Revista Chilena de Fonoaudiología 24, 1-21, 2025
https://revfono.uchile.cl/
ISSN 0719-4692

Original Article

Voice and Vocal Companionship: Perceptions and Experiences of Transfeminine People Living in the Metropolitan Region of Santiago, Chile

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ABSTRACT

Research on voice and vocal support for transfeminine people has traditionally been framed within binary, cis-normative, and positivist paradigms, primarily focused on alleviating dysphoria. This approach limits a broader understanding of the relationship between voice, identity, and gender expression. This qualitative study aimed to explore the perceptions and experiences of transfeminine people residing in the Metropolitan Region of Santiago, Chile, regarding voice and vocal companionship. A descriptive phenomenological methodology was employed through in-depth online interviews with seven adult transfeminine participants (four binary and three non-binary), each with varying experiences of vocal companionship. A narrative analysis was conducted to examine the lived experiences of the participants. The findings reveal that participants' vocal and communicative needs are shaped by cis-heteronormative binary norms within the sociocultural context, often generating stress and hypervigilance that can negatively impact their relationship with their voice and their decisions around gender expression. Vocal companionship is perceived as a tool for achieving greater communicative wellbeing; however, it may become a source of stress if trans people do not have a safe space to explore their identity. There is a need for specialized training for speech-language therapists that is affirmative, person-centered, and culturally sensitive.

Keywords:
Gender-Diverse People; Gender Identity; Minority Stress; Microaggressions in Health Care; Culturally Sensitive Practices

Voz y acompañamiento vocal: percepciones y experiencias de personas transfemeninas que residen en la Región Metropolitana de Santiago de Chile

RESUMEN

Los estudios sobre la voz y el acompañamiento vocal para personas transfemeninas se han desarrollado tradicionalmente bajo una perspectiva binaria, cisnormativa, positivista y centrada en el alivio de la disforia, restringiendo la comprensión del vínculo que existe entre la voz, la identidad y la expresión de género. Este estudio cualitativo tuvo como objetivo explorar las percepciones y experiencias de personas transfemeninas que residen en la Región Metropolitana de Chile sobre la voz y el acompañamiento vocal. Para ello, se realizó un estudio fenomenológico descriptivo a través de entrevistas semiestructuradas, en formato online, realizadas a siete personas transfemeninas (cuatro binarias y tres no binarias) mayores de edad con diferentes experiencias respecto al acompañamiento vocal. Se realizó un análisis narrativo de las experiencias vividas por las y les participantes. Los resultados muestran cómo las necesidades vocales y comunicativas de las y les participantes se ven afectadas por las normas binarias cis-heteronormativas del contexto sociocultural, promoviendo estados de estrés e hipervigilancia que pueden influir negativamente en su relación con sus voces y decisiones respecto de su presentación de género. El acompañamiento vocal se percibe como una herramienta para alcanzar mayores niveles de bienestar comunicativo. Sin embargo, puede convertirse en un factor inductor de estrés si no se garantiza un espacio seguro para explorar la propia identidad. Se requiere una formación especializada de profesionales de la Fonoaudiología desde una perspectiva afirmativa, centrada en la persona y culturalmente sensible.

Palabras clave:
Personas de Género Diverso; Identidad de Género; Estrés de Minorías; Microagresiones en el Cuidado en Salud; Prácticas Culturalmente Sensibles

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Received: 06-19-2024
Accepted: 08-21-2024
Published: 07-02-2025

INTRODUCTION

The voice is considered the primary tool of human communication (Mills & Stoneham, 2017; Saldías, 2020; Stemple et al., 2010; Titze, 2000). Along with the body, it reflects individual identity in relation to age, ethnicity, culture, educational background, and gender (Davies et al., 2015; Mills & Stoneham, 2017; Titze, 2000).

This perspective implies that listeners can infer biographical information from the acoustic signal of the voice, often interpreting—and at times assuming—who a person is (McAleer et al., 2014; Titze, 2000). Within this framework, Davies et al. (2015) suggest that the role of speech-language therapy in working with trans and/or nonbinary people is to "help individuals find and develop a voice and communication style that reflects their sense of gender, so that the external expression mirrors the person inside" (p. 117). Accordingly, the focus lies on aligning vocal characteristics with a person's gender presentation and self-identified gender (Davies & Goldberg, 2006; Davies et al., 2015).

The field of vocology has proposed that incongruence between self-perceived gender and the auditory-perceptual features of the voice may generate significant distress among transgender and/or nonbinary people, described as "voice-related gender dysphoria" (Şirin et al., 2020). According to a literature review by Azul et al. (2022), voice-related gender dysphoria can negatively impact quality of life, resulting in communicative dissatisfaction, feelings of inadequacy, adverse social reactions, potential physical and psychological harm, and social isolation, among other consequences.

A range of vocal intervention strategies—both surgical and nonsurgical—have been proposed to mitigate the negative effects of severe vocal dissatisfaction. Traditionally categorized as vocal "feminization" or "masculinization" (Davies & Goldberg, 2006; Davies et al., 2015; Kim, 2020; Nolan et al., 2019), these interventions aim to reduce dysphoria by modifying vocal parameters such as pitch, timbre, and prosody, thereby facilitating a gender presentation congruent with self-identified gender (Antoni, 2022; Azul et al., 2022; Davies & Goldberg, 2006; Davies et al., 2015).

Two nonsurgical vocal procedures are hormone replacement therapy (HRT) and speech-language therapy (Davies et al., 2015; Gray & Courey, 2019). Research indicates that transmasculine people receiving testosterone tend to experience more perceptible vocal changes (most notably a lower perceived pitch associated with a reduction in fundamental frequency) compared to transfeminine people receiving estrogen, for whom vocal parameters generally remain unchanged (Coleman et al., 2022; Davies et al., 2015; Davies, 2017). Consequently, studies have focused primarily on medical-surgical procedures (e.g., laryngeal surgery) and nonsurgical speech-language interventions directed at transfeminine patients (Antoni, 2022; Azul et al., 2022; Coleman et al., 2022; Davies et al., 2015; Davies, 2017).

Nonsurgical speech-language therapy interventions have been referred to as "voice and communication therapy" (Coleman et al., 2012; Davies et al., 2015; Kim, 2020), "voice feminization therapy" (Kim, 2020; Schwarz et al., 2017), and "vocal training" or "voice feminization training" (Coleman et al., 2022; Davies, 2017; Oates et al., 2023; Orellana et al., 2021; Quinn et al., 2022). In contrast, surgical interventions have been described as "laryngeal surgical treatment" (Schwarz et al., 2017), "vocal reassignment surgery" (Ramírez-Muñoz et al., 2023), "surgical voice feminization" (Davies et al., 2015), or simply "phonosurgery" (Nolan et al., 2019; Song & Jiang, 2017; Van Damme et al., 2017). Despite this variation in terminology, these procedures focus on laryngeal anatomy modifications and/or voluntary adjustments to the vocal production system to produce a voice that is socially perceived as "more feminine," thereby conforming to binary gender norms. Moreover, because these interventions primarily target voice-related gender dysphoria, they often promote a pathologizing and medicalized perspective of trans and/or nonbinary people's vocal and communicative needs. Such approaches, promoting a disease-centered perspective, assume that vocal modification is required to correct an inherent incongruence, thereby reinforcing the expectation that people outside the gender binary conform to stereotypical vocal and communicative norms of femininity or masculinity in order to "normalize" what is considered "abnormal" (Bockting, 2009; Eckhert, 2016).

Studies addressing medical-surgical and nonsurgical speech-language interventions for transfeminine people have deemed them effective in terms of increased fundamental frequency, changes in voice quality or timbre, and a positive impact on quality of life (Davies et al., 2015; Davies, 2017; Kim, 2020; Nolan et al., 2019; Oates et al., 2023; Quinn et al., 2022; Schwarz et al., 2017; Van Damme et al., 2017). However, this effectiveness remains inconclusive due to factors such as the wide variety of exercises and techniques available, the small sample sizes of existing studies, methodological and design heterogeneity, vocal health risks (particularly with surgical procedures), and the overall scientific quality of available research (Nolan et al., 2019; Schwarz et al., 2023; Schwarz et al., 2017).

More recently, new perspectives have emerged to better address the vocal and communicative needs of trans and/or nonbinary

people. These perspectives are grounded in the model of gender-affirmative care (Keo-Meyer & Ehrensaft, 2018). Accordingly, the terms *gender-affirming voice services* and *voice and communication support services* have been introduced (Coleman et al., 2022; Moog & Timmons-Sund, 2023). In Spanish, where no equivalent terminology existed, the concept of *acompañamiento vocal afirmativo* ("affirmative vocal companionship[1]") has been proposed as a non-literal translation of these English terms, appearing formally for the first time in Spanish-language literature in the reflections of Saldías (2022). The initial formulation of this concept emerged from the work of Chilean speech-language therapist Sofía Madrid, who began informally disseminating the notion of *acompañamiento vocal* in 2020 when working with trans and/or nonbinary people. Unlike perspectives focused primarily on dysphoria reduction and binary alignment of the voice to either femininity or masculinity, affirmative vocal companionship emphasizes processes that uphold individual autonomy in decisions about one's voice and gender presentation, while also providing tools to interact effectively in various contexts, respond to misgendering (when others fail to respect a person's gender identity or pronouns), and overcome barriers that may affect vocal expression (Coleman et al., 2022).

This perspective aligns with Azul et al. (2022), who argue that gender dysphoria should be analyzed from the position trans and/or nonbinary people have in society, particularly as it stems from exclusion rooted in cis-heteronormativity. In other words, dysphoria should not be considered inherent to trans or nonbinary people but rather a result of the interplay between internal and external factors that shape the extent to which gendered experiences are bearable within meaningful contexts (the term *dysphoria* derives from the Greek δύσφορος [*dysphoros*], meaning "difficult to bear") (Davy & Toze, 2018). These factors influence the voice and the communicative decisions of this population regarding gender expression. Thus, assessing whether one's voice is "sufficient" for communicative exchange requires understanding dysphoria as a socially and culturally induced phenomenon, not as an exclusively individual condition requiring corrective adjustments to resolve incongruence (Azul & Hancock, 2020; Azul et al., 2022). This implies that professionals guiding vocal companionship processes must adopt culturally sensitive, person-centered practices that promote depathologization (Coleman et al., 2022).

This standpoint is further underscored by international reports highlighting speech-language therapy as one of the most frequent health needs among trans and/or nonbinary people (Eyssel et al., 2017; James et al., 2016; Veale et al., 2019). Findings from a recent Chilean study on the health needs of this community align with this international trend. Roselló-Peñaloza et al. (2023) reported that among 21 health-related needs examined, speech-language therapy ranked as the top need for transfeminine participants, the second most relevant need for nonbinary participants, and the fifth for transmasculine participants.

To date, the international literature has focused mainly on interventions aimed at altering the vocal production of transfeminine people within a binary and cisnormative framework. Research has primarily included binary transfeminine participants, relying on the auditory perception of cisgender listeners to assess effectiveness. This participant profile and evaluation framework have constrained knowledge about nonbinary transfeminine experiences and reinforced binary gender stereotypes (Nolan et al., 2019; Oates et al., 2023; Quinn et al., 2022; Van Damme et al., 2017). Moreover, studies that examine transfeminine self-perceptions of voice and quality of life often adopt positivist approaches, employing standardized instruments designed to assess levels of satisfaction concerning notions of incongruence and femininity, or focusing exclusively on self-perceived dysphoria. These instruments are frequently developed in cultural contexts such as Australia, North America, or Europe, thereby lacking cultural sensitivity when applied in Latin America. As a result, they may fail to capture the diverse experiences, interests, and needs of transfeminine individuals in the region, rendering local realities invisible (Dacakis et al., 2017; Hancock, 2017; Nolan et al., 2019; Moog & Timmons-Sund, 2023; Oates et al., 2023; Quinn et al., 2022; Van Damme et al., 2017).

Research on this topic remains limited in Chile, focusing primarily on the effectiveness of surgical and nonsurgical "voice feminization" procedures and the vocal self-perception of transfeminine people (Fuenzalida et al., 2020; Malebrán & del Campo, 2021; Orellana et al., 2021; Ramírez-Muñoz et al., 2023; Sandoval et al., 2019). These studies often replicate the limitations observed in international research. Consequently, the lived experiences of this population regarding their voices and speech-language therapy in Chile remain underexplored. To address this gap and better capture this complex phenomenon from the perspective of transfeminine people themselves, this study adopts

[1] T.N. *"Companionship" is a direct translation of* acompañamiento *in the context of voice care, a neologism widely used in the field of voice care in Chile.*

a qualitative approach, centered on the perceptions and experiences of transfeminine participants living in the Metropolitan Region of Santiago. By examining their needs, motivations, and sociocultural contexts in relation to vocal companionship, we seek to reduce barriers to access. Furthermore, by generating data rooted in the Chilean context, we aim to provide relevant inputs for the development of culturally sensitive quantitative and qualitative instruments tailored to the national context.

Finally, acknowledging that gender-affirming processes involve multiple stakeholders (trans and/or nonbinary persons, broader society, and healthcare professionals, among others), greater knowledge of these processes may foster wider awareness of vocal and communicative needs, improve societal understanding, and enhance current speech-language therapy practices in Chile. Such advances could strengthen the quality of care, the effectiveness of interventions, and, ultimately, the quality of life of trans and/or nonbinary people.

METHODOLOGY

Research Design

Because this study sought to empirically document the subjective experiences of participants with their voices and vocal companionship, we adopted a qualitative approach. Specifically, we used a descriptive phenomenological methodology, which allowed us to explore people's worlds and everyday experiences (Pedraz et al., 2014). The perspectives and perceptions of the participants, grounded in their experiences with their voice and vocal companionship, were explored, described, and understood using narrative analysis. Drawing on situated explorations, we highlight the intersubjective experience that constructs reality (Hernández et al., 2006; Pedraz et al., 2014; Taylor & Bogdan, 1984; Valles, 1999). In this sense, the study examines how vocal reality is socially constructed at the intersection of cultural and social structures, represented here through speech-language therapy intervention. Owing to its descriptive nature, the study did not establish a hypothesis but instead followed a set of broad research questions that allowed for flexible exploration of the phenomenon.

Unit of Analysis and Sample

The unit of analysis consisted of transfeminine people (binary and nonbinary), aged 18 years or older, residing in the Metropolitan Region of Santiago, Chile, regardless of whether they had undergone any process of vocal companionship. To capture diverse viewpoints, we defined four general sampling profiles:

1. Binary transfeminine people, 18 years or older, who had undergone a process of voice feminization.
2. Nonbinary transfeminine people, 18 years or older, who had undergone a process of voice feminization.
3. Binary transfeminine people, 18 years or older, who had not undergone a process of voice feminization.
4. Nonbinary transfeminine people, 18 years or older, who had not undergone a process of voice feminization.

Participants were selected based on relevance, sufficiency, and feasibility criteria. The sampling process followed qualitative research principles and did not intend to represent all transfeminine people in the region. Since there is no official registry of transfeminine persons in Chile—and therefore data on their exact numbers and characteristics is scarce (Linker et al., 2017; Zapata et al., 2019)—snowball sampling was employed (Pedraz et al., 2014). Initially, we reached out to key trans and/or nonbinary community organizations to disseminate the call for participation. As participants enrolled, they referred other potential participants. The final sample included seven people, determined both by study feasibility and by the sufficiency of information provided to adequately address the research question (Hernández et al., 2006; Pedraz et al., 2014). Sociodemographic characteristics are reported in the Results section.

Data Collection

Because the study involved sensitive topics, semi-structured interviews were chosen as the primary data collection method (Campoy & Gomes, 2015; Pedraz et al., 2014). The initial interview was developed based on the theoretical background, the research question, and the study objectives. It included specific open-ended questions (Hernández et al., 2006) designed to elicit participants' perceptions and experiences regarding their voices and vocal companionship. The guide was reviewed by an expert panel using the nominal group technique (Campoy & Gomes, 2015), enabling revisions based on feedback and consensus. Space was also provided for emergent questions during interviews, which allowed for deeper exploration of specific themes.

The nominal group consisted of four experts with knowledge and experience related to transgender and/or nonbinary health, including two cisgender women (a psychologist and an

endocrinologist) and two nonbinary professionals (a psychologist and a journalist).

The questions were then arranged progressively. First, general background questions were asked to describe participants' sociodemographic profiles, contextualizing their experiences with vocal companionship. Second, questions explored participants' experiences with gender and their voices. Third, the protocol addressed direct experiences with vocal companionship and speech therapists, probing motivations, concerns, lived experiences, and the contexts in which the support occurred (if applicable). Finally, participants shared suggestions, as well as potential barriers and facilitators found within these processes.

Interviews were coordinated individually with each participant. Given the COVID-19 pandemic, they were held online using Zoom Pro. The informed consent process also served as an initial opportunity to establish rapport (Taylor & Bogdan, 1984). This was crucial to developing the interviews, which were recorded on video, while field notes were taken in a research log.

Data Analysis

The interviews were analyzed thematically to identify meaningful references implicit within participants' responses. These contents were interpreted using categories based on the study objectives, while also allowing for the emergence of new categories in line with the iterative nature of qualitative analysis; this allowed for adjustments throughout the process. In other words, the analysis was shaped progressively by the emerging data (Hernández et al., 2006; Vásquez & Ferreira, 2006).

The analytic process followed the steps outlined by Hernández et al. (2006) and Vásquez and Ferreira (2006): 1) Verbatim transcription and coding of the interviews; 2) Initial data exploration through a linear reading of each interview; 3) Text analysis and coding, organizing data in an Excel file; 4) Data reduction by selecting textual excerpts corresponding to each analytic code; and 5) Description of participants' narratives, respecting their perspectives and realities without interpretive imposition. To ensure rigor, the analytic process involved triangulation among the research team members responsible for data analysis.

Ethical Considerations

This study was approved by the Human Research Ethics Committee of the Faculty of Medicine, Universidad de Chile (Act No. 016-2021). The research complied with both national and international ethical standards for scientific research with human participants (Chile, 2006; Council for International Organizations of Medical Sciences [CIOMS], 2016; World Medical Association [WMA], 2013).

RESULTS

Sample Profile

The participant group consisted of seven transfeminine people between 22 and 32 years of age, residing in the townships of Santiago, Ñuñoa, La Reina, Providencia, San Ramón, and Maipú (Fig. 1). All participants had pursued higher education, either complete (three with a professional degree and two with a bachelor's degree) or incomplete (two currently enrolled and one who had discontinued their program) in fields such as Psychology, Sociology, Education, Journalism, Arts, Design, Engineering, Culinary Arts, and Medicine. At the time of the interview, three participants held formal employment, two were engaged in informal work, and two were unemployed. Four participants reported being affiliated with a private health insurance provider (ISAPRE), while three were enrolled in the public health system (FONASA).

Regarding self-perceived gender, four participants identified with the feminine gender from a binary perspective, while three described themselves as non-binary: one self-defined as an androgynous woman, another as a trans *travesti* non-binary woman, and another as non-binary. In terms of preferred pronouns, five participants identified with feminine pronouns (she/her), one preferred primarily feminine pronouns but occasionally used neutral pronouns (she/they), and one used only gender-neutral pronouns (they/them).

Six of the seven participants reported currently undergoing HRT, with none having pursued surgical interventions of any kind. One participant conveyed not receiving either hormonal or surgical treatment. All participants had undergone psychological support. Additionally, three participants had engaged in vocal companionship with speech-language therapists (two transfeminine binary participants and one non-binary participant). Among the two binary participants, one had not completed the process, while the other was still undergoing support at the time of the interview. The non-binary participant who had initiated vocal training had not completed the process. Moreover, one binary transfeminine participant who had not yet engaged in voice companionship reported that they planned to begin speech therapy soon. The two non-binary transfeminine participants not currently in a vocal companionship process stated that it was not a short-

term goal, though they did not rule it out for the future. Figure 1 illustrates the final sample according to the general sampling profiles established at the outset of the study.

The following section presents the results related to voice and vocal companionship. Table 1 shows a summary of these findings. Additionally, we include short excerpts from participants' narratives. The participants are identified in parentheses and bold with the abbreviation of their identity profile and a number (for example, “binary transfeminine person no. 1” = (BTFP1); “non-binary transfeminine person no. 3” = (NBTFP3)).

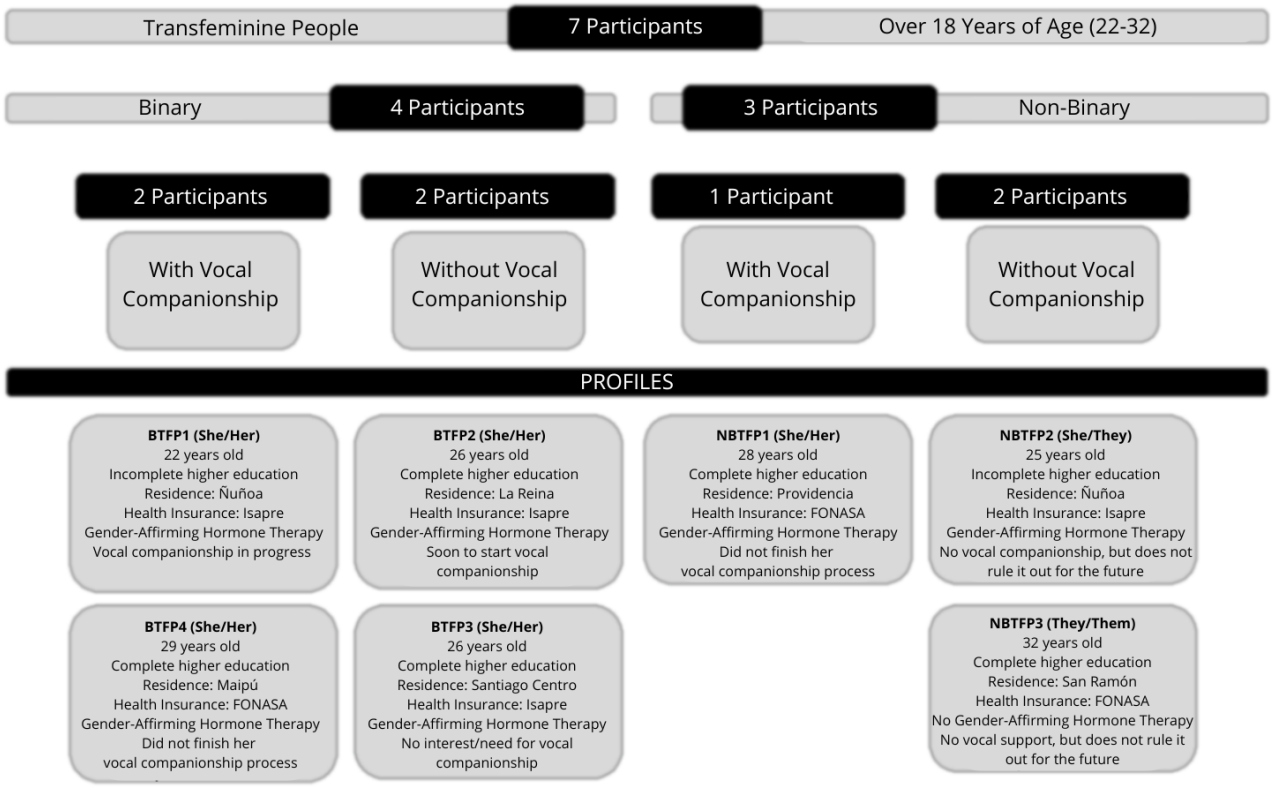

Fig. 1. Profile of the participants.

Table 1. Summary of Aspects Explored Regarding Voice and Vocal Companionship in Binary and Non-Binary Transfeminine People Living in the Metropolitan Region of Santiago, Chile

Dimension	Aspects	Description
1. Gender expression and the body	*1.1. Notion of gender*	Gender is socially constructed around binary stereotypes and centered on individuals' genitalia. It is expressed and shared with others through personality, roles, and different forms of physical expression.
	1.2. Personal gender expression	Gender expression manifests through one's body, through objects associated with socially recognized feminine attributes (or those that depart from masculinity), by explicitly socializing one's identity, and/or through verbal and non-verbal language.
2. Experiences with one's voice	*2.1 Significance of one's voice*	The voice is a fundamental tool for constructing, expressing, and socializing identity. It is considered a vehicle for establishing connections with others.
	2.2 Negative experiences around one's voice *a) Socialization and stereotypes* *b) Emotional impact and hypervigilance*	Participants reported experiencing insecurity and concern about social scrutiny, questioning of their identity, misgendering and exotization, limitations in socializing and expressing themselves freely in different contexts, heightened self-consciousness and dissatisfaction with their voice, stress, hypervigilance, and internalized transphobia, among others.
	2.3. Voice-related gender dysphoria	In some cases, this was a result of lived experiences. The experience of dysphoria is linked to environmental factors that promote or reinforce such feelings.
3. Vocal Companionship	*3.1. Motivations to consider pursuing vocal companionship*	The desired outcomes of vocal companionship included feeling more comfortable and at ease when communicating and engaging in social interactions, as well as feeling better about how they are socially perceived concerning their gender.
	3.2. Concerns	Discrimination, misgendering, relationship with the professional providing care, and the outcomes of the process itself.
	3.3. Self-guided exploration	Participants often sought information through social media and engaged in cautious self-guided exploration to avoid damaging their voice.
	3.4. Experiences around vocal companionship	The voice therapy process provided helpful tools to meet communicative needs; however, some participants reported negative experiences such as misgendering, exoticization, ridicule, and a perceived lack of responsibility or interest during care.
	3.5. Terminology	Regarding terminology, both "voice feminization" and "voice therapy" were considered problematic. Participants suggested using a different term that is less binary, less stereotypical, and more depathologizing. "Vocal companionship" was proposed as a suitable alternative.
	3.6. Barriers and facilitators to accessing vocal companionship	Barriers: financial factors, limited or unclear information, lack of trained professionals, the absence of a structured trans health program, and sociocultural context. Facilitators: support networks such as family, friends, partners, peer communities, municipalities, and healthcare professionals.
	3.7. Suggestions for improving processes of vocal companionship	Recommendations for improvement included enhancing specialized training for professionals, increasing the dissemination and availability of information, and generating stronger evidence regarding the outcomes of this type of vocal companionship.

1. Gender Expression and the Body

1.1. Notion of Gender

According to participants, gender is socially constructed around social stereotypes. In the national context, participants perceived stereotypes as being predominantly binary and grounded in genitalia or sex assigned at birth. They also emphasized that gender is expressed and shared with others through personality, roles, and various forms of physical expression (clothing, accessories, gestures, etc.). Participants further noted that gender can be fluid within a spectrum and that the imposed binary label restricts individuals' freedom to live their own identity, erasing experiences that fall outside cis-heteronormativity.

"For me, gender is a composition… it has several dimensions and depending on them, one can place oneself within a space, a gendered space, and from there socialize with other people (…) since we are children, from the moment we are born, we are forced to remain inside a box, and that's what they call gender, depending on what you have between your legs. And it's really… how could I define it… mutilating, because you are much more than that. I believe all people, even cis people, even those who most closely align with the stereotype, are much more than their gender. And these rigid stereotypes, these boxes of masculine and feminine, I feel they constrain everyone." ***(NBTFP3)***

1.2. Personal Gender Expression

Participants described experiencing their gender expression through their bodies and through ornaments socially recognized as feminine, or at least as distant from masculinity. Clothing and related accessories emerged as vital means of expression. Makeup, hairstyle, and hormonal treatment were also considered significant tools for embodying gender expression.

"This year of social transition has been really important for me, because I've found… my gender expression. Like, I've paid a lot of attention to helping myself, more than physically or with hormones, [in] how I dress..." ***(BTFP3)***

From a communicative perspective, both verbal and non-verbal language practices reflected a wider variety of experiences within the group. A common way of expressing gender identity was through explicitly socializing it, such as stating their pronouns, disclosing their identity to listeners and demanding respect for it, or using restrooms that matched their self-identified gender.

"That goes hand in hand with many social factors too, like, I don't know, that your family knows, you know? Like…that your family knows and accepts you, your friends too… to identify yourself, as you were saying, like… how do I identify, which pronouns? 'She,' you know? I think it all goes together." ***(NBTFP3)***

"In my case, I would admit that I'm trans, because why not? Why is it important? For me now there are situations where it is important to say it, as an exercise of proclamation and visibility." ***(BTFP4)***

"I also demand respect for my identity when I am in other spaces… I go, for example, to women's restrooms." ***(NBTFP2)***

Finally, some participants mentioned gestures and ways of speaking.

"Well, in terms of body language, I've always felt it was the same, but now I don't feel social reproach. So I feel much freer to walk around with a 'limp wrist,' you know what I mean? To walk like this, because it no longer feels disruptive to anyone. So I feel that, in terms of body language, I've been exploring more of my hyper-femininity. But no, I don't feel like it's to perform being a woman." ***(BTFP4)***

2. Experience with One's Voice

2.1. Importance of Voice

Participants highlighted the voice as a fundamental tool for both expression and identity. They described how the voice contributes to exploring and constructing selfhood beyond social stereotypes, as well as being a means to express and socialize identity with others.

"[The voice] occupies, if not the first, then the second most important space in terms of my gender expression (…) it has great relevance in how I socialize with people (…) many times I've felt very defined by my voice (…) so I feel that it plays the same role as clothing when it comes to the gender performance one adopts." ***(NBTFP2)***

In communicative terms, the voice was also described as a vehicle for building connections with others and for shaping their world of existence.

"For me voice is the most important thing (…) it plays a very essential role for me, and regarding identity it not only intersects with gender, but also with my childhood, with my approach to singing in a choir, you know? I've met a lot of people through choirs, my closest friends I've met through choirs, so for me, the voice and singing are ways of inhabiting the world, and they have been very present throughout my whole biography." ***(BTFP4)***

2.2. Negative Experiences Related to One's Voice

a) Socialization and Stereotypes

Although the participants' specific life experiences differ, they converge in expressing insecurities during verbal communication in social interactions. This insecurity is rooted in concerns about external judgment or scrutiny of their identities when their voices are heard.

"In any case, I think the moments when I feel most comfortable with my voice are when I am alone, which is basically [when] I am not under anyone's scrutiny. That is the most relaxed moment for me. But I think the moment of greatest discomfort is when you have to interact with people." ***(BTFP2)***

In addition, participants described concerns about facing challenges to their identity or being misgendered, particularly if listeners perceived a mismatch between their voices and their gender expression.

"It is true that what people say should not define who you are, but it still affects you in a certain way (…) It happened the first time I went shopping for women's clothing, accompanied by a friend. That was the first time I presented publicly as a woman (…) I was still using my 'old' voice, so to speak, my original voice. Obviously, I was speaking with my friend about clothes—'let's go over there,' things like that. And I noticed at one point that a couple of women, while looking at clothes, seemed to realize what my voice was and perceived a discordance between how I looked physically and my voice." ***(BTFP1)***

Participants also reported fears of social sanctions and exoticization, such as when others attempt to decode their gender through their voices during communicative exchanges or find their voices unusual and even sexually desirable from a hypersexualizing perspective.

"Well, once it happened that a guy (…) realized I was trans and started misgendering me on purpose. That was not a favorable response; it was something really violent… I had a severe anxiety crisis, a panic attack… I cried for hours and could not stop (…) Nobody defended me. That is what sometimes scares me, and I have asked people close to me, 'Do you feel that my voice gives me away? That my voice shows I am trans?' And several times they have said yes, you know? Of course, that is fine if it comes from people I ask sincerely. But for someone to feel entitled to treat me as a man just because they realized I am trans—you know?" ***(BTFP4)***

"So, to put it one way, there was a certain fetishization of my deep voice, especially masculine, particularly because my voice was much deeper compared to others in that setting…because when I started it was a student choir (…) where my voice carried this burden, on the one hand as a fetish (…) an excess of masculinity simply because my voice was so deep. That really bothered me (…) Like, really, are you going to read me entirely based on this aspect? And that made socializing much more difficult." ***(BTFP4)***

b) Emotional Effects and Voice Hypervigilance

Several themes emerged regarding the emotional impact of negative voice-related experiences. First, participants reported that these experiences produced adverse effects in daily life, such as limiting their ability to socialize with unfamiliar people, in professional contexts, and cis-heteronormative environments more broadly.

"*With my circle of gender-dissident friends, I tend to use my natural voice, as I am doing now. But when meeting new people—even sometimes gender-dissident—particularly when there is some kind of sexual-affective connection, I tend to feel more insecure and to feminize my voice. When I am in hetero-cis spaces, including my workplace, where I am the only gender-diverse person, I tend to feminize my voice much more, and I feel more insecure about how this may or may not affect others' perceptions of my gender identity."* ***(NBTFP2)***

Second, participants described their insecurity and communicative concerns as generating heightened self-consciousness, stress, and a sense of constant hypervigilance regarding their voice. This contributed to greater discomfort and the perception that voice could become a barrier to speaking freely and authentically.

"*I think that basically like [in] a safe space (…) with dissident friends, there is no questioning of my identity, there is full acceptance of my voice, so I do not feel hypervigilant. Whereas in other more cis or hetero-cis spaces, even if people try to make an effort to understand—which I feel they should, as something they owe us—I sense that they may not have had many truly empathetic processes in relation to our lived experiences. This sometimes limits how flexibly they understand my identity, and unconsciously, even, my identity may be called into question. I have noticed this, especially with some cis male friends—particularly straight ones—who sometimes slip into using 'he' or masculine pronouns when I use a lower voice. But if I constantly feminize my voice, that doesn't happen as much."* ***(NBTFP2)***

Finally, participants described vocal fatigue when attempting to modify their voices, the sensation that their voice becomes artificial or forced, avoidance of specific tonal ranges, increased fear of rejection, and feelings of sadness, frustration, and internalized transphobia.

"When I listen to my recorded voice, I don't know, I hear myself as much deeper-sounding (…) And of course, that does cause problems for me, it brings me down (…) in the metaphysical, psychological sense, in everything, you know? In the way you relate to yourself as well, because we live in a society where gender roles are so divided. So, I think that if I wake up one day and my voice is lower, it's tough, you know? It's like, if I'm not able to express myself in a feminine way, it's frustrating, it's not pleasant." ***(BTFP2)***

"And it also happens sometimes when I am with groups of travestis *(…), especially those who are more traditional in the sense of adhering to the gender binary, as man or woman. And non-binary identities are sometimes called into question there (…) In those spaces, I also doubt myself, and I think this connects to hypervigilance and internalized transphobia."* ***(NBTFP2)***

For participants who sing in choirs, identity was often disrespected due to being assigned to "male" vocal categories, resulting in their placement alongside cisgender men.

"In rehearsals, for example, which may sound absurd, the conductor would say, 'Now the male voices,' and I would think, 'Oh right, I'm supposed to be here with the guys.' Or they would say 'the basses,' with instructions like, 'put more body into it, sound bigger.' And I feel torn—I want to contribute to what we are doing, but I also don't want to because it doesn't feel comfortable for me. I don't want to sound like a guy; it doesn't feel like me." ***(NBTFP3)***

2.3. Voice-Related Gender Dysphoria

Three of the seven participants explicitly described having experienced gender dysphoria related to their voices.

"… one of the reasons I realized I was trans was when I was younger, going through my first puberty, and my voice changed. It was like, 'ahhh, what is happening?' I felt it in my throat, in my stomach, in my gut—it gave me anxiety. Looking back now, I think, 'pfff, that was dysphoria,' you know? Today I can identify it very easily." ***(NBTFP1)***

"Singing in choir, especially with more people, and singing tenor alone—it feels dysphoric all the time. It is very dysphoric (…), but it's something I am willing to live with because I enjoy singing tenor. Still, it produces dysphoria because my voice is not even a light tenor voice; it's like a barrel of sound, very deep, very heavy, very masculine, you know?" ***(BTFP4)***

Those who reported experiencing voice-related dysphoria highlighted the interplay between their inner experience and the surrounding social environment, which either triggered or reinforced these feelings.

"I remember clearly that I skipped at least two, maybe three, sessions because of vocal dysphoria. I felt so bad about my own voice during those weeks that I thought, 'I don't want to make more sounds, I don't want to feel worse' (…) Going to practice in a place where I didn't know whether they really understood what they were doing—as speech-language professionals, sure, but do they actually know how to work with trans people? (shakes head) *(…) Because when you don't like how your voice sounds, being asked to explore those sounds in front of people you don't trust is really hard, really intense. You open up an intimate world, and not everyone is ready to do that. At times, I wasn't ready either."* ***(NBTFP1)***

"I feel it is like a responsibility that cis-hetero society owes to trans people—or to those of us who transition, regardless of whether we identify explicitly as trans—concerning the dysphoria that our society generates about our bodies and, specifically, about our voices." ***(NBTFP2)***

3. Vocal Companionship

3.1. Motivations for Considering Vocal Companionship

Some participants (BTFP1, BTFP4, and NBTFP1) decided to pursue voice therapy to gain greater comfort and peace of mind when communicating and engaging in social interactions, ultimately to feel better about how they are perceived socially.

"I realized that sound was a barrier to everything—the voice, the expression, the ability to express myself calmly in front of another person without feeling like, 'ugh, they're going to judge me,' or, 'what are they going to say?' Or, 'there is a dissonance between my experience and how I sound.' That's when I started reflecting little by little on what I truly wanted, where I really wanted to go—and from there, I moved forward." ***(NBTFP1)***

On the other hand, participants who chose not to pursue vocal companionship (BTFP2, BTFP3, NBTFP2, and NBTFP3) explained their decision as part of personal reflections on whether or not to follow cisnormative gender stereotypes, emphasizing instead the value of appreciating their voices as they are. Nevertheless, some did not dismiss the possibility of pursuing vocal companionship in the future, considering that it could be beneficial for gender expression.

"What I can say is that, as I have also seen in [psychological] therapy, the main thing was realizing that I did not have to appear a certain way for others to accept me, I did not need someone else to validate me in order for other people to accept me. Even those who once had that power over me—to decide what I was or was not. That was very harmful." ***(NBTFP3)***

"Yes, I thought about it a lot last year… at that moment, I felt like, 'you know what? this is my voice, I don't give a damn… if someone doesn't like it, too bad,' because as a transfeminine person, I don't owe anyone anything except dealing with my own dysphoria (…) But now I question it a bit more… because sometimes I feel like [my voice] is a little out of sync with my gender expression, and even with how I perceive myself." ***(NBTFP2)***

Finally, one participant (BTFP3) clearly stated that they did not wish to pursue vocal companionship, as they felt satisfied with their voice in terms of gender expression. Based on both self-perception and the feedback of significant others, they perceived their voice as well aligned with societal expectations of a feminine voice.

"My voice has always been like this; I never tried to fake it. But I have other insecurities (…) My friends tell me, 'I can't believe your voice is so feminine,' and I reply, 'Well, that's just my voice.' And I tell my girlfriends, 'I can't believe you're all so gorgeous, and so glamorous,' you know? (…) But of course, you become aware once people point it

out. I never realized the privilege I had, and one of my friends told me, 'Girl, you have to be conscious of your privileges, recognize the good things you have,' you know?" ***(BTFP3)***

3.2. Related Concerns

Participants—both those who pursued vocal companionship and those who did not—expressed a range of concerns about the process. These apprehensions referred both to the therapeutic process itself and its potential outcomes. Regarding the process, one concern was the possibility of experiencing mistreatment or discrimination.

"… I was really nervous, because I still carried a lot of stigma around this… it was hard for me to go into places where everyone would call me 'sir,' and I would be like, 'mmm, okay (sad voice), it's a process, I get it' (…) But at the same time, it was like, 'damn, I'm going to a place to practice my expression so I can feel more able to move through the world, and yet I'm already nervous that they're going to discriminate against me.'" ***(NBTFP1)***

Regarding the outcomes, participants expressed doubts about whether it was truly possible to achieve a different, more gender-affirming voice through natural methods, without requiring surgical modifications or risking vocal damage. Among participants who were singers, concerns were also raised about whether voice feminization processes might negatively affect their singing abilities.

"If there is a possibility to speak naturally, of achieving it through voice feminization, I think that would be… a much better option, because in the end it shows you that you are still the same person you are today, without surgical needs." ***(BTFP2)***

"I don't want to mutilate myself (…) to go through a voice feminization process just to remain stuck in one register. (…) This is my place, and at the same time I want the fullest range possible, with all the freedom to move around." ***(NBTFP3)***

"I am a classical singer, my tessitura is tenor (…) what I need is to develop a laryngeal mechanism that activates when I speak and another when I sing, because the goal is not to atrophy muscles, as I've read happens in some feminization therapies. Certain muscles are weakened and others strengthened, but I cannot afford that. I need laryngeal muscle tonicity that will allow me to sing, you know? So I cannot go around weakening muscles." ***(BTFP4)***

3.3. Self-Guided Exploration

Regardless of whether or not they pursued formal vocal companionship, participants reported exploring resources independently through social media platforms, particularly Instagram and YouTube accounts managed by international trans influencers. Even those who had begun but not completed vocal care processes described continuing their practice on their own, albeit with caution to avoid causing secondary damage to their voices.

"I mean, I watch YouTube—the gringas*, since they usually have more money, always do it first and are the ones who get access to these things, you know? Also, through Instagram, I found a woman who feminized her voice (…) she is very advanced in her transition (…) When I listen to her, I think, 'wow, if I could end up sounding like that, it would be amazing,' you know?"* ***(BTFP2)***

"… so I have tried it, I have tried it with the tools I have (…) small changes in the way I speak, in the cadence of words, phrases, sentences, the endings of phrases, you know? Like… softening the tone and timbre a little too (…) [These tools] I came up with myself (…) based on what I've been listening to and picking up." ***(BTFP4)***

3.4. Experiences with Vocal Companionship

Experiences vary among those who pursued some form of vocal care (BTFP1, BTFP4, and NBTFP1) (see Figure 2), but overall, participants acknowledged that the process could provide valuable tools to meet their communicative needs.

"… but once I had affirming companionship, as I was telling you, from my partner, from my speech-language therapist, and when socially I had this harmonic concordance of what it meant, I said, 'hey, I'm really satisfied with the results.' I know there are still things I could keep improving (…) they've told me I could work a bit more on some aspects (…) maybe I would like a slightly higher pitch, but honestly, with the results I have now—mainly because of this harmonic concordance of everything feminine—I feel quite satisfied. We could stop here and I would be perfectly happy with that." ***(BTFP1)***

However, negative experiences were also reported, including misgendering, exoticization, and a lack of responsibility or care during speech-language therapy sessions.

"… there were also moments when some trainees seemed unsure about whether to call me 'he' or 'she,' and for me it was like, 'ugh, I know there is an issue of perception that maybe wasn't under my control at that moment,' you know? (…) But nobody should have to prove anything in order to be treated as they identify, you know? (…) And some people looked at me, and I felt like I was an animal being practiced on by veterinary students. They would come in like, 'Ah, yes, the study subject,' you know? I don't know if the right word is objectified, because it wasn't exactly objectification, but rather experimented on a bit, you know? So no… there were too many people coming in, like, 'yes, this is the person we'll practice with.' They knew my current name but still called me by my old name. That was uncomfortable for me." ***(NBTFP1)***

"I tried it. Yes, I went to a session with a woman. I explained this to her. I told her I am an opera singer, my register and tessitura are tenor, and

*that I wanted to remain a tenor. And she ridiculed me a little, so I said bye to her." (**BTFP4**)*

Figure 2 illustrates the voice care processes experienced by the participants.

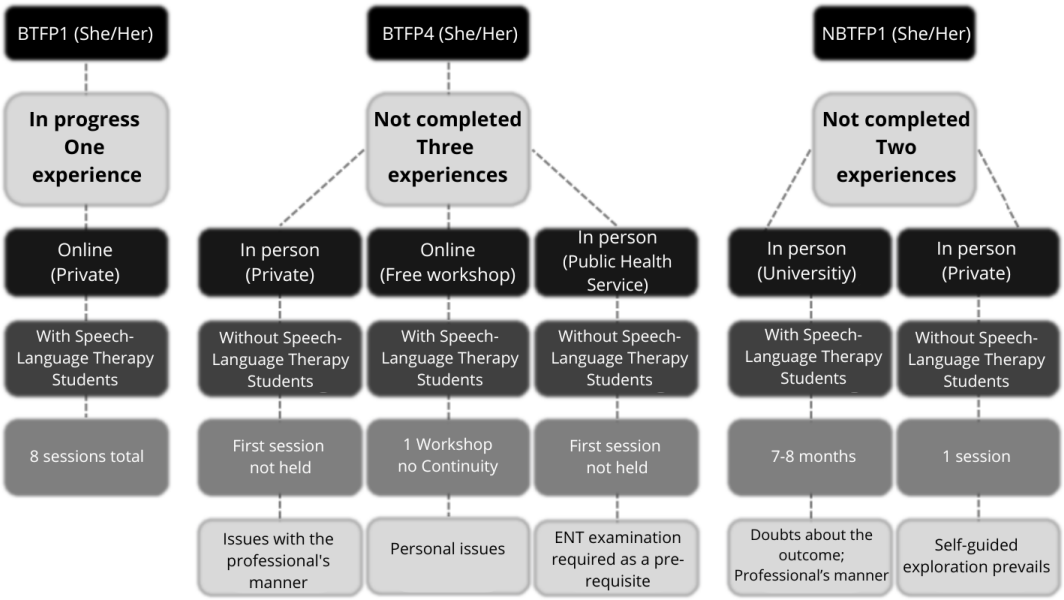

Figure 2. Characterization of the vocal companionship processes.

3.5. Terminology

The term "voice feminization" is considered binary and reproductive of prevailing gender stereotypes in Chilean society.

Although the concept is recognized as precise and easily understandable for those seeking specific vocal characteristics, several risks are identified, including socially imposed binary gender labels, the reproduction of stereotypes of femininity, the invisibility of the vocal needs of other gender identities, the reinforcement of cis-heteronormative standards, and the presence of prerequisites for achieving social recognition of trans identities. Nevertheless, until an alternative term exists, it is considered acceptable for use, as it is socially validated and can offer solutions for people undergoing similar processes.

*"...voice feminization is binary, yes, it fits within super patriarchal stereotypes, you know? But in terms of language use, I feel it serves its purpose, because, whether we like it or not, the binary exists… it exists in people's minds (…) my issue isn't with the term itself, but with… with the expectations placed on the voice feminization process, which usually assumes that we all want to speak with a super high-pitched voice (…) being binary doesn't necessarily mean being hyper-feminine, you know?" **(BTFP4)***

Regarding the term "voice therapy", participants generally consider it appropriate, as it alludes to the necessary psychoemotional healing of the wounds they carry. However, they identify a risk of pathologization, a possibility of implying the presence of a pathology associated with being trans and/or non-binary that must be cured or corrected. Conversely, the process is described as healing when it provides support for people to feel better and more comfortable with their voice.

*"Many of the voice issues are connected to personal things, personal wounds (…) doing this procedure, or undergoing the voice feminization process, I see as helping your voice heal, so that it becomes what it was always meant to be." (**NBTFP3**)*

*"Therapy is already a word that encompasses other things, like a pathology or a dysfunction, you know?" (**BTFP4**)*

Overall, there is no other term more suitable for these types of voice-related processes. Some participants, however, resonated with the term "vocal companionship," as it reflects a process that promotes wellbeing and prioritizes the person's needs over those of society or the professionals involved.

*"…so I really like what you said about referring to the process as 'companionship,' because in the end, one has to see what feels comfortable, you know? And the therapist's expectations cannot override what I expect and what I need, because, of course, it's about what I want but also what I need." (**BTFP4**)*

3.6. Barriers and Facilitators to Accessing Vocal Companionship

Economic factors and the lack of clear information stand out among the barriers that hinder access to this and other types of health support processes. Additionally, the availability of professionals and a health program that facilitates access to specific and affirming trans healthcare is identified as a barrier.

*"The biggest barrier is money (…) I have the privilege that my dad literally pays for my hormones and everything I can (…) [Also] there's still nothing effective, no follow-up, you know? Follow-up for a trans person who doesn't have all the opportunities, you know? And that makes me angry, really angry, because these realities already exist, and I think it takes too long to accept them and to develop a proper program for trans people, you know? Enough already!" (**BTFP3**)*

Another barrier is the sociocultural context, which fosters prejudice and discrimination. This can manifest as poor treatment in healthcare or as external societal pressures that reinforce internalized transphobia or create negative feelings regarding one's gender identity and expression.

*"…because ultimately, the issue is the toxic environment [in which you grow up] that makes you… makes you doubt yourself, devalue yourself, lowers your self-esteem, prevents you from setting boundaries (…) then, you have to leave this context you grew up in and face this thing, which is like the second huge difficulty: a society full of prejudice and violent people (…) with systematic, normalized, and naturalized violence, particularly against gender-dissident people, trans people, and those who don't fit the binary system." (**NBTFP3**)*

Among facilitators, the most prominent is having support networks that provide a safe space for exploring gender and its expression. These networks can include family, friends, partners, peer communities, townships, and even healthcare professionals.

*"…safe spaces, my friends, Dungeons & Dragons, believe it or not (…) I had many opportunities to explore through play, you know? That, the social play, being able to play with sounds, saved me." (**NBTFP1**)*

3.7. Suggestions for Improving Vocal Companionship Processes

The participants who had accessed some form of vocal companionship made several suggestions, including specialized training (both professional and experiential with one's voice, as well as culturally sensitive perspectives), greater dissemination and availability of information, and generating more evidence regarding the outcomes of these support processes.

*"…that you also dare to explore (…) practitioners who tried to support me and didn't succeed because they never really put themselves in my shoes, were people who told me 'this is how a voice is feminized,' but they never tried it themselves, you know? (…) Beyond knowing how to do it because it's the technique they were taught, they never attempted to experience the exercises, you know? Like saying, 'wow, today I'm going to speak differently to the guy at the store to see if he… doubts my pronouns' (…) Cis people never question this, like questioning your gender doesn't make you trans, but the way you express yourself, the way you are perceived, the way you sound, I think someone providing companionship should also give themselves the space to explore it—they should experience it too; I think that's extremely valuable." (**NBTFP1**)*

*"I think having information more readily visible that this treatment exists and that there are professionals providing it in our country, you know? (…) And maybe also, it would be really great to have more evidence of the outcomes." (**BTFP2**)*

DISCUSSION

Gender Expression, the Body, and the Experience of One's Voice

The results of this study indicate a significant link between the vocal and communicative needs of transfeminine persons—both binary and non-binary—and their location within their sociocultural context. The participants' narratives reveal feelings of insecurity when engaging in communicative exchanges with listeners in different settings, creating concern about potential scrutiny of their gender identity and expression. While this does not necessarily result in voice-related gender dysphoria in all participants, it can trigger increased stress due to a heightened sense of hypervigilance, as well as discomfort and dissatisfaction with their voice. These experiences contrast with the individual need for vocal tools that support gender expression aligned with their constructs of femininity, allowing people to share their identities socially and freely.

These findings align with the reflections of Azul et al. (2022) regarding the individual and supra-individual forces that can influence voice, communication, and the wellbeing of trans and/or non-binary people. According to the authors, communicative practices allow for the intersubjective conceptualization of a person's gender characteristics based on the sociocultural norms with which speakers and listeners constantly interact. Thus, even when the speaker positions themselves according to their own gender construct, listeners will categorize them according to their perception, interpretation, and attribution of gender, drawing on the sociocultural norms of their shared context. Based on the experiences and perceptions of our participants, these norms, situated in the Chilean sociocultural setting, are dominated by a binary and cis-hetero-patriarchal perspective, which continues to rely on sex assigned at birth based on genitalia.

From this perspective, if only the expectations imposed by binary, cis-hetero-patriarchal norms regarding gender expression are considered, there will always be specific vocal, linguistic, gestural, physical, ornamental, and behavioral characteristics, among others, that speakers must meet for listeners to ultimately attribute the "correct" gender to them. This perspective of inadequacy relative to established norms has sustained the notion that gender dysphoria is a phenomenon inherent to trans and/or non-binary people. Consequently, from a biomedical model of trans health, trans and/or non-binary persons are expected to modify their gender expression in order to alleviate dysphoria and achieve social acceptance (Bockting, 2009).

Unfortunately, this perspective places the responsibility solely on trans and/or non-binary people, requiring them to conform to rigid, socially accepted gender labels and presentations in order for their identities to be validated. This is evident in the motivations that trans and/or non-binary participants in our study reported when deciding whether or not to access speech-language therapy for vocal companionship. These motivations were related to the negative experiences they had regarding their voices (Table 1). In summary, both binary and non-binary transfeminine participants reported a desire to feel better about how they are perceived socially. That is, beyond achieving a voice with characteristics typically attributed to femininity, what primarily emerges as a need is to attain greater wellbeing during communicative exchanges, experiencing more ease and less fear of rejection, discrimination, or challenges to their identity. It is important to note that this does not negate the individual relationship each person may have with their own feelings and perceptions about their voice, which do not necessarily arise from external sociocultural forces.

The experiences and narratives of participants in this study align with Meyer's (2003) minority stress model. Meyer's model proposes that individuals belonging to socially stigmatized groups experience excessive stress due to their socially oppressed position and the hypervigilance that arises from it. Trans and/or non-binary people, therefore, must navigate social positions absent in cisgender populations and consequently require greater strain in their development. According to Barrientos et al. (2019), this stress is chronic and socially rooted, as it depends on the sociocultural macrostructure and exceeds the capacity of oppressed people to modify it.

Moreover, it is necessary to consider not only stress generated from society or "from the outside" (distal stress) but also how experiences of rejection, discrimination, and violence affect trans and/or non-binary people's perceptions of their own identity and gender expression. This manifests as hypervigilance, internalized transphobia, and other responses (proximal stress) (Meyer, 2003). In the case of our participants, their narratives repeatedly highlight how sociocultural forces generate a constant state of alert regarding control over their voice, leading to questioning their gender presentation through voice and communication. This experience improves in contexts identified as "safe spaces," where participants report being able to express their identities more freely and with less concern. Safe spaces were identified as a facilitator in vocal companionship. The above confirms the proposition that sociocultural forces can induce voice-related gender dysphoria (Azul & Hancock, 2020; Azul et al., 2022). Therefore, it would be questionable for vocal companionship to focus solely on adapting vocal characteristics to socially and culturally imposed norms as an expression of gender.

Vocal Companionship

The results of this research indicate that vocal companionship can provide valuable tools to meet participants' communicative needs. However, those who went through vocal companionship with a speech-language therapist describe interventions focused exclusively on vocal exercises, emphasizing repetitive practice aimed at modifying specific vocal parameters—primarily pitch (achieving a higher-pitched voice) and vocal quality (a thinner or lighter voice). These findings align with approaches centered on laryngeal structure and function, consistent with a biomedical perspective for alleviating dysphoria, as described by Bockting (2009).

According to current guidelines from the World Professional Association for Transgender Health (WPATH), vocal companionship should consider not only controlling specific

vocal parameters but also exploring the possibilities of each person's voice (and how these contribute to wellbeing), as well as developing skills for introducing themselves to others, describing and requesting the desired form of treatment or interaction concerning gender, and responding assertively to misgendering. Furthermore, it should include practicing the desired vocal features across different contexts and with different communication partners, as well as addressing the challenges and barriers of such practice to make effective use of preferred communicative forms. In addition, these processes should include developing skills for managing anxiety, stress, and, if necessary, dysphoria in collaboration with mental health professionals (Coleman et al., 2022). This entails adopting a holistic health perspective (Stemple, 2005) alongside gender-affirmative models, centering the individual and maintaining cultural sensitivity (Azul et al., 2022; Keo-Meyer & Ehrensaft, 2018). The findings of this study confirm the relevance of these guidelines, as participants' vocal needs encompass not only anatomical and physiological aspects but also communicative and psychosocial wellbeing.

On the other hand, for effective vocal companionship, WPATH guidelines emphasize the importance of informing all trans and/or non-binary people about the characteristics of the process and the available options to meet their needs, avoiding prerequisites or prior conditions (Coleman et al., 2022). In this regard, the interviewed group showed limited knowledge of vocal companionship processes, both those undergoing such a process and those who did not. Additionally, one of the participants was asked to bring a laryngoscopy before starting support, delaying the beginning of this process (Fig. 2). Participants identified these factors as barriers, along with economic constraints and the scarcity of available professionals. These findings align with previous international reports regarding barriers to accessing this type of care (Hancock & Downs, 2021; Oğuz et al., 2021; Veale et al., 2019).

Furthermore, participants' accounts revealed negative experiences during vocal companionship, highlighting instances of misgendering and exoticization, among others (Table 1). The actions described by our participants correspond to what Nadal et al. (2012) categorize as microaggressions, with misgendering and exoticization among the most frequent actions directed at trans and/or non-binary people, alongside pathologization and the universalization of the trans life experience, among others. Regarding concerns about vocal companionship, interviewees expressed uncertainty about the treatment they would receive during the sessions, reinforcing the previously described states of stress and hypervigilance. Therefore, under the minority stress model, vocal companionship could become an additional factor contributing to both distal and proximal stress, rather than a safe space for personal gender exploration and expression.

This risk has been identified in multiple studies. Giblon and Bauer (2017) and Kcomt et al. (2020) found that one key reason trans and/or non-binary people avoid health services is their concern about discrimination or mistreatment. This aligns with the results of a recent study on experiences of violence and discrimination faced by this population in Chilean healthcare settings (Roselló-Peñaloza et al., 2024). Added to this is the perceived lack of trust from trans and/or non-binary people toward healthcare staff, as well as concerns about a lack of respect for their autonomy in decisions related to their own bodies and identities (Eyssel et al., 2017; Hobster & McLuskey, 2020).

In Chile, reports of discrimination and violence correspond with international data and with the experiences shared by participants in the present study. These reports highlight the most frequent microaggressions in healthcare contexts, including questioning the person's identity, failure to respect social names, pressure to make changes in gender presentation, and reinforcement of binary stereotypes (Linker et al., 2017; MOVILH, 2022; Roselló-Peñaloza et al., 2024; Valenzuela-Valenzuela & Cartes-Velásquez, 2020). Moreover, according to Roselló-Peñaloza et al. (2024), the violence and discrimination experienced during healthcare appointments are among the reasons trans and/or non-binary people abandon health processes. Although our participants did not explicitly report this, most of them discontinued their vocal companionship, coinciding with experiences of violence and discrimination.

Based on their life experiences, the participants acknowledged the need for speech-language therapists who not only hold the necessary credentials but also possess experience and training in culturally sensitive and respectful healthcare. This perspective aligns with the WPATH guidelines previously described (Coleman et al., 2022). The perception of a lack of specialized training among speech-language therapists to provide care for trans and/or non-binary persons is consistent with findings from several international studies, which identified limited training and a perception of insufficient skills to support this population (Gunjawate et al., 2020; Hancock & Haskin, 2015; Litosseliti & Georgiadou, 2018; Matthews et al., 2020; Sawyer et al., 2014). Unfortunately, in Chile, there are no studies documenting the level of training and experience of speech-language therapists in providing vocal companionship for transgender and/or non-binary persons. Nevertheless, data from the present study indicate that this is an area that requires further exploration and attention,

especially considering that vocal companionship is among the primary healthcare needs of this population in the country (Roselló-Peñaloza et al., 2023) and that the National Health Policy for Trans and Gender Diverse People (*Política Nacional de Salud para Personas Trans y de Género Diverso*) is currently under development (MINSAL, 2024).

Finally, it is noteworthy that some participants in this study agreed on changing the terminology from "voice feminization" and "voice therapy" to "vocal companionship." This change reflects a preference for terminology that better represents the process they wish to experience, emphasizing individual needs and desires related to their gender identity and expression. It also allows moving beyond the gender binary and promotes the depathologization of trans and/or non-binary experiences. According to their testimonies, it is precisely microaggressions and pathologization that need to be addressed through affirmative and culturally sensitive companionship, rather than being reproduced in "therapy" spaces.

LIMITATIONS

Among the limitations of this study, it is important to note that, although the sample included transfeminine people from the Metropolitan Region, the sampling method was not proportional, and therefore does not represent the diversity of social conditions across the region's townships.

Additionally, since the exact number and characteristics of the transfeminine population in Chile are unknown, it was not possible to determine detailed profiles when characterizing the sample. Furthermore, because the sample was obtained through a snowball sampling technique, the heterogeneity of the final sample may have been affected, potentially excluding people with different experiences. Nevertheless, the final sample allowed the research question to be addressed satisfactorily.

Finally, the COVID-19 pandemic imposed methodological limitations on the study in terms of the number of meetings (interviews) with each participant and the modality, which depended on participants' access to digital platforms (Zoom). Despite these limitations, the results of this study provide relevant information regarding vocal companionship for binary and non-binary transfeminine people in Chile, as well as the relationship this population has with their voices as a means of expressing their identity. This information can contribute to the visibility of participants' life experiences and may serve as a valuable foundation for future research on this topic.

CONCLUSIONS

The experiences and narratives of the transfeminine people participating in this research, both binary and non-binary, reveal a link between their vocal and communicative needs and the binary and cis-heteronormative norms of the sociocultural context in which they live. As a result, participants reported experiencing stress and hypervigilance, which negatively affect their relationship with their own voices and the decisions they make regarding their gender presentation.

Vocal companionship, carried out by speech-language therapists, is a potential tool for achieving greater communicative wellbeing. However, the described support processes focus primarily on modifying vocal parameters rather than providing other tools that allow people to communicate and express their identity freely, according to their personal constructs of femininity. Furthermore, vocal companionship may become a stress-inducing factor if it perpetuates microaggressions and does not provide a safe space for exploring identity. Addressing this issue requires specialized training for speech-language therapists from an affirmative, person-centered, and culturally sensitive perspective. Future studies are expected to explore the level of training and experience of these professionals.

ACKNOWLEDGMENTS

The authors would like to thank all participants in this study, who generously and committedly shared their experiences. Through this article, we hope to contribute to the education of speech-language therapists working with trans and/or non-binary people, with the aim of improving their practices and contributing to the communicative wellbeing and quality of life of those seeking this type of vocal companionship.

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