

**Voice Feminization Therapy and Quality of Life in Transgender Women:  
A Critical Review and Case Study**

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This study reports a critical review and case study examining the relation between voice feminization therapy for transgender women and changes in quality of life (QoL). For the critical review, studies evaluated included two single group pre-posttest studies, two single group posttest studies, and two survey studies. In the case study, an adult transgender woman received weekly voice feminization therapy over 10 weeks. Overall, findings from both the critical review and case study suggest that voice feminization therapy for transgender women may contribute to positive increases in voice-related QoL.

***Introduction***

The Centres for Disease Control and Prevention (CDC) have defined health-related quality of life (QoL) as “an individual or group’s perceived physical and mental health over time” (2000). There is extensive research on voice-related QoL for individuals who have vocal pathologies such as vocal nodules, vocal paralysis, or laryngectomies. However, there is considerably less research on voice-related QoL on a population that does not have vocal pathology per se, but can still experience distress caused by their voice: the transgender population.

“Transgender” is a term used to refer to a person whose sex assigned at birth does not match their gender identity. “Trans

Voice therapy may be necessary for some transgender women to achieve a more feminine voice, as taking 'female' hormones



Overall, this study provides equivocal evidence that voice feminization therapy results in improved QoL, however it provides suggestive evidence that the client's perceptions of and happiness with their voice are correlated with QoL measures.

**Hancock, Krissing, & Owen (2011)** conducted a single group post-test study with 20 transgender women (age range 23-63) who were currently or previously enrolled in voice feminization therapy. All participants were reported to be living and presenting as a woman 100% of the time. The women completed the TSEQ and the VHI, as well as rate the likability and femininity of their voices on visual analog scales. They also had five cisgender women and five cisgender men as control subjects, for a total of 30 participants. Each recorded a voice sample, and these were presented to 25 naïve listeners (12 men, 13 women), who rated likability and femininity on visual analog scales.

Results found a significant negative correlation between TSEQ scores (lower scores = higher QoL) and self-ratings of voice femininity and likability. Correlations between listener ratings and TSEQ scores were statistically insignificant. In addition, they found moderately strong correlations between self-ratings of femininity and likability. Results of this study indicate that the client's perceptions of their own voice may be more related to their QoL than listener's perception.

Overall, this study provides suggestive evidence that changes in voice from voice feminization therapy can be related to positive changes in QoL.

#### Survey Studies

**Hancock (2016)** completed a survey study of 81 transgender women (age range = 19-80) to collect information relating to demographics, gender identity, and their experience with their transition to their true gender, as well as scores on the VHI and TSEQ (though completion of both of these measures was inconsistent across participants). 20 participants were recruited from a university clinic, and the rest were members of the public who completed the survey on the Internet. Of the 81 participants, 46% had participated in voice therapy, and the authors reported that at least one of these people had engaged in self-training (i.e. did not see an SLP).

The TSEQ and VHI scores were strongly correlated. Reported dissatisfaction with voice, according to self-rating or the perceptions of how others view them was common among participants. They found a significant correlation between higher (more affected) VHI scores and older ages. No significant differences in vQoL were found between people who had had voice therapy and

those who had not. However, both the VHI and TSEQ scores were comparable to cisgender people who had mild self-reported voice handicaps. It should be noted that there was a wide range in scores on both the VHI (0-113) and TSEQ (30-133).

In the survey, the authors did not ask questions about the details of the voice therapy the participants received (treatment goals, number of sessions, outcome measures). Furthermore, the authors excluded the data from 25 transgender men who completed the survey, as well as from seven individuals who identified with a term other than 'male-to-female', including bigender or queer. As queer is an umbrella term, and it is fairly common for people to identify as trans outside of the gender binary (and due to the fact that it is now

participants were excluded, especially as individuals

## *Results*

### Voice-related outcomes

Table 1 presents pre and post measures of fundamental frequency.

	<b>Pre-Treatment F0</b>	<b>Post-Treatment F0</b>
<i>Sustained /a/</i>	124 Hz (B <sub>2</sub> )	174 Hz (F <sub>3</sub> )
<i>Counting</i>	104.49 Hz (G <sup>#</sup> <sub>2</sub> )	171 Hz (F <sub>3</sub> )
<i>Reading</i>	117.85 Hz (A <sup>#</sup> <sub>2</sub> )	142 Hz (C <sup>#</sup> <sub>3</sub> )
<i>Monologue</i>	108.39 Hz (A <sub>2</sub> )	127 Hz (C <sub>3</sub> )

larger sample, and with more qualitative data to augment and support objective findings.

Future research recommendations

It is recommended that further research be conducted to investigate the relationship between voice therapy for transgender people and changes in self-reported vQoL. In order to improve the level of evidence in the existing literature, it is recommended that future studies take the following recommendations into account:

- a) Future research should use study designs that provide a stronger level of evidence and larger sample sizes, so that the results can be better applied to clinical practice.
- b)

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