Animal behaviour

Can blind persons accurately assess body size from the voice?

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1. Introduction

The human voice can reliably communicate a host of ecologically relevant information about the speaker, including the speaker’s body size. In particular, larger individuals with longer vocal tracts produce lower and more closely spaced formant frequencies (vocal tract resonances) [1], and as a result, formants reliably indicate body size in a number of mammalian species [2] including humans [3,4]. Several other voice parameters tied to sex hormone levels, including fundamental frequency (perceived as voice pitch), have been identified as potential indicators of human height, weight or body shape, particularly among men [5–7]. Indeed, vocal communication of body size may have been most relevant for our male ancestors, for whom largeness and physical dominance likely brought higher social and reproductive success [8].

Several studies have demonstrated that sighted human listeners can accurately assess men’s relative body size from the voice alone, typically associating lower fundamental and formant frequencies with larger size [3,9,10]. However, how we acquire this ability remains unknown. One parsimonious possibility is that this ability is acquired through learning, following repeated audiovisual pairings of low voice frequencies with large bodies. However, this possibility is necessarily weakened by evidence that the human voice explains only a fraction of the variance in body size when sex and age are controlled [4], and that listeners, while fairly accurate, often use
erroneous voice cues to judge body size at the same-sex level [3,10,11]. A second possibility is that listeners generalize broader sound–size relationships, such that large objects produce lower resonances, to the voice and body [3]. Similarly, systematic stereotypes linking low frequencies to masculinity, dominance and threat [8,12] may link these same vocal parameters to physical largeness [13,14]. These latter possibilities suggest that humans’ ability to accurately assess body size from the voice may in fact be acquired without the need for visual input or is present at birth. This study, the first to examine voice-based body size estimation in a sample of blind persons, was designed to test this prediction.

3. Results

A generalized linear model fitted with maximum-likelihood estimation was used to examine the proportion of accurate body size assessments (i.e. correctly identifying the taller of two men). Sight (sighted, late blind, congenitally or early blind), sex of listener (male, female), and stimulus group (1–4) were included as factors, and age of listener as a covariate. The model revealed no significant differences in the accuracy of body size assessments among participants who were sighted or blind (Wald $\chi^2 = 0.46$, $p = 0.79$; figure 1a). Listener sex ($\chi^2 = 0.33$, $p = 0.56$), listener age ($\chi^2 = 1.02$, $p = 0.31$) and stimulus group ($\chi^2 = 1.8$, $p = 0.62$) did not affect performance, and removing these variables from the omnibus model did not change the pattern of results (i.e. no effect of sight: $\chi^2 = 1.6$, $p = 0.92$). Models including two-way (all $\chi^2 < 2.0$, all $p > 0.16$) and three-way relationships (all $\chi^2 < 2.8$, all $p > 0.83$) showed no interactions among any of the factors. Mean accuracy of body size assessments significantly exceeded chance (0.5) for sighted ($p = 0.01$), late blind ($p = 0.002$) and congenitally or early blind participants ($p = 0.035$), as indicated by two-way non-parametric binomial tests (figure 1a).

A logit model was used to regress counts of accurate size assessments against the relative difference in height between men in each given voice pair (log transformed and excluding negligible height differences less than or equal to 0.5 cm), with sight included as a factor (goodness-of-fit, likelihood ratio $\chi^2 = 234.38$, d.f. = 142, $p < 0.001$). The logistic regression indicated that accuracy of size assessments increased significantly with relative differences in body size ($Z = 2.2$, $p = 0.037$, 95% CI: 0.10–0.91; figure 1b), and that sightedness had no effect on this relationship ($Z = −0.75$, $p = 0.46$, 95% CI: −0.93 to 0.42). Mean size assessment accuracy reached 87.8% correct (83% for sighted, 80% for late blind and 100% for congenitally or early blind participants) in trials in which the difference in height between men was maximal (21 cm).

4. Discussion

We demonstrate that blind men and women can accurately estimate relative differences in men’s body size from the voice alone, with the same degree of accuracy as sighted adults. Listener’s size assessment accuracy increased with the relative difference in height between the men whose voices were assessed. This finding indicates that both blind and sighted participants were using reliable vocal cues to size (i.e. formants/vocal tract resonances [1,4]). Prior vocal experience is therefore not a prerequisite for accurate body size estimation. The ability to judge body size from the voice may be learned through general correspondences linking low-frequency sounds to large size (e.g. in animal vocalizations or in the resonances produced by inanimate objects; see [3,18] for discussion), may be acquired through non-visual cross-modal correspondences (e.g. pairing the sound of a person’s voice with the height from which that voice is projected), and/or may have a strong innate component.
Given a lack of visual information on which to rely, as well as subsequent structural reorganization of the auditory cortex following blindness [19], one might predict that blind persons will rely more strongly on vocal information during social communication compared with sighted persons, and may even show an advantage in voice perception tasks. Indeed, in the absence of direct visual cues, vocal estimates of body size are important for developing a mental representation of another person. Our results indicate that blind persons do not show an advantage in voice-based body size assessments of men. Similarly, previous studies suggest that although blind adults outperform their sighted counterparts in low-level auditory tasks testing spatial localization or pitch discrimination, blind persons generally do not show a significant advantage in voice recognition tasks (see [19] for review).

Voice-based estimation of body size has an important function not only for social communication, but also for speech recognition [1,20]. In addition to indicating body size [4], and other social characteristics such as dominance [8], changes in formant spacing produce different vowel sounds. To accurately segregate body size information from speech content produced by speakers with diverse vocal tract lengths, human listeners must first perform speaker ‘size normalization’ (see [21] for review). Size normalization occurs at an early stage in the auditory processing of speech and other sounds, indicative of a highly general, automatic and low-level mechanism [22,23]. Indeed, infants as young as four months of age are able to infer size-related information from vowel sounds [24].

This study is the first, to the best of our knowledge, to examine voice-based size estimation in blind persons as well as in an older, i.e. non-student sample, of sighted or blind adults. Our results corroborate those reported for sighted student samples in which the accuracy of relative size assessments exceeded chance and increased with the magnitude of the height difference between speakers [3,10]. Our results show that this ability does not deteriorate with age. Previous studies report equivocal findings as to whether male listeners process size information differently from female listeners [3,9,10]. In our study, listener sex had no effect. Sex differences in harmonic spacing [9,10] may, however, make it easier for listeners to estimate body size from men’s than women’s voices [3]. Thus, the authors are presently testing whether blind adults show any advantage or disadvantage when estimating women’s body size from the voice.

**Ethics.** The study was performed in accordance with the American Psychological Association’s ethical standards in the treatment of human participants and was approved by the Ethical Committee of the Institute of Psychology, University of Wroclaw (project no. 2013/11/B/HS6/01522).

**Data accessibility.** The datasets supporting this article have been uploaded as electronic supplementary material.

**Authors’ contributions.** All authors contributed to the conception and design of the experiment; K.P. programmed the experiment; A.S. and A.O. collected the data. The paper was drafted by K.P. and critically reviewed and approved by all authors, who agree to be accountable for the work.

**Competing interests.** The authors report no competing interests.

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**References**


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