self-confidence in the use of voice in public and in the workplace (Part 2, Part 3) • Satisfaction with one’s own voice (Part 2) • Acquiring knowledge about one’s own voice and how to use it as desired (Part 2) • Problems associated with how the “new” voice is presented in public (Part 2)
Changes in reactions by others	<ul style="list-style-type: none"> • Others noticing a change in voice (Part 3) • Changed perception of others due to a different presentation in public (Part 3)
Improving the therapy process for transgender people	<ul style="list-style-type: none"> • Need for more information on transgender vocal therapy services (Part 2, Part 3) • Need for more experts in the voice feminisation field (Part 2) • Application of technology in therapy (Part 1)

Participants reported that they did not have very high expectations of therapy, with one participant mentioning the importance of setting realistic goals to avoid disappointment (Part 2: “...I tried not to have too high expectations so as not to be disappointed and tried to be reasonably realistic about it.”). All participants stated that the most important expectation and goal in therapy was to achieve a voice pitch that would not betray them in public (Part 1: “Yes, that’s the most important part now, the fact that the voice does not betray me anymore”). Two participants expressed that they expected to learn more about how the voice is produced and how they can use their voice (Part 2: “...so I was expecting to learn about the voice in general, how I can use it on myself, how the voice is perceived and so on”; Part 3: “What does the female voice actually mean, what does this high tone mean and how do I even manage to produce it?”).

Participants did not report difficulties in applying specific therapeutic procedures outside the therapeutic space (Part 3: “Not really, because these exercises are actually vocal warmup exercises and when... when I warm up my voice, when I get into this, let us say, way of speaking, it was not a problem for me afterwards.”). One participant emphasised the importance of good cooperation with the therapist (Part 3: “...if it works well with the professor or whoever you work with, you can really do it on your own...”) and daily exercises at home to make progress in the therapy (Part 3: “...it’s not a therapy you do once a week or something, you do it every day.”). In addition, participants expressed satisfaction with the progress made in therapy (Part 1: “When I train at home, I achieve that feminine pitch. Well, for now, I am satisfied.”).

Feedback from others and noticing the differences in voice proved to be important as motivators in the process of feminising the voice (Part 3: “Because when I called my mom after the exercises and my mom said, ‘I thought your cousin called me, not you’, that was a compliment to me and a sign that it’s okay, that it’s working, that this whole voice therapy is working.”). Two participants reported that in the course of the therapy, through the therapist’s feedback and the use of visual feedback applications, they discovered some features of their voice and speech that they were not previously aware of (Part 2: “Somehow the transition between words was a big discovery for me through the therapy, where from my previous speech, it looked like I had a period at the end of each word.”).

As part of the therapy, the participants worked on various aspects of their voice and speech, such as pitch, intonation, and volume, in relation to their needs. One participant reported that new individual goals emerged over the course of the therapy (Part 1: “I mean, my biggest problem at the moment is that I am terribly quiet... That’s the next goal, yeah”). Regarding the role of the therapist, all three participants emphasised the importance of feedback from the therapist on various aspects of voice and speech, as well as on progress in therapy (Part 2: “There are many aspects of the voice that are difficult to recognise and notice without expert guidance.”). One participant also pointed out how important it is to get information from experts on how to use the new voice correctly (Part 2: “I do it in a healthy way because I have heard that it’s easy to hurt your voice doing that. So, an expert is very important in my opinion.”).

The most important contributions of the therapy were the positive effects of feminising the voice on the participants’ self-confidence and quality of life, as well as a reduction of gender dysphoria (Part 3: “Because my self-confidence, but not only my self-confidence, but also the gender dysphoria that was present in me has disappeared, absolutely disappeared”; “My quality of life has gone from, I don’t know, 1 or 2 to 100 percent”). Two participants expressed satisfaction with their vocal range and greater confidence in

using their voice in public and at work (Part 2: “A bit more confidence to go on and try to use voice in everyday life, in conversations in general”; Part 3: “From someone who was quite withdrawn and just didn’t want to talk to anyone, to me now working with people...”).

Knowledge of one’s own voice and how to use it was also emphasised as one of the contributions of therapy (Part 2: “Learning how our own voice works and how we can use it the way we want to, I think that’s the biggest outcome...”). One participant reported a change in the way others perceived her because she presented herself differently in public (Part 3: “I managed to change my voice very quickly and also the way I say it... I simply presented myself differently in public. I have changed society’s perception of me.”). One of the participants had not yet used her voice in public, except with her family, and therefore, she was not sure what benefits she can gain from therapy, given her current experience (Part 1: “The problem is that I have not yet used this voice in public. I do not know much about the progress yet.”).

In terms of improvement in voice therapy for transgender people, all participants expressed satisfaction with the therapy they had received, which is reflected in the following statements (Part 2: “...I am actually very happy with the therapy I have received here”; Part 3: “Again, the therapy itself has drastically changed the outcome of everything”). However, they pointed out areas for improvement, including the availability of information and the number of experts specialising in voice feminisation therapy (Part 2: “So, accessibility, access to information and availability in terms of the number of experts I think should be expanded and improved.”). In addition, one participant suggested including the use of acoustic analysis tools as a possible improvement (Part 1: “Something that can record everything and then some kind of app that provides some kind of voice analysis or something like that”).

The following section discusses the qualitative results in relation to previous research on this topic. These findings represent initial insights into the experiences of participating in voice feminisa-

tion therapy and are based solely on the perspectives of the three participants who have thus far been involved in the therapeutic process. As the number of participants increases, the results can become more detailed and nuanced, allowing a deeper understanding of the motivation and benefits of the therapeutic process, as well as its advantages, potential challenges, and suggestions for its further improvement.

DISCUSSION

Based on the qualitative analysis, valuable insights were gained into the perspectives of transgender women on voice feminisation therapy, with a particular focus on motivations for voice change and experiences within the therapeutic process. These insights are drawn from the experiences and perceptions of three participants who had undergone therapy and agreed to take part in this qualitative study. In this sense, these findings represent a valuable contribution to understanding the experiences of voice feminisation and the perspectives of the individuals themselves, i.e., how they cope with this process and what benefits they see in it. The findings are drawn from and relate directly to the specific life contexts of the participants and therefore, should not be generalised to others with similar experiences. Rather, the perspectives of these participants help to deepen our understanding of the challenges and nuances involved. This is also the most important limitation of the study. Feminisation of the voice is still a relatively new form of therapeutic support in the national context, and therefore, the number of participants reflects the number of people who have gone through this process recently and were willing to share their experiences.

The first research question of the study was “What motivates transgender women to change their voice?” and the participants indicated that the main motivation to change their voice was the perception of their voice and the people around them, especially in relation to the perception of the voice before the feminisation process, which led to the need for feminisation therapy. Prior to voice feminisation, participants generally reported a negative relationship with their voice, de-

scribing it as a source of gender dysphoria and lack of self-confidence. Consequently, they wanted to reconcile their voices with their gender identity. These findings are consistent with numerous previous studies showing that, for transgender women, a voice incongruent with their gender identity can lead to gender dysphoria, frustration, and even, symptoms of depression and anxiety (Novais Valente Junior & Mesquita de Medeiros, 2022; Ramirez-Arroyo et al, 2022; Sebastiao et al, 2022; Ziltzer et al, 2023).

Regarding how other’s perceived their voice, all three study participants reported instances of being misgendered in public because of pitch of their voice. Gibbs (2024) has also shown that the pitch of a transgender person’s voice significantly affects the frequency of misgendering. For the participants in the present study, misgendering led to discouragement. All three participants cited that their primary motivation for changing their voice was a consequence of the desire for their voice to no longer “give them away” in public and for their voice to be passable with their identity. Previous qualitative studies (Holmberg et al., 2023; Sebastiao et al., 2022) have also found that transgender women place high value on feedback from their environment about their voice and that they are primarily motivated to undergo vocal therapy to achieve this possibility. Due to social reactions, all three participants tended to avoid public speaking. A strong correlation ($r = 0.719$, $p = 0.001$) was found between patient satisfaction and being perceived as female on the phone, regardless of the fundamental frequency (Meister et al., 2017). These findings highlight the importance of voice as a component of gender identity for transgender people and emphasise the crucial role of voice therapy in enabling transgender women to participate equally in society.

Some participants reported attempts to change their voices at home by switching to online sources. However, they were unsuccessful and felt the need for a professional to explain the therapeutic techniques and help them achieve their desired voice in a healthy way. This result is not surprising, since previous studies have also indicated that transgender people often try to change their

voice at home by following instructions from platforms such as YouTube or Reddit, or by using various voice change apps (Ahmed et al., 2022; Marijan & Bonetti, 2021). In interviews conducted by Holmberg et al. (2023), participants reported difficulties in planning and implementing self-directed voice modifications, which prompted them to seek professional help. As Davies et al. (2015) warned, self-directed voice modification can lead to dysphonia symptoms, highlighting the crucial role of professionals in the prevention of voice disorders in transgender clients.

The second research question of the study was “*What are the experiences of transgender women in relation to their participation in the process of feminising the voice, focusing on perceived benefits and suggestions for improving the process?*”. In the course of coding, the following themes/sub-themes emerged: expectations and experiences of the therapeutic process, important determinants in the therapeutic process (good collaboration with the therapist, daily exercises at home, positive feedback from the environment), contributions of therapy through personal changes and changes in the reactions of others, as well as ways to improve the therapeutic process for transgender people. Regarding their experience with voice feminisation therapy, the participants indicated that they primarily wanted to gain knowledge about their own voice and how to use and achieve a passable voice. As previously mentioned, transgender women place great importance on obtaining a passable voice, as misgendering can lead to frustration and jeopardise a person’s safety, in addition to causing personal discomfort (Ahmed et al., 2022). As far as the therapeutic process itself is concerned, the participants in the present study were generally satisfied with the therapy. They cited good cooperation with the therapist and daily practice sessions at home as being the most important factors for the success of the therapy. These responses are consistent with much of the literature, which emphasises the importance of building a collaborative relationship between client and therapist and the need to transfer the skills learned in therapy into everyday life through consistent voice and speech practice (Davies et

al., 2015; Smith, 2020). Feedback on their voices from people close to them also proved to be important to the participants. These findings are supported by previous qualitative studies in which transgender women reported the importance of positive perceptions of their voices from family and friends (Leyns et al., 2022). Fuller and Riggs (2018) have shown that transgender people who feel accepted and emotionally close to their family are more resilient to discrimination and experience less psychological distress. This could explain why transgender people place great value on how family and friends perceive their voices.

Similar to the study by Leyns et al. (2022), the participants in the present study described working on different aspects of voice and speech during therapy and discovered new individual goals as the therapy progressed. This aligns with the guidelines suggested by Davies et al. (2015), who emphasised the importance of collaborative goal-setting with the client, as the needs of transgender clients are highly individual in nature. One of the biggest challenges in therapy, as emphasised by the participants in the present study, was to achieve a natural-sounding female voice and develop the habit of using the new voice daily. Leyns et al. (2022) received almost identical responses from the participants in their study, who also identified generalising the learned skills for daily use as the most challenging aspect of therapy. Several previous studies have shown that voice pitch in transgender women tends to decrease slightly one year after therapy, resulting in the voice being perceived as less feminine over time (Leyns et al., 2024; Gelfer & Tice, 2013). This highlights the importance of encouraging clients to practice daily to generalise the skills acquired during therapy. In addition, one participant mentioned that she experienced vocal fatigue at the beginning of the therapy process, after the prolonged use of the new voice. Vocal fatigue can be the result of overuse of the voice, which emphasises the role of therapists in educating clients on proper vocal care during therapy (Davies et al., 2015).

The greatest contributions recognised in therapy from the participants’ perspective were in-

creased self-confidence, decreased gender dysphoria, increased satisfaction with their voice, improved quality of life, and increased confidence in using their voice publicly. The contributions of the therapeutic process are based on the participants' perception that they have increased their self-confidence, reduced their gender dysphoria, increased their satisfaction with their voice, improved their quality of life, and increased their confidence when using their voice in public. Previous research has demonstrated that voice has a significant impact on a transgender women's quality of life, where better quality of life is associated with a voice that is perceived as feminine (Ramirez-Arroyo et al., 2022). In previous qualitative studies, participants also reported greater self-confidence after vocal therapy (Leyns et al., 2022). According to Schwarz et al. (2023), the greatest contributions of vocal therapy for transgender clients are improved quality of life, a more positive perception of their own voice, as well as a positive perception of their voice by others, which is consistent with the benefits of therapy reported by the participants in the present study. One participant had difficulty recognising the benefits because she had not yet used her voice in public; however, she expressed satisfaction with the therapeutic process.

The limited availability of information about voice feminisation services for transgender individuals, as well as the small number of professionals providing these services has emerged as the greatest deficits from the perspective of transgender women: these can also be considered as recommendations for the improvement of the process of voice feminisation. The lack of awareness within the transgender community about voice therapy and the lack of preparation by voice professionals to work with transgender clients (Gunjawate et al., 2020; Matthews et al., 2020; Hancock & Haskin, 2015; Sawyer et al., 2014) are key issues that need to be addressed as soon as possible. This highlights the need to increase public awareness, particularly in the LGBT+ community, regarding voice therapy services for transgender individuals, as well as the need to better educate students and voice therapists about the process of femini-

sation/masculinisation of the voice to build skills for working with transgender clients. In addition, the positive impact of voice therapy, not only on the voice, but also on the overall lives of transgender women, indicates that more professionals need to be willing to provide services to transgender individuals and that these services need to be systematic and continuously available.

Conclusion

In conclusion, it is important to emphasise that all findings and interpretations are based on the perspective of the study participants. Although the results are not generalisable, they provide valuable and deep insights into the experiences and processes of transgender people, an area where existing knowledge is limited. However, the findings remain specific to the perspectives of the participants in the present study. For transgender people, a voice that does not match their gender identity and expression is often a major cause of gender dysphoria and, consequently, a lower overall quality of life. Therapy to feminise or masculinise the voice is, therefore, an important part of the gender transition process for transgender people.

This study provides insight into the motivations of transgender women who seek therapy to feminise their voice, highlighting their negative perception of their voice, which negatively affects their psychological well-being. The importance of how others perceive their voice was highlighted, since a negative societal perception is a significant barrier for transgender women to participate in society in their desired gender identity. The study also provides valuable insight into the experiences of transgender women participating in voice therapy, as well as valuable information regarding improving the therapeutic process and gaining a deeper understanding of a transgender women's personal motivations, concerns, and experiences in relation to their voice and speech therapy. Transgender women, i.e., the participants in the present study, view voice feminisation therapy as a positive experience. This study provides insight into the most important aspects of therapy for transgender women by highlighting their con-

tributions and suggestions for improvement from their perspective.

The greatest contributions of voice therapy cited by transgender women were increased self-confidence, reduced gender dysphoria, improved quality of life, and easier voice use in everyday social interactions. From these findings, it can be concluded that voice feminisation therapy not only has a positive impact on the voices of transgender women, but also on other aspects of their lives. The key role played by experts who educate transgender women about the correct methods of voice production and use, as well as the importance of developing a good relationship and trust with the expert, was also emphasized.

The limitations of this study lie in the small number of participants, which limits the diversity of perspectives gained, and allows conclusions to be drawn solely from their specific experiences. In addition, all transgender women participating in the study were treated by the same therapist; therefore, it is worth considering that their per-

spectives may have differed if they had received speech services from different therapists. One difficulty in studying the effectiveness of any type of intervention with transgender individuals is that therapeutic goals are often individualised, as the needs of these individuals are often different (Leyns et al., 2021).

Although this study included the perspectives of a small number of participants, it is important to recognise the valuable contribution of their experiences and the sensitivity of the topic of transgender identity in the social environment. Considering this, the perspectives of the transgender women who participated in this study make an important contribution to understanding their needs and designing support initiatives that consider personal goals, preferences for community inclusion, and desired quality of life. This approach implements a human rights approach and combines it with participatory action research as it offers participants an active role in creating systemic support tailored to their needs.

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