

Review Article

Voice and Mental Health in Trans and Gender-Diverse People: A Necessary Dialogue

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ABSTRACT

The interplay between vocal production and perception involves complex biological, psychological, and social factors. For many individuals, especially those who are trans and gender-diverse (TGD), voice is a crucial element of gender expression and can significantly affect their communicative satisfaction and social integration. During their transition, TGD individuals may acknowledge their voice as a critical aspect of their identity, and a voice that does not align with their gender identity can hinder their social acceptance and overall well-being. On a positive note, the ability to align vocal characteristics with gender identity can lead to "gender euphoria," where individuals experience a profound sense of affirmation and authenticity. This alignment often involves vocal modifications through medical interventions (such as hormonal treatments or surgeries) and/or vocal training. Vocal training specifically helps individuals adjust their vocal attributes to match their gender identity in a way that feels both comfortable and genuine. Despite guidelines from organizations like the World Professional Association for Transgender Health (WPATH) advocating for interdisciplinary affirmative care, there remains a noticeable lack of integration between speech therapy and psychological support. This essay seeks to address this gap by exploring how combining these fields can better support TGD individuals in their vocal and identity transitions.

Keywords:

Trans and Gender-Diverse People; Vocal Production; Gender Identity; Vocal Training; Interdisciplinary Affirmative Care

Voz y salud mental en personas trans y de género diverso: Un diálogo necesario

RESUMEN

Tanto la producción vocal como su percepción involucran aspectos biológicos, psicológicos y sociales. La voz constituye un aspecto importante en la expresión de género de una persona y puede tener una estrecha relación con su satisfacción comunicativa. La voz puede ser vista por muchas personas trans y de género diverso (TGD) como un aspecto importante al momento de realizar su transición, pudiendo influir en su sentido de identidad. Para muchas personas TGD el poseer una voz que no represente su identidad de género puede ser una potencial barrera para la integración social y aceptación en todos los aspectos de sus vidas. De manera positiva, el poder expresar la identidad de género en personas trans a través de aspectos tales como la voz, puede generar la experimentación de sentimientos asociados a encarnar y afirmar su verdadero yo, lo cual ha sido denominado como "euforia de género". Por todo lo anteriormente dicho, pueden recurrir a modificaciones vocales a través de intervenciones médicas (hormonales y/o quirúrgicas) y/o entrenamiento vocal. El entrenamiento vocal en específico entrega estrategias para ajustar conscientemente las características vocales y lograr patrones confortables, auténticos y congruentes con su identidad de género. A pesar de que agrupaciones como la Asociación Mundial para la Salud Trans (WPATH) sugieren en sus estándares de cuidado el trabajo afirmativo interdisciplinario, pareciera no existir un diálogo suficiente entre las áreas de la fonoaudiología y la psicología. Este ensayo pretende generar un puente entre estas dos importantes áreas.

Palabras clave:

Personas Trans y Género Diverso; Producción Vocal; Identidad De Género; Entrenamiento Vocal; Atención Afirmativa Interdisciplinaria

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“Listen, he’s speaking—he’s a man!” I felt those words like a branding iron, searing into me the mark of acceptance into the male community” (Preciado, 2020, p. 34).

INTRODUCTION

Voice is an integral component of a person's gender expression and one of the ways in which individuals present their gender identity to others (Adler et al., 2019). Biological, cultural, and social factors shape voice and communication. While a person's anatomical characteristics influence vocal parameters, so do their communication style, the communicative practices of listeners, and the broader sociocultural forces at play (Chadwick et al., 2022).

The terms *trans* and *gender diverse* (TGD) are used to describe people whose gender identity and/or expression differ from the socially constructed gender assigned to them at birth (Coleman et al., 2022). This community experiences marginalization and discrimination across multiple contexts. Such discrimination reflects a culture of stigmatization rooted in the systemic oppression of gender minorities (Leighton & Martínez, 2021). This oppression is based on assumed cisheteronormativity—that is, the belief that heterosexuality and congruence between sex assigned at birth and gender identity are universal—resulting in binary categories of both sex and gender. Cisheteronormative regulation seeks to produce and constrain understandings of gender, shaping and limiting possibilities for identity and expression (Chambers, 2007). All these factors significantly impact the mental health and overall well-being of TGD people.

Mental health, as defined by the Chilean Ministry of Health (2017), refers to “people’s ability to interact with one another and with their environment in ways that promote subjective well-being, the development and optimal use of psychological, cognitive, emotional, and relational potential, and the achievement of individual and collective goals, in alignment with justice and the common good.” This definition emphasizes the connection between health and active participation in society. The systemic discrimination and oppression faced by TGD people function as social determinants of health, posing threats to mental well-being and limiting their ability to achieve adequate quality of life (World Health Organization [WHO], 2008).

Well-being, understood as a positive rather than a neutral state (thus framing health as a positive aspiration) (Jiménez et al., 2024), can be significantly hindered by discrimination and exclusion. Despite a higher prevalence of psychopathological indicators in the TGD population—such as depression, anxiety,

substance use, suicide risk, and elevated rates of severe distress—in comparison to cisgender people, access to gender-affirming healthcare services is often restricted (Guzmán-González et al., 2020).

One hypothesis regarding the high levels of depression and suicide risk in the TGD population involves the internalization of stigma; that is, adopting societal stigma into their own value system, which may involve adjusting to normative gender expectations and conforming their self-concept to socially constructed prejudice (Bockting, 2015).

It has been suggested that TGD people experience a dual form of trauma. On the one hand, they face ongoing, everyday harm resulting from discrimination, rejection, and violence in their social environments. On the other hand, they may also experience internal sensations linked to bodily awareness, which inform them of an incongruence between their felt gender and their physical body (Langer, 2019).

Within the realm of embodiment, voice can represent a particularly critical and often distressing aspect for the TGD population. One key challenge is self-perceived vocal incongruence, referring to the extent to which a person's voice is misaligned with their gender identity (Crow et al., 2021).

It is estimated that over 80% of TGD people experience vocal incongruence (Papeleu et al., 2023), which can negatively impact their confidence in communication, comfort with gender expression, and daily functioning. This incongruence can therefore affect psychosocial well-being and hinder social participation (Kennedy & Thibeault, 2020).

Environment plays a crucial role; societal norms and gender expectations exert pressure on trans and gender-diverse people to conform to specific standards of gender expression. This external pressure can intensify feelings of mismatch between their voice and gender identity, thereby exacerbating psychological distress and discomfort.

The relationship between gender-related vocal incongruence, mental health, and well-being among TGD people has been explored in several studies. One study found that trans women reporting greater difficulties in their daily lives due to their voices exhibited higher levels of anxiety and depression (Novais & Mezquita, 2020). In another research conducted with trans men, participants who perceived their voices as more congruent with their gender identity reported higher levels of well-being, resulting in improved quality of life, higher self-esteem, and lower anxiety and depression (Watt et al., 2017).

A positive social determinant of health for this population is gender affirmation (Bockting, 2014), understood as an interpersonal and shared process through which a person's gender identity is socially recognized. This process also involves health-related and legal aspects within their broader cultural and social context (Nuttbrock et al., 2009; Sevelius, 2013). Gender affirmation may include physical interventions—such as cosmetic, functional, prosthetic, endocrinological, or surgical—that have been shown to impact mental health and well-being positively (Owen-Smith et al., 2018).

From the perspective of speech-language therapy, affirmative vocal training can help TGD people develop a voice and/or communication style that aligns more closely with their identity, thereby enhancing their communicative well-being. Vocal changes resulting from such training can align with a person's gender identity, potentially having a positive impact on their mental health and overall well-being (Leyns et al., 2022).

Although organizations such as the World Professional Association for Transgender Health (WPATH) advocate for interdisciplinary affirmative care in their standards of care (Coleman et al., 2022), there appears to be a lack of meaningful dialogue between speech-language therapy and psychology. This is evident in the limited body of research within speech-language therapy regarding how voice impacts the mental health of the TGD population, as well as in the minimal inclusion of social and psychological dimensions in vocal assessments and interventions (Hancock et al., 2011; Schwarz et al., 2023; Stewart et al., 2018). Conversely, in psychology, this disconnect is reflected in the restricted awareness of vocal modification options available to TGD people and the potential mental health benefits of such interventions.

Psychology, speech-language therapy, and other health disciplines working in gender-affirming contexts must recognize that voice training for trans and gender-diverse people is not merely about changing acoustic features. Instead, it can have a positive impact on their identity, communicative satisfaction, and interpersonal relationships (Watt et al., 2017).

Given the aforementioned, an initial review is needed to bridge the gap between voice and mental health in TGD people. This essay aims to establish such a bridge between these two critical domains.

Considerations on Vocal Production and Perception

Voice production has been conceptualized from multiple perspectives (Azul & Hancock, 2020). From a biological

standpoint, the voice is defined as the result of coordinated work between the respiratory, phonatory, and resonatory systems. This interaction implies an interdependence between anatomical, physiological, neurological, and acoustic dimensions of vocal production. In other words, the voice is determined by biophysiological factors—genetic, hormonal, and neurological—and by the physical dimensions of the vocal tract (Colton et al., 2011). A complementary perspective suggests that voice can also be understood through the ways in which people use their bodies to perform specific activities, thereby opening possibilities for modifications that transcend the speaker's anatomical characteristics. These modifications can occur either consciously or unconsciously. This framework emphasizes the agency people have over their vocal behavior (Mathieson, 2001; Titze & Verdolini, 2012).

Vocal perception has also been studied from various angles. One approach views it as a biophysiological process that transforms acoustic signals into auditory experiences (Stemple et al., 2014). This implies that the voice is already a meaningful acoustic event before it reaches the listener, positioning them as a passive recipient of meaning. In contrast, other perspectives consider voice perception as an active process whereby listeners select, organize, and interpret sensory stimuli into a meaningful and coherent image aligned with their understanding of the world (Nicolosi et al., 2004). A third viewpoint incorporates the sociocultural factors that shape the listener's construction of meaning. These factors include assumptions, preconceived ideas, and appraisals influenced by life experiences. Auditory-perceptual judgments are made according to learned norms tied to the listener's aesthetic and cultural criteria. These norms are neither fixed nor universal, and they vary across time and geographical location (Aronson & Bless, 2009).

The views previously discussed support the notion that the speaker's anatomy does not determine gendered voice features in isolation, but that vocal patterns also influence them. Gender attributions made by listeners are based not only on the acoustic characteristics of the speaker's voice, but also on the listener's belief system and cultural framework, including socially learned norms about sex and gender. These sociocultural forces influence both speakers and listeners. Consequently, speakers may adopt different vocal practices and modify various aspects of their vocal range (Azul & Hancock, 2020; Chadwick et al., 2022).

Voice and TGD People

Voice is a significant aspect of both human communication and gender expression (Coleman et al., 2012) and has also been

described as an “auditory face” that facilitates social perception. Like the physical face, the voice conveys information about a person’s sex, gender, age, emotional state, and personality, among other characteristics (Quinn et al., 2023). Thus, voice is considered not only a component of identity but also a tool for constructing and expressing it (Podesva & Callier, 2015).

In the context of gender transition among TGD individuals, voice is considered a significant—and at times, challenging—aspect. For some, voice may be perceived as a barrier to completing their transition, even when they report satisfaction with other aspects of their physical, social, or psychological transition (Leyns et al., 2022).

Voice is intricately linked to communicative satisfaction, defined as a positive emotional response to a successful and fulfilling interaction. The ability to communicate effectively contributes to personality development, understanding of the world, well-being, and self-esteem. Communicative satisfaction may be influenced by a person’s expectations regarding environmental variables such as the degree of intimacy with their communication partner, the formality of the interaction, and the social context (Hecht, 1978).

A research team explored the communicative satisfaction of trans women in relation to their expectations and environmental factors. Participants reported that both their communicative satisfaction and the importance they attributed to maintaining a communication pattern perceived as “feminine” varied depending on the formality of the interaction and the level of intimacy with the listener. For example, when speaking with strangers, participants attempted to use a voice pattern that sounded “feminine.” In this context, a communicative experience was deemed satisfactory if the listener perceived the speaker’s social role as female. In more intimate contexts—such as with friends or family—this effort was reduced, although participants still reported experiencing satisfaction and acceptance. In such settings, communicative satisfaction was more closely related to feeling understood and engaged in the conversation, rather than focusing on “passing” (Pasricha et al., 2008).

Vocal incongruence has been described in multiple ways. In a recent qualitative study based on interviews, TGD participants described vocal incongruence as an experience that negatively impacts psychological well-being and represents a barrier to interactions, hindering their ability to participate in social life on equal terms with their communication partners. For some participants, merely thinking about their voice was enough to experience aversion. Others reported that being acutely aware of

their voice during conversations led to feelings of insecurity and frustration. Some also described being distracted during conversations by thoughts about how others might perceive their voice (Holmberg et al., 2023). This phenomenon has been linked to interoception—the physiological awareness of the body’s internal state. Regarding interoception in TGD people, Langer (2019) proposes that when gender identity does not align with the physical body and its interoceptive signals, there is a “translation” problem. In other words, there is a sensory disconnect between the person’s internally experienced gender and their physical body. This mismatch may be at the root of gender incongruence more broadly, and of vocal gender incongruence more specifically.

In this state, which Langer (2019) refers to as “dislocation,” the voice may feel alien or external to the body, as if it does not belong to the person’s identity. Similarly, they might perceive the voice that they hear internally as disconnected from their experienced gender. This sense of incongruence and dislocation can become an intense and persistent interoceptive signal that, much like hunger or thirst, demands constant attention, interrupting the individual’s ability to focus on other tasks.

As Holmberg et al. (2023) reported, the voice may become a constant object of attention for TGD people, even when it is not being actively used or when no interaction is taking place. Thus, it may be experienced as a persistent source of inner conflict, significantly affecting mental health (Langer, 2019).

For these reasons, TGD people may seek speech-language therapy support to develop a vocal expression that enhances comfort and congruence with their gender identity (Coleman et al., 2012).

Vocal Modification in TGD People

Voice is a gender marker with a significant role in the gender expression and identity of TGD people, influencing their social life and sense of self. For this reason, this population often seeks to modify their voice through medical interventions (hormonal and/or surgical) and/or voice training. Vocal modification can occur across the lifespan, including in prepubertal trans and gender-diverse children (Watt et al., 2017).

Regarding the value attributed to vocal modification, a survey conducted with trans men revealed that 88% considered it equally or more important than gender-affirming surgery. Additionally, 30% of respondents expressed interest in undergoing voice training to modify their voice after hormone replacement therapy (Van Borsel et al., 2000).

One option for vocal modification is hormone replacement therapy (HRT). Androgen-based HRT can result in a lower vocal pitch, hence a deeper voice. This change occurs because the vocal muscle has receptors for these hormones (Ziegler et al., 2018). Conversely, estrogen-based HRT does not induce vocal changes (Watt et al., 2017).

Surgical options, on the other hand, modify the laryngeal skeleton or the vocal folds. Procedures such as glottoplasty with retroplacement of the anterior commissure, cricothyroid approximation, feminization laryngoplasty, and laser-assisted voice adjustment (LAVA) result in an increased fundamental frequency, producing a higher-pitched voice. In contrast, type III thyroplasty and vocal fold augmentation or injection lower the vocal pitch, producing a deeper voice (Coleman et al., 2022).

Another option for vocal modification is voice training, which aims to help TGD people adapt their voice and oral communication patterns so that they feel comfortable, authentic, congruent with their gender identity, and reflecting their sense of self (Adler et al., 2019).

Although voice production is often considered an automatic process dependent on the speaker's anatomy and physiology, it can be voluntarily controlled, allowing modifications to vocal sound. Voice training provides strategies for consciously adjusting vocal features (Azul & Hancock, 2020; Leyns et al., 2022).

Vocal training can help alleviate symptoms of gender dysphoria and serve as a positive, motivating step toward achieving personal gender expression goals (Coleman et al., 2012). Beyond contributing to identity and self-perception, these strategies can influence how trans and gender-diverse people are perceived by others in social interactions, thereby enhancing vocal congruence—that is, increasing the alignment between their voice and gender identity (Chadwick et al., 2022; Crow et al., 2021).

Several studies have asserted that voice therapy aimed at TGD people often continues to be grounded in cisheteronormative frameworks. These approaches tend to prioritize voice adaptation to binary acoustic standards, defined according to sex rather than the person's lived gender identity. As previously discussed (Orellana, 2025), this seeks vocal “congruence” according to external norms, neglecting subjective dimensions such as authenticity, comfort, and self-determination. Consequently, vocal training processes are often evaluated based on the perception of professionals or external listeners rather than the internal experience of those undergoing them (Leyns et al., 2022; Quinn et al., 2022; Rhuan et al., 2023; Schwarz et al., 2023).

This approach has rendered the motivations and personal goals of trans people invisible, despite voice being a deeply embodied component of identity (Holmberg et al., 2023). Although there has been growing interest in recent years in measuring self-reported satisfaction in clinical contexts, its implementation remains limited and restricted to specific instruments (Quinn et al., 2022). Moreover, interoception is rarely included in the study of vocal incongruence (Schwarz et al., 2023). Furthermore, while psychological benefits have been documented in trans women who have accessed affirmative voice training (Leyns et al., 2022), findings also indicate the instability of these changes over time (Buckley et al., 2020), as well as specific difficulties in demanding or emotionally complex communicative situations (Leyns et al., 2022).

Mental Health and Voice in TGD People

Trans and gender-diverse people encounter high levels of discrimination, stigmatization, and hostility, which diminish their psychological and physical well-being. Studies suggest that these negative attitudes stem from a cultural intolerance toward gender incongruence (Watt et al., 2017).

Many TGD people experience vocal incongruence as a significant barrier to social integration and acceptance in all areas of life. Being misgendered due to their voice can lead to discrimination, harassment, lack of confidence, fear, and guilt, potentially resulting in social isolation (Stewart et al., 2018). As with other aspects, if a person feels that their voice does not reflect their identity or does not align with their gender expression goals, it can be a source of distress or anguish (Quinn et al., 2023).

Voice, as part of the physical dimension, is a central element in questioning the right to exist for this population (Martínez et al., 2025). Trans and gender-diverse people face the impact of seeing, hearing, and experiencing the discordance between their body, voice, and identity—a phenomenon Martínez et al. (2025) term the “mirror trauma.” This mirror reflects not only the internal bodily sensations but also the gaze of others who challenge their gender identity and, consequently, their existence through discriminatory, stigmatizing, and violent actions (Langer, 2019).

Several studies have shown the relationship between voice and suspected mental health disorders in trans women, using assessment tools such as the Trans Woman Voice Questionnaire (TWVQ) and the Self-Reporting Questionnaire (SRQ-20). These studies identified communicative dissatisfaction in trans women due to the discordance between their voice and gender identity. Furthermore, this dissatisfaction has been associated with symptoms of depression and anxiety (Novais & Mezquita, 2020).

According to the WHO and the International Classification of Functioning, Disability, and Health (ICF), trans women may experience limitations in activity due to their voice, such as using the telephone. This may also restrict their participation in social activities (Hardy et al., 2013).

For instance, participating in sports has become a complex issue for many trans women due to their voices. This is because they may encounter barriers, such as the need to speak in open spaces and/or across distances. In these cases, trans women can attribute greater importance to the congruence between their voice and appearance—more so than physical appearance or even athletic ability itself—in order to integrate and participate successfully. The same authors have associated this restriction in sports participation with Link and Phelan's (2014) Stigma Theory. Their analysis identified three types of stigma trans women may encounter when using their voice in sports: self-stigma, when they avoid playing because they think they will not be welcomed due to their voice; perceived stigma, when they feel concerned that their voice might "out" them; and experienced stigma, when some participants are excluded from teams due to the perception that their communication restrictions might put them at a disadvantage (Stewart et al., 2018).

In terms of well-being, being able to express gender identity through aspects such as the voice can lead TGD individuals to embody and affirm their true selves, a phenomenon known as "gender euphoria" (Quinn et al., 2023). Studies conducted with trans men show that they report higher well-being when there is better congruence between their voice and their gender identity—in their words, greater vocal "masculinity" perceived by themselves and those around them. Instruments such as the Satisfaction With Life Scale (SWLS), Flanagan Quality of Life Scale (QOLS), Rosenberg Self-Esteem Scale (RSES), Beck Anxiety Inventory (BAI), and Beck Depression Inventory-II (BDI-II) have revealed increased satisfaction, quality of life, and self-esteem, along with decreased anxiety and depression as trans men's voices become more congruent with their gender identity (Watt et al., 2017). Similar reports have been found in trans women, for whom greater vocal gender congruence also correlated with higher well-being levels (Hancock et al., 2011).

Therefore, the importance of providing gender-affirming support is evident—not only to reduce mental suffering and psychosocial impact but also to enhance the well-being of TGD people through aligning their voice with their felt identity (Novais & Mezquita, 2020).

CONCLUSIONS

Voice production and perception have a multifaceted basis, encompassing biological, psychological, and social aspects, indicating that the voice is a complex phenomenon. Vocal features associated with gender are not determined solely by the anatomy of the speaker but also by their vocal practices. It is crucial to consider the sociocultural environment of both the speaker and the listener (Azul & Hancock, 2020). Sociocultural forces shaping both speakers and listeners become a double-edged sword in a society where the cisheteronormative framework attempts to prevail. Trans and gender-diverse people experience stigma related to external judgements of a voice that does not meet the norm, and they may also internalize stigma by seeking vocal adjustments that do not align with their felt identity, thereby creating further distress. On the other hand, listeners often feel free to judge voices through their own prejudices, exercising discrimination and oppression. Affirmative service providers are not free from these prejudices and may base their therapeutic practices on them, potentially resulting in microaggressions. Vocal training that seeks parametric congruence can be a clear example of this.

The voice is an essential element for TGD people due to its role in shaping their sense of identity. Speakers are also faced with feedback received from their own body regarding their vocal incongruence. This constant feedback can be disturbing and uncomfortable, interfering with daily life, social integration, and well-being (Stewart et al., 2018).

In response to experiences of vocal incongruence, many TGD people resort to vocal adjustment strategies—both medical and behavioral—in search of greater coherence between their expression and internal gender experience (Coleman et al., 2022).

Modifying the voice does not merely involve altering frequency or timbre; it is an act profoundly linked to how a person relates to their body, environment, and gender identity (Watt et al., 2017). Therefore, gender-affirming vocal training services must provide tools to bring the vocal sound closer to the person's felt identity, rather than to a cisheteronormative and parametric approach.

Understanding the voice as a complex phenomenon entails implementing affirming and interdisciplinary therapeutic actions aimed at supporting TGD people in their vocal modification process. As a first step, this essay proposes increasing the body of knowledge on the subject. In the context of speech-language therapy, it is necessary to understand the high psychopathological indices in the TGD population, which stem from systemic

oppression. In the push for depathologization, this reality has sometimes been overlooked, despite not being caused by TGD identity itself, but by the environment. Knowledge about interoceptive elements informing vocal incongruence in TGD individuals, which also impact their mental health and well-being, is essential. Recognizing this, gender-affirming vocal training should be viewed as a social determinant that can foster well-being by aligning voice and identity. The pursuit of vocal congruence does not refer to normative standards dictated by cisheteronormativity, but to identity-based correspondence. Identity congruence is scarcely explored in speech-language therapy literature, which tends to focus on normative cisgender and binary parameters with almost no inclusion of TGD experiences (Schwarz et al., 2023; Stewart et al., 2018).

As for psychological therapy, gender-affirming support should incorporate knowledge of the voice as an aspect of embodied identity that can be both a source of psychological distress and well-being. Understanding this can enhance the collaboration between speech-language therapists and mental health professionals.

Finally, not every TGD person struggles with their voice or seeks professional voice support; however, those who do often encounter barriers to accessing services. These barriers relate not only to cost or service availability but also to a lack of knowledge by both TGD patients and professionals about the relationship between voice, identity, and mental health. Closing this knowledge gap through improved interdisciplinary communication remains an unfinished task with enormous potential to enhance the quality of life of trans and gender-diverse people.

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