

Original Article

Speech-Language Therapy and Gender: Exploring Migrant Voices in Gender-Nonconforming People

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ABSTRACT

The voice in travesti, trans, and non-binary (TTNB) people reflects a migratory identity process, wherein the body becomes a symbolic, political, and expressive territory. This perspective calls for a comprehensive and situated speech-language therapy approach, grounded in a gender-based perspective that acknowledges the centrality of voice in the construction of identity and the exercise of the right to communication. This study aimed to analyze the "migrant voice" as a situated vocal-communicative practice (SVCP) among TTNB people, in relation to their life course and experiences with speech-language therapy interventions. A qualitative approach with a narrative perspective was adopted, using life stories as an entry point to explore the meanings that gender-nonconforming persons attribute to their vocal experiences. Semi-structured interviews were conducted with 19 TTNB individuals residing in Córdoba, Argentina. The data were analyzed using qualitative content analysis guided by narrative strategies. Narrative coding was carried out using Atlas.ti software (v. 24.0.6.0), which allowed for identifying emergent categories. The findings revealed that physical migration does not always entail vocal migration, highlighting the uniqueness of each identity process. Life trajectories are key to understanding vocal migration as imperative, conditioned, or optional in response to pre-existing models. Comprehensive speech-language therapy interventions have been shown to foster wellbeing and autonomy by adjusting the voice as an expressive and communicative medium aligned with individual needs. Conversely, a focus on vocal technique that is disconnected from its social context can lead to discomfort and dependence. Speech-language therapy approaches that recognize diverse identity trajectories through inclusive and contextualized strategies are essential to ensuring the right to communication, thus reducing healthcare inequities for gender-nonconforming people.

Keywords:

Voice; Transgender People; Nonbinary People; Body Image; Communication and Speech

Fonoaudiología y Género: explorando las voces migrantes en personas género-disidentes

RESUMEN

La voz en personas travestis, trans y no binarias (TTNB) refleja un proceso identitario migrante, donde el cuerpo se configura como territorio simbólico, político y expresivo, y por ello, requiere para la práctica fonoaudiológica, un enfoque integral situado, con perspectiva de género que reconozca la centralidad de la voz en la construcción identitaria y en el ejercicio del derecho a la comunicación. El objetivo de esta investigación fue analizar la voz migrante como práctica vocal comunicacional situada (PVCS) en personas TTNB, en relación con el curso de vida y las intervenciones en salud fonoaudiológica. Se adoptó un enfoque cualitativo con perspectiva narrativa, considerando los relatos de vida como vía de acceso a los sentidos que las personas género-disidentes atribuyen a sus experiencias vocales. Las entrevistas semiestructuradas a 19 personas TTNB residentes en Córdoba fueron analizadas mediante un análisis de contenido cualitativo, orientado por estrategias del análisis narrativo. La codificación de las narrativas se realizó con el software Atlas.ti, lo que permitió identificar categorías emergentes. Los resultados revelaron que la migración corporal no siempre implica una migración vocal, destacando la diversidad de cada proceso identitario. La trayectoria de vida es clave para comprender la migración vocal como imperativa, condicionada u opcional frente a modelos preexistentes. Las intervenciones fonoaudiológicas integrales han demostrado promover bienestar y autonomía, ajustando la voz como medio expresivo y comunicativo en sintonía con las necesidades individuales. Sin embargo, el énfasis centrado en la técnica vocal desvinculada del contexto social puede generar malestar y dependencia. Enfoques fonoaudiológicos que contemplen la diversidad de trayectorias identitarias, desde estrategias inclusivas y contextualizadas, garantizarán el derecho a la comunicación, contribuyendo a la reducción de inequidades en la atención sanitaria de personas género disidentes.

Palabras clave:

Voz; Personas Transgénero; Personas No Binarias; Imagen Corporal; Comunicación y Voz

Fonoaudiologia e Gênero: explorando vozes migrantes em pessoas dissidentes de gênero

ABSTRACT

A voz nas pessoas travestis, trans e não binárias (TTNB) reflete um processo identitário migrante, onde o corpo se configura como território simbólico, político e expressivo e, por isto, requer para a prática fonoaudiológica uma abordagem integral situada, com perspectiva de gênero que reconheça a centralidade da voz na construção identitária e no exercício do direito à comunicação. O objetivo desta pesquisa foi analisar a voz migrante como prática de comunicação vocal situada (PCVS) em pessoas TTNB, na sua relação com o curso de vida e as intervenções em saúde fonoaudiológica. Foi adotada uma abordagem qualitativa com perspectiva narrativa, considerando os relatos de vida como via de acesso aos sentidos que as pessoas gênero-dissidentes atribuem às suas experiências vocais. As entrevistas semiestruturadas a 19 pessoas TTNB residentes em Córdoba foram analisadas por meio de uma análise de conteúdo qualitativa, orientada por estratégias da análise narrativa. A codificação das narrativas foi realizada com o software Atlas.ti (v. 24.0.6.0), o que permitiu identificar categorias emergentes. Os resultados revelam que a migração corporal nem sempre implica uma migração vocal, destacando a diversidade de cada processo identitário. A trajetória de vida é fundamental para entender a migração vocal como imperativa, condicional ou opcional diante de modelos pré-existentes. As intervenções fonoaudiológicas integrais têm demonstrado promover o bem-estar e a autonomia, ajustando a voz como meio expressivo e comunicativo em sintonia com as necessidades individuais. Porém, a ênfase centrada na técnica vocal desvinculada do contexto social pode gerar desconforto e dependência. Abordagens fonoaudiológicas que contemplem a diversidade de trajetórias identitárias, desde estratégias inclusivas e contextualizadas, garantirão o direito à comunicação, contribuindo para a redução das iniquidades na atenção sanitária das pessoas gênero-dissidentes.

Palavras-chave:

Voz; Pessoas Transexuais;
Pessoas Não Binárias;
Imagem Corporal;
Comunicação por Fala

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INTRODUCTION

The voice in *travesti*, trans, and non-binary people (TTNB) reflects a process of identity migration. Within this process, the body is considered a territory, and migration is understood as the displacement from a currently inhabited space towards a different destination. This can include the voice. The body, as a physical, political, and symbolic space, holds meanings deeply rooted in cultural and social structures. The metaphor of migration is helpful to describe processes of identity construction, as it reflects the crossing of intangible and symbolic borders linked to the regulation of gender. The experience of moving through gender, linked to the migratory experience, entails a constant oscillation, both within the domain of gender and in territorial terms. This ongoing mobility reflects a creation of identity that challenges and subverts the status quo. According to Zárate (2015), the term *trans* refers to those who contest gender norms and seek to disrupt traditional binaries. In this sense, trans people inhabit bodies in transit—migrant bodies—that resignify the binary barriers of gender identity, transforming them into flexible and permeable structures, capable of adapting and resisting within a context that demands their continual redefinition.

The body and the voice reflect identities that have been silenced by dominant sociocultural structures and that deserve to be made visible (Preciado, 2019). From this perspective, the voice is neither a fixed territory nor an indicator of unified identity, but rather a shifting phenomenon that challenges the traditional notion of the individual self. In its ongoing transformation, the voice represents a collective space in which sex and gender categories are dismantled and reconfigured, thereby questioning the foundations of Western thought rooted in the logic of phallogocentrism (that is, the philosophical tradition that privileges spoken voice as the bearer of truth, associated with *logos* or reason, and articulated with the symbolic power of the phallus as the axis of patriarchal structure).

Along similar lines, Argentine *travesti* activists Lohana Berkins and Josefina Fernández (2005) assert that the existence of *travesti* people challenges rigid gender impositions, fostering the deconstruction of hierarchical dichotomies that constrain the experience of identity. According to these authors, *travestismo* (Spanish for “crossdressing”, a term reclaimed by the community) does not aim for static identities but instead represents a movement toward non-identitarianism, whereby fixed definitions

often exclude and divide. In this sense, the activists contest fixed definitions of gender, since they operate under binary and normative logics that ultimately exclude and isolate those who do not conform to traditional molds of femininity or masculinity. Rather than confining identity within closed categories, travestismo is a practice of resistance that overgrows established frameworks and opens space for multiple, fluid ways of being that are in constant transformation. From this perspective, identities are not destinations but ongoing processes—a point of departure for exploring human diversity. This process requires considering personal trajectories and key turning points, such as the age of transition.

From the life course perspective, trajectories are influenced by historical, social, and cultural contexts, as well as by personal decisions and transitions that shape each person's experience (Elder, 1994). This approach highlights the dynamic nature of identity, conceived as an ever-evolving construct that integrates past experiences, future projections, and interactions with the environment.

Saldías (2020) affirms that the voice is a dynamic and complex phenomenon, requiring a comprehensive approach. According to the author:

One of the objectives in voice work should be responding to individual needs, straying from interventions that are limited to perceptual judgments about vocal performance. A holistic perspective involves adapting approaches to cultural conditions and generational changes, which are a constant feature of human history. (Saldías, 2020, pp. 6–7)

Thus, vocal migration is understood as the transition from a voice that aligns with the gender assigned at birth to a voice that reflects the experienced gender identity. Speech-language therapy can support this process. Here, successful vocal practice does not only mean that the voice aligns with the desired identity but also becomes integral to wellbeing as an expressive and communicative resource.

Interpersonal communication is a complex process in which Situated Vocal Communicative Practices (SVCPs) play a central role. This concept refers to how the voice is enacted within specific contexts, integrating both segmental features (such as lexical and grammatical content) and suprasegmental ones (rhythm, pitch, intensity, prosody). Situated Vocal Communicative Practices cannot be understood in isolation from the speaking body or from the social environment in which interaction takes place. They are profoundly shaped by the identity of the speaker—who speaks, what is said, and how

listeners perceive that speaker. It is also shaped by the perceptions, expectations, and biases of speaker gender perception—who listens and how the message is interpreted through cultural and normative frameworks (Merritt, 2023). These factors may modulate or alter both voice production and the reception of the message, depending on the context. In the case of TTNB people, SVCPs reveal how the voice becomes a tool of speech and language, materializing dimensions of identity across diverse communicative settings.

Within vocal practice, the migrant voice may be modified in response to adverse bias in speaker gender perception, or modulated by it. Such modifications in verbal production reflect shared sociocultural horizons; they adapt to communicative contexts according to the speaker's available resources, which can be understood as symbolic capital. Even silence, as deliberate omission, constitutes an SVCP that demonstrates adaptive decision-making and reveals information about contexts, barriers, or access to the right to communication.

The recommendations of the World Professional Association for Transgender Health (WPATH) emphasize the importance of speaker gender perception when addressing the specific concerns of trans people (Coleman et al., 2022). Speaker gender perception highlights the relational context and the individual experiences of trans people, prioritizing their perspectives and needs in healthcare practices. To achieve this, health teams address issues of gender, diversity, and inclusion. The breadth of this approach enables progress toward a comprehensive model of trans health, understood as the set of practices and discourses directed at processes of health, illness, and care for those who do not identify with the gender assigned to them at birth. This field presents a complex arena in which a history of pathologization converges with the global demands for depathologization advanced by trans activists (Missé & Coll-Planas, 2010).

Pathologization has significantly impacted the living conditions of trans people and their access to healthcare. Experiences within healthcare institutions differ noticeably between cis and trans patients, creating a field of epistemic debate over who holds the authority to define discourses on trans health and the legitimacy of trans knowledges (Suess-Schwend, 2020).

The Gender Identity Law, in force in Argentina since 2012 (Law 26.743, 2012), marked a milestone by shifting the legal and social conditions that frame healthcare practices for the trans population. It also challenges how gender issues have been addressed in health sciences, particularly in speech-language therapy, while

incorporating voice therapy into *Programa Médico Obligatorio* (PMO).

As part of this broader sociohistorical, political, and cultural process, the public demands of trans activists have worked in synergy with theoretical currents, driving significant change. Notably, diagnostic categories related to trans experiences have been modified in manuals such as the DSM-5 and ICD-11, aligning with the processes of depathologization advanced by these struggles.

Based on the emerging issues and needs of TTNB people, this work proposes an analysis of Situated Vocal Communicative Practices (SVCPs) in relation to the life course and to speech-language therapy interventions.

Bodily and vocal migration in the TTNB population requires a speech-language therapy approach that transcends established binaries, fostering inclusive interventions adapted to individual needs. In this sense, the voice should be treated not only as a technical attribute but also as a fundamental element in identity construction and in the full exercise of communication.

Historically, speech-language therapy has primarily focused on modifying parameters such as fundamental frequency or pitch, which are essential phonatory activities (Chiesa et al., 2022). However, the perception of a voice as feminine or masculine does not depend solely on pitch; it is shaped by a complex combination of features such as timbre, volume, resonance, intonation patterns, breath control, and subglottic pressure adjustment, among others (Cárdenas et al., 2019). These suprasegmental features of speech broaden the perspective to include distinctive elements of communication (Morales, 2020).

Beyond acoustic aspects, communication patterns also encompass word choice, sentence structure, topics, and nonverbal communication, such as gestures and eye contact, all of which contribute to a holistic perception of gender identity (Quinn & Swain, 2018). In this context, SVCPs are actions involving both voice and body, enabling the use of sound or silence as communicative strategies. These practices transcend the binary female/male framework, promoting accessibility in communication (Morales, 2020).

In the field of trans health, it is crucial to conduct an in-depth analysis of speech-language therapy services to understand their role in promoting the wellbeing and autonomy of TTNB people. Three main categories are proposed:

- Required services: Demands expressed before or during the transition process, focused on voice and communication as fundamental expressions of identity. These interventions aim to support identity development and address each person's specific needs.
- Received services: Interventions that have already been carried out in the context of transition, typically focused on achieving goals such as vocal feminization, masculinization, or neutralization. These actions aim to align vocal expression with the self-identified gender.
- Pending services: Interventions that, for various reasons, have not been implemented, highlighting a significant gap in access to comprehensive healthcare. These services are an outstanding need for TTNB people and underscore the necessity of developing inclusive strategies that guarantee the right to communication and respect for diversity.

The life course approach is particularly valuable in this context, as it considers the dynamic interactions between biological, psychological, social, and environmental factors over time. This perspective is key to understanding and addressing the health practices of TTNB people, allowing us to analyze how events and experiences—from conception through old age—shape health and wellbeing.

The voice's capacity to adapt and transform according to personal and social expectations reinforces its central role in identity construction. Therefore, comprehensive work with SVCPs represents a critical challenge to guarantee the right to communication and the diversity of vocal experiences within TTNB identities. This research aims to analyze the migrant voice as a Situated Vocal Communicative Practice (SVCP) in TTNB people, in relation to the life course and speech-language therapy interventions.

METHODOLOGY

This study was approved by the CIES of HNC (Res. No. 3450, valid according to NO-2023-710207-UNC-CE#HNC). It employed a qualitative, descriptive design, capturing data at a single point in the participants' identity-searching process. We adopted a constructivist approach, allowing us to interpret TTNB people's perceptions regarding identity construction, SVCPs, and speech-language therapy interventions.

Semi-structured interviews were conducted with 19 TTNB participants using convenience sampling. The unit of analysis was

each participant's interview, with the sampling unit being the participants themselves. Inclusion criteria were as follows: (1) identifying as a gender-dissident or nonconforming person, (2) being 18 years of age or older, and (3) being able to participate in a semi-structured interview. The final sample consisted of participants between 18 and 52 years of age. Interviews were conducted either in person or virtually and scheduled individually, adapting to each participant's circumstances. Each interview was recorded and transcribed for analysis. Only the primary researcher had access to the interviews and the analysis.

Data Collection Instrument

A thematic interview script was created for qualitative data collection, considering three domains: (a) gender identity, (b) Situated Vocal Communicative Practices (SVCPs), and (c) speech-language therapy interventions. Only these three domains were selected for this study, as the ongoing research project encompasses additional areas.

The questions were designed to enable participants to convey their experiences regarding identity construction, voice and communication, and how they view healthcare spaces, specifically regarding speech-language therapy.

Data Management and Coordination

Participants were initially contacted in person at spaces dedicated to gender-diverse communities, such as rehearsals of the Coro Diverso and Luna Verde Choirs, La Casita Trans Córdoba, and Asociación Civil Flores Diversas. Subsequently, potential participants were emailed to provide detailed information about the interview, including its objectives, format, duration, audio and video recording requirements, and available dates. An informed consent form was designed, specifying that participation was voluntary and that participants could withdraw from the study at any time.

The theoretical saturation criterion was applied to determine the quality and adequacy of the sample. This criterion is defined as the point at which new interviews no longer provide substantially novel information regarding the categories under analysis (Corbin & Strauss, 2015). Saturation was assessed by the research team through a review of coding and the recurrence of themes in participants' narratives, considering their diverse life trajectories, vocal experiences, and healthcare interventions. Accordingly, the 19 interviews were deemed sufficiently varied in their perspectives to address the study's objective, ensuring richness and depth in the qualitative analysis.

Length, Transcription, Recording, and Analysis of Qualitative Interview Data

Interviews lasted between 45 and 60 minutes. Each interview was transcribed verbatim, and an alphanumeric code was assigned to protect the confidentiality of each participant. The thematic analysis followed the steps indicated by Flick (2013). This involves listening to each interview twice: the first time to familiarize oneself with the activity and topic under study, and the second time to carry out the transcription in Word, which was later exported to the qualitative data analysis software Atlas.ti (version 24.0.6.0). Additionally, interview records were complemented with notes in a field journal.

Transcribed interviews were analyzed through iterative processes of conceptual emergence, beginning by identifying units of meaning, followed by grouping units that presented a common theme (Halcomb & Davidson, 2006). Finally, themes were delimited and interpreted. Krippendorff's (2013) qualitative content analysis was applied for category analysis, following an inductive approach. Collected data were then organized into analysis matrices or codes, representing the starting point for the coding process.

First, open coding was conducted, which involved segmenting the information and assigning a code. This procedure was applied to each collected sample. During the coding process, the goal was to reach saturation, defined as the point at which emerging information became repetitive or irrelevant to the research (Corbin & Strauss, 2014). Second, the emerging categories were prioritized and established as the analytical axis. Participants were interviewed on several topics, the most relevant of which included identity construction, vocal identity construction, communication, and both general health and speech-language therapy interventions.

Strategies for Quality and Rigor

Several strategies were employed to ensure the rigor and validity of the study. Firstly, a field journal was kept throughout the data collection and analysis process, in which the researcher recorded observations, methodological reflections, and affective aspects. This practice fostered critical reflexivity, allowing the research team to recognize how their own positions, trajectories, and sensitivities may have influenced data construction, analysis, and interpretation.

Additionally, the team conducted data triangulation by combining information from the semi-structured interviews, field notes, and the coding of emerging categories. This strategy allowed

interpretations to be contrasted, enriched the understanding of the phenomena, and strengthened the validity of the qualitative analysis. Explicitly incorporating reflexive practices on the research team’s positionality—particularly concerning gender, identity, and communication—helped identify potential biases, tensions, and ethical compromises, supporting a situated and contextualized reading of the vocal trajectories of TTNB people.

Distribution of the Sample

Table 1. Sample characteristics.

Studied Dimensions	Subcategory	Number of People
Gender identity	Travesti (T)	4
	Trans Man (TM)	8
	Trans Woman (TW)	3
	Non-Binary (NB)	4
Age	Young (14-26 years of age)	13
	Adult (27-59 years of age)	6
Age of Transition	Young (14-26 years of age)	10
	Adult (27-59 years of age)	9

RESULTS

The interview analysis yielded five analytical dimensions, organized around three main categories: gender identity, Situated Vocal Communicative Practices (SVCPs), and speech-language therapy interventions. These categories, initially defined based on the interview script, were enriched through an inductive process that incorporated emerging dimensions from participants’ accounts. These categories were integrated paying attention to

their conceptual coherence and relevance to the study’s objectives.

Among the identified dimensions is the concept of the “migrant body.” However, this dimension was not developed as a separate section, as TTNB participants’ narratives indicated that the experience of the migrant body permeates and contextualizes the other dimensions—particularly the migrant voice, SVCPs, and speaker gender perception—without constituting an independent aspect. Therefore, it was addressed transversally and integrated into the analysis of other dimensions, avoiding artificial fragmentation of participants’ bodily and vocal experiences.

The dimensions ultimately analyzed were: migrant voice, speaker gender perception, life-course turning points, and speech-language therapy services (including required, received, and pending services). The following sections present these categories, their operationalization, and the dimensions that comprise each.

Table 2. Presentation and Definition of Categories and Dimensions for Qualitative Data Analysis

Category	Definition	Dimensions
Gender Identity	Internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes personal perception of the body and other gender expressions, such as clothing, speech, and behaviors.	<p>Migrant Body: A dynamic and continuous process through which trans people navigate different physical and social configurations to align their internal gender experience with external expression.</p> <p>Life-Course Turning Points: Life events reported by participants as determinants and defining for bodily migration.</p>
Situated Vocal Communicative Practices (SVCs)	The use of the voice, including segmental and suprasegmental features, in voluntary interpersonal communication. They are defined by each participant as chosen.	<p>Migrant Voice: Transition from a voice aligned with the gender assigned at birth to a voice that reflects the experienced gender identity.</p> <p>Speaker gender perception: Participants' perceptions of listeners when receiving their SVCs.</p>
Speech-Language Therapy Interventions	Self-reported engagement with speech-language therapy services.	<p>Services:</p> <ul style="list-style-type: none"> - Required or Requested: Services that TTNB people identify as necessary or desired in relation to their identity process but have not yet accessed. - Received: Services accessed that are perceived as promoting wellbeing, or, conversely, causing discomfort. - Pending: Interventions not yet carried out due to barriers (e.g., access, health insurance coverage, professional training), highlighting a gap in comprehensive healthcare for the TTNB population.

Highlights of Dimension Analysis

Migrant Voice

Within this dimension, participants expressed the pursuit of a voice that was coherent with their identity process in relation to various physical migrations. Participants reported that their identity is continuously constructed and transformative:

“What migration and transition have is that you go from one side to the other. Truly, it seems to me that human beings keep constructing themselves as things happen, and one never goes back. One reconstructs, takes things out, and puts others in” (Travesti participant, 38 years old).

Vocal migration oriented toward binary models (feminization or masculinization) emerged prominently in the sample. Generally, transmasculine participants seek and navigate toward a hegemonically masculinized voice, while transfeminine individuals tend toward a hegemonically feminized voice, aligning bodily and vocal migration. From a phonatory

perspective, there is a voluntary need to modify fundamental frequency to match the desired gender.

For non-binary people, vocal migration shows particular characteristics: participants reported a fluctuating or intermittent voice, alternating between a feminized and a masculinized pitch depending on the communicative context.

Regarding travesti identity, one participant emphasized:

“I define myself as a travesti, as a travesti woman, which does not imply reaching any endpoint. In contrast, a trans woman must reach the stereotype of a woman” (Travesti participant, 41 years old).

This perspective reveals a travesti physical migration that does not require vocal migration, experienced as unnecessary:

“Personally, I never worried about my voice. I think that, yes, within the community in general, there are moments when you use a certain voice. Travesti voices don't have to be feminine

or masculine, so it's a travesti voice" (Travesti participant, 35 years old).

In these narratives, bodily migration responds to participants' own identity expectations, without the need to adjust their voice. This reflects a form of "migrant voice" in terms of expressive autonomy.

Another relevant aspect is the strategic use of the voice in work contexts:

"When I have important work calls, I lower my pitch. Well, here I am, and you're going to hear me clearly" (Transmasculine participant, 28 years old).

This statement illustrates how the voice is modulated according to the demands of the context and interaction.

The accounts highlight various ways in which vocal migration is practiced, depending on identity trajectory, prior experiences, and the social contexts of the participants. Some people express the need to modify their voice to achieve coherence with their gender identity and be acknowledged in the spaces they inhabit. Others describe transformations driven by external pressures, such as gender norms, social expectations, or workplace demands. Some decisions are also reported as freely and reflectively assumed, oriented toward personal wellbeing and authentic vocal expression.

Speaker gender perception

The speaker gender perception dimension emerged in numerous narratives as modulating their Situated Vocal Communicative Practices (SVCPs). One participant described it as follows:

"I use a very different voice when I talk to someone; with a woman or with a travesti, it's a very different way. My voice is located elsewhere. This process of embodying oneself—one embodies differently. I try to speak, I speak a lot. So I try to listen, I prompt myself to listen many times" (Transfeminine participant, 32 years old).

Particularly in the voice of travesti people ("voz trava," as termed by the community), there is a dissociation between bodily migration and vocal outcome. Perceptually, voluntary vocal disruption is observed; specific parameters, such as fundamental frequency, are maintained, while segmental and suprasegmental attributes are modified according to context. This "migrant trava voice" challenges hegemonic binary speaker gender perception, as one participant expressed:

"I've always had a voice like the one I have, let's say. I've shouted, stood up, and cursed. My voice came out strong and deep, and I never cared" (Travesti participant, 38 years old).

A preservation strategy is observed among participants who have not yet migrated their voice, particularly during recent bodily migration processes: silence as a modulatory tool. Participants prefer not to use their voice in contexts perceived as adverse to avoid exposure that could produce harm:

"Not using my voice and responding with gestures to avoid being seen as masculine, barely letting them hear me. If they see you like that, they don't listen to you speak—you have a much better chance of living a feminine life" (Transfeminine participant, 23 years old).

Silence thus becomes a protective strategy in contexts perceived as risky or discursively threatening.

While transfeminine, transmasculine, and non-binary people tend to modulate vocal migration according to speaker gender perception, the dissident voice in travesti identities emerges as an expression of gender activism:

"I love to annoy people with this voice that doesn't match my body; it's my way of being in the world, my way of being travesti and saying I won't be what your biology says, I will be who I want to be" (Travesti participant, 38 years old).

The effects of binary stereotypes on the speaker gender perception of the voice are evident, particularly in relation to perceived personality traits. One participant reported that, in telephone interactions with customer service, they were often addressed as female:

"On the phone, they call me 'ma'am,' so I have to clarify, I explain, and sometimes I just stop explaining. I don't know if it's due to a stereotype. I never use rude terms or swear words. Sometimes other trans people imitate that kind of rough speech, but I have a sweet voice" (Transmasculine participant, 52 years old).

The participant also noted that, in an informal coaching session with a cis male individual outside the TTNB community, they were advised to "practice speaking with a commanding voice" to be socially perceived as a more authoritative man:

"They tell me I have to practice speaking with a commanding voice, as if it were wrong to be masculine, sweet, and tender" (Transmasculine participant, 52 years old).

This testimony illustrates how dominant mandates of cisnormative masculinity persist, discouraging expressive forms associated with care, kindness, or tenderness, and reproducing stereotypes of toughness and aggression as expected traits of a masculine voice.

These narratives demonstrate how speaker gender perception—both from the cis world and within participants' own social networks—conditions, enables, or constrains vocal expressions, shaping experiences of vulnerability, agency, and resistance in everyday communicative practices.

Life-Course Turning Points

From a life-course perspective, we can identify turning points that are determinative in processes of bodily migration. In participants' narratives, these moments of change are linked both to personal decisions and to external events that impacted their identity construction.

Some participants noted that moves—such as leaving the family home, relocating to new cities or countries—as well as experiences of family rejection when expressing their gender identity, entailed a change in social territory, with all the associated adversities.

Other participants mentioned that the death of parental figures created opportunities to begin their transition, freeing them from family scrutiny or mandates that had previously obstructed the process:

“After my father died, I started thinking about transitioning, and it's rough; under my dad's gaze, it would not have been possible” (Transmasculine participant, 52 years old).

Additionally, a global external event emerged as a turning point: Aislamiento Social Preventivo y Obligatorio (ASPO, meaning Mandatory Preventive Social Isolation). This was a public health measure implemented in Argentina during the COVID-19 pandemic. Some participants perceived this period of isolation and social distancing as a pivotal moment in their identity trajectories.

By suspending usual social dynamics, ASPO provided a space for introspection and subjective reconfiguration, fostering deep reflections on gender identity. It was during this period of confinement that some participants defined or initiated their process of bodily migration. One participant reported:

“In 2020, during lockdown, I was alone in this house. At some point, I wrote about what it meant to be a woman. I wrote a

whole thing there. Being a woman in this world was not advantageous; neither with a vagina nor without, nor with a penis. Being a woman with a vagina was not advantageous... yet I began my transition” (Transfeminine participant, 42 years old).

Thus, ASPO not only represented an exceptional public health context but also a catalyst for identity transformation for several TTNB people, functioning as a vital turning point.

These testimonies elucidate how personal, familial, and contextual events can catalyze identity trajectories, driving processes of gender redefinition and bodily migration.

Speech-Language Therapy Interventions

Participants' accounts indicate that speech-language therapy interventions impacted their wellbeing and autonomy in different ways, depending on the approach and conditions of referral.

Some participants valued having professional support during their transition process, highlighting the role of the voice as an expressive and communicative medium aligned with their life trajectory:

“My voice is more comfortable, I feel confident, and I can communicate everywhere thanks to the work I did with my speech-language therapist to understand my voice and learn strategies for different situations” (Transmasculine participant, 22 years old).

Some narratives revealed discomfort and dependency, particularly associated with discontinuity in therapy and difficulties maintaining progress. These experiences suggest that, even when satisfactory vocal modifications are accomplished, abrupt interruption of therapy—due to economic or administrative reasons, such as lack of coverage by health insurance—generates feelings of distress and frustration. One participant stated:

“I did well with my speech-language therapist; I managed to adjust my higher-pitched voice through exercises, but the health insurance stopped covering the sessions, and I had to stop. I felt anxious, frustrated, and dependent on having my therapist to make my voice sound the way I wanted” (Transfeminine participant, 22 years old).

This testimony underlines the need to consider not only immediate goals related to technique in vocal interventions but also plans to sustain processes over time, ensuring continuity of care and avoiding new forms of vulnerability.

Additionally, some participants reported postponing or missing interventions due to access barriers, such as a lack of health coverage or a scarcity of professionals trained in gender-sensitive approaches:

“I would love to work on my voice, my way of speaking, to be more authentic, but I couldn’t find a speech-language therapist who knew about the topic, was trained, and with whom I felt comfortable” (Transmasculine participant, 29 years old).

These findings underscore how important it is to provide comprehensive, accessible, and gender-sensitive speech-language therapy services that recognize the voice as a central aspect of the right to communication and the wellbeing of TTNB people.

DISCUSSION

The sample was predominantly comprised of young and adult TTNB people, possibly because they are in active stages of transition and identity construction, where the voice had a crucial role. The absence of older participants may be linked to historical and social exclusions that have reduced life expectancy (Berkins & Fernández, 2005). Although Winter et al. (2016) acknowledge advances in trans visibility, intersectional inequalities related to factors such as country of origin, class, and educational level persist, highlighting the need for a dynamic approach to understanding these trajectories.

Regarding the migrant voice in this study, vocal practices remain coherent with identity processes. While voice therapy has proven effective for voice feminization (Viales-Montero et al., 2025), the SOC-8 guidelines emphasize the importance of bespoke medical and therapeutic interventions that respect the needs and decisions of trans and gender-nonconforming people, promoting self-determination and avoiding imposed norms that reinforce rigid gender stereotypes (Coleman et al., 2022).

Conversely, travesti or “trava” voices do not seek binary outcomes through speech-language therapy. According to Lohana Berkins and Fernández (2005), travesti identity in Latin America is framed as a unique cultural and political category that resists the gender binary. Universal health implies that all people can access healthcare services without discrimination; however, in practice, multiple organizational, financial, and acceptability barriers hinder access, particularly for vulnerable groups (PAHO, 2021).

Vocal migration is characterized by its fluctuating nature, without a fixed destination, reflecting a continuous transit in which voices oscillate between “feminine,” “neutral,” and “masculine” depending on the context. This underscores the importance of Situated Vocal Communicative Practices, as voice therapy for trans people aims for vocal and communication behaviors that align with the desired gender identity, helping reduce gender incongruence and promote satisfaction with and recognition of one’s own voice (Marijan y Bonetti, 2021).

As mentioned, voice therapy for trans people aims to reduce gender dysphoria and bolster the person’s comfort with their voice in alignment with gender identity (Viales-Montero et al., 2025). In this context, speech-language therapy offers a viable approach to feminizing or masculinizing the voice, taking into account medical and therapeutic aspects, and adapting to diverse individual needs (Viales-Montero et al., 2025). Moreover, voice therapy includes working on prosody, resonance, and nonverbal communication—key elements for achieving vocal expression consistent with gender identity.

Voice therapy is a dynamic and personalized process involving ongoing adjustments to adapt to individual patient needs. This is particularly important in the presence of functional dysphonia, which is associated with high levels of anxiety and depression. Traditional voice therapy helps improve the quality of the voice, but not necessarily psychological symptoms. This shows how relevant interventions are that address both physical and psychosocial aspects (Deary et al., 2018). Therefore, permanent vocal transition requires sensitive therapeutic approaches that consider both individual needs and the challenges posed by vocal affirmation.

Speech-language therapy interventions are essential for promoting wellbeing and autonomy in TTNB people, provided they adopt a person-centered approach and avoid imposing norms that reinforce gender stereotypes. Evidence shows that affirmative voice therapy, when tailored to individual goals and needs, improves vocal satisfaction, social participation, and alignment between vocal expression and gender identity, thereby contributing to emotional wellbeing and self-affirmation (Oates et al., 2023; Davies et al., 2015). Situated Vocal Communicative Practices—which consider the relationship between vocal expression, social context, and emotions—allow people to negotiate specific identities and roles, while cautioning against categorizing voices under labels such as “submissive” or “commanding,” which may perpetuate cultural biases and stereotypes (Conroy et al., 2022; Davies et al., 2015). Accordingly, a critical, contextualized, and interdisciplinary

approach is needed, one that recognizes the diversity of experiences and avoids reproducing restrictive norms, thus fostering autonomy and authenticity in the vocal expression of TTNB individuals (Oates et al., 2023; Conroy et al., 2022; Davies et al., 2015).

From a cross-sectional analysis of participants' narratives, the research team identified an analytical typology classifying vocal migration experiences into three predominant forms: imperative, conditioned, and voluntary. These categories did not emerge explicitly from participants' discourse but were created deductively by the team as a tool to understand the diversity and complexity of vocal trajectories in TTNB people.

Imperative vocal migration refers to cases in which voice modifications are perceived as necessary or unavoidable to achieve coherence between gender identity and vocal expression, as well as to attain social recognition. This experience aligns with the work of Berkins and Fernández (2005) and Preciado (2019), who highlight the centrality of the body and voice as political territories in trans identity construction, where the voice becomes an indispensable resource for gender affirmation.

Conditioned vocal migration, on the other hand, refers to transformations that respond to external pressures, such as gender norms, social expectations, or workplace demands. This category highlights tensions between subjective experiences and social demands, consistent with Saldías's (2020) contributions on the influence of speaker gender perception and symbolic capital in SVCPs.

Finally, voluntary vocal migration encompasses decisions made autonomously and reflectively, oriented toward personal wellbeing and the pursuit of authentic vocal expression. This form emphasizes the agency of individuals in constructing their vocal trajectories. It underscores the importance of comprehensive speech-language therapy interventions that respect diversity and promote autonomy, as recommended by WPATH (Coleman et al., 2022). It should be noted that these classifications are not mutually exclusive; they may coexist or overlap within the same person at different points in their life trajectory.

Another finding highlights that speaker gender perception modulates vocal perceptions and sound characteristics (SVCP), which can be analyzed from multiple perspectives. Additionally, prosody reflects physical, psychological, emotional, and social wellbeing, manifesting attitudes such as excitement, boredom, or surprise (Scherer, 2003). This suggests that speaker gender perception influences voice modulation, as emotions and internal states are communicated through pitch variations.

However, some authors might argue that although speaker gender perception affects vocal modulation, SVCPs are more directly influenced by immediate contextual factors, such as the physical environment and real-time interpersonal relationships, rather than by broad social monitoring. This perspective emphasizes the relevance of direct interactions in shaping vocal practices, suggesting that "speaker gender perception," in its digital or diffuse definition, may exert a more indirect impact on SVCP.

In alignment with the concept of speaker gender perception, silence emerged as a self-protective strategy in hostile environments (Zimman, 2018). In contrast, vocal interventions can empower TTNB people to respond to these challenges (Oates et al., 2017). These authors note that while speaker gender perception may influence vocal decisions, priority should be given to individual needs, ensuring that silence is not perpetuated as a cultural imposition.

The life courses of the participants are varied regarding the age of transition and the factors influencing this process. A notable aspect in participants' narratives is how the COVID-19 pandemic, with its associated isolation, provided some of them the opportunity to implement changes associated with their gender identity. There is a documented trend toward gender transitions occurring at earlier ages, a phenomenon increasingly observed in recent studies on gender dysphoria among children and adolescents. Goh et al. (2024) report an increase in the number of children and adolescents initiating gender transition processes at progressively younger stages. While this study does not directly examine the impact of the pandemic on transition-related decision-making, the authors emphasize the need for further research to fully delve into how contextual factors, such as the COVID-19 pandemic, may influence these trajectories.

Speech-language therapy interventions are essential for promoting wellbeing and autonomy in trans, travesti, and non-binary (TTNB) populations. However, they must avoid imposing norms that reinforce stereotypes, instead fostering a respectful and contextualized approach (Salinas, Villata, & Mola, 2024).

Situated Vocal Communicative Practices reflect the relationship between vocal expression, social context, and emotion, enabling individuals to negotiate specific identities and roles (Zimman, 2018). However, categorizing voices under labels such as "submissive voice" or "commanding voice" can perpetuate cultural biases, underscoring the need for a critical and contextualized approach (Alvarado, 2024).

This range of vocal manifestations highlights the richness and complexity of communication, particularly in contexts of bodily

and vocal migration. From a gender-diverse perspective, it is essential to design inclusive vocal interventions that account for this diversity and center individual needs (Quinn & Swain, 2018).

CONCLUSIONS

Bodily migration does not necessarily imply vocal migration, which underscores the importance of understanding the voice within the framework of Situated Vocal Communicative Practices. This perspective broadens vocal possibilities, promoting coherent integration between gender identity and the right to communication. In this context, travesti and trans voices stand out as unique and diverse expressions that do not always seek to conform to normative or binary standards, instead reflecting the richness of identity and communicative trajectories.

Speech-language therapy is therefore challenged to align with these needs, promoting the wellbeing and autonomy of the travesti, trans, and nonbinary community. This involves not only respecting the particularities of each person's life course but also recognizing the communicative adjustments they enact in contexts perceived as adverse.

It is also crucial to acknowledge that not all gender-nonconforming people require intervention, vocal adjustments, or modulation. This recognition demands an inclusive and personalized approach that respects individual decisions and values the multiple ways of embodying the voice—whether through the wish to modify it or through affirming its natural character as an expression of resistance and authenticity.

In summary, speech-language therapy must integrate gender-based studies from a critical and situated perspective, not only supporting vocal transition but also promoting the right to communication as an essential component of wellbeing in the life experiences of travesti, trans, and nonbinary people.

DECLARATION OF INTERESTS

The authors declare that they have no conflicts of interest.

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