Transgender Voice and Communication

For transgender individuals, the sex assigned at birth does not match their gender identity. This means that their gender expression differs from what is culturally expected of them (Institute of Medicine, 2011).

Think about how you present your own identity to the world. Your appearance may come to mind but voice and communication also play a large part. This may be in the vocabulary and speaking style that you use, or even the sound of your voice. When you are on a phone call, the way you sound can impact how others judge you. However, not everyone’s voice accurately expresses their gender identity. Many transgender individuals say that they are able to pass as male or female until they speak (Hancock, Krissinger, & Owen, 2011). Having a voice inconsistent with one’s gender identity can be uncomfortable as both their own and public perceptions of their voice impact quality of life (Hancock et al., 2011).

Speech-language pathologists (SLPs) work with transgender clients to safely modify voice and communication to become more consistent with gender identity.

A Speech-Language Pathologist’s Role

Transgender individuals have differing needs. As such, SLPs and clients work collaboratively to set and achieve safe voice goals. Treatment is always client-specific, meaning the specific goals and vocal targets will vary for each client (Speech Pathology Graduate Programs [SPGP], n.d.). Voice and communication training by SLPs is often provided alongside surgery and/or hormone therapy (Hancock et al., 2011).

It is more common for transgender women to seek the help of SLPs than transgender men. This is because androgen (hormone/testosterone) therapy may cause a satisfactory deepening of the voice (Nygren, Nordenskjold, Arver, & Sodersten, 2016).

An SLP’s role involves both voice and communication training.

Communication is Not Just Your Voice

Communication goes beyond how our voices sound. It is also about the content, how it is presented and what our bodies convey. Our vocabulary and how it is used in various social contexts (e.g., slang, use of intensifiers such as ‘really’, and question style) as well as nonverbal communication (i.e., eye contact, gestures, facial expressions) influences how we are perceived by others (Davies, Papp, & Antoni, 2015).

These elements make up one’s communication style, which is shaped by many factors. Larger influences are an individual’s culture, age and social status. More flexible variables such as “speaker’s mood and conversational partner or situation” also have an impact (Davies, Papp, & Antoni, 2015).
**Important Elements of Voice and Speech**

An important goal in transgender voice and communication training is changing how the voice itself sounds. Below are common targets that may be part of a client’s voice treatment:

- **Pitch (Frequency)**
  - SLPs can work with clients to change their pitch. For example, raising the pitch can help the person’s voice to be perceived as female.

- **Resonance**
  - Another common vocal target is resonance. SLPs can work with clients to create either nasal or chest resonance in the client’s voice. This can be done by altering the position and shape of the jaw opening, tongue and/or larynx (Sundberg, 1987).

- **Breathiness (Voice Quality)**
  - Women are typically perceived to have a breathier voice than men (Leung et al., 2018). SLPs may help a client achieve a voice that is more (or less) breathy.

- **Loudness**
  - A louder voice may be more likely judged as male, as listeners consider female speech to be “light” and “soft” (Andrews & Schmidt, 1997). As such, SLPs can help clients learn to use different speaking volumes and project their voice.

- **Formation of Speech Sounds (Articulation)**
  - Articulation involves how you produce speech sounds. More precise articulation of consonants is perceived to be more feminine (Dacakis, Davies, Oates, Douglas, & Johnston, 2012; Free & Dacakis, 2007). SLPs can help clients make clearer speech sounds.

- **Pattern and Rhythm of Speech (Prosody)**
  - This is the melodic pattern of speech. Both vowel duration and intonation (the rise and fall of pitch during speech) have been found to change listener’s perception of voice (Andrews & Schmidt, 1997; Leung et al., 2018). SLPs can help clients learn to hold or shorten their vowels, as well as alter their intonation pattern.

Overall, there is limited research in this field. More studies are needed to enhance training and support evidence-based vocal targets.

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**Getting Help**

If you suspect a problem, consult a Registered Speech-Language Pathologist (R.SLP). To find a practitioner:

- Contact HEALTH LINK - Health Advice 24/7 at 8-1-1 or visit: [www.MyHealth.Alberta.ca](http://www.MyHealth.Alberta.ca)
- Enquire at a Public Health Centre or your child’s school.
- Find a private practice SLP:
  - Search the Yellow Pages
  - Contact the Alberta Speech-Language Association of Private Practitioners (ASAPP) website at [www.asapp.ca](http://www.asapp.ca).
Glossary of Relevant Terms


Cisgender:

(adj): Cis or cisgender are used as a prefixes for people whose gender identity is in alignment with the sex assigned to them at birth. (Cis meaning “in alignment with” or “on the same side”). The prefixes cis and trans work together as umbrella terms to classify all gender identities, so no identity is normalized. To be used as an adjective.

Gender Expression:

How a person publicly presents or expresses their gender. This includes behaviour and outward appearance such as dress, hair, make-up, body language, voice, name, and pronouns. Expression is independent of identity. For example, a trans man who is not safely out to family, might wear dresses to family events, or a trans woman who has not come out at work, and might wear a masculine suit to the office rather than the skirt they might wear at home.

Gender Identity:

(n): A person’s internal and individual experience of gender. This is a person’s sense of being a woman, a man, both, neither or anywhere on the gender spectrum. This sense of self is separate from sex assigned at birth and is not related to sexual orientation. Gender identity is internal; it is not necessarily visible to others.

Sex Assigned at Birth:

The medical classification of people at birth. This is usually assigned by a medical practitioner after a brief review of a newborn’s genitalia.

Transgender:

(adj): Refers to a person whose sex assigned at birth does not match their gender identity.

Trans Man:

(n): A person whose sex assigned at birth was female, but whose gender identity is a boy/man.

Trans Woman:

(n): A person whose sex assigned at birth was male, but whose gender identity is a girl/woman.
Information Gathered from:


Davies, S. (2017). The evidence behind the practice: A review of WPATH suggested guidelines in transgender voice and communication. Perspectives of the ASHA Special Interest Groups, 10(2), 64-73. doi:10.1044/persp2.SIG10.64


