

Diagnosis: Psychogenic voice disorders can affect adults and children, so if you, or your child, become hoarse or lose your voice, the most important thing is to exclude any physical cause. You will need to see your GP, who will arrange a referral to an Ear Nose and Throat (ENT) surgeon or, better still, a voice clinic where there will also be a voice specialist Speech and Language Therapist (SLT) who can offer further assessment and treatment. Your GP can also diagnose and treat any other contributing medical conditions.

What can be done to help?

Speech and Language Therapy: Many SLTs are trained in counselling techniques and can help the patient uncover the underlying emotional causes of the voice problem. They can also improve or resolve the voice problem using specialist voice therapy techniques.

Counselling/Psychotherapy: Sometimes the emotional aspects need professional help from a Counsellor, Psychologist or Psychotherapist. There are many different psychological approaches available. One that has been used successfully with voice disorders is Cognitive Behavioural Therapy (CBT). This may be available on the NHS through your GP or by contacting the 'Improving Access to Psychological Therapies' (IAPT) scheme. Private therapists can be found via the British Association for Behavioural and Cognitive Psychotherapy (BABCP) or through the British Association of Counselling and Psychotherapy (BACP) – see reference section on back page.

Manual Therapy/Laryngeal Massage: Muscle tension in and around the larynx can sometimes be difficult to resolve

with voice therapy alone. In these cases, laryngeal massage/manipulation can be useful. Some SLTs are trained in these techniques or they can be carried out by a Physiotherapist or Osteopath who specialises in voice disorders. Your SLT can help you find these services.

Medication: Very occasionally psychogenic voice disorders fail to respond to speech therapy. There may be associated depression or some other psychological disorder that would respond better to medication. In this case, your GP will either help you find the most suitable medication or will refer you on to a Psychiatrist (a medical doctor specialising in mental health) for further assessment and help.

If your voice disorder is stress related there is no need to feel embarrassed or ashamed. It is often just your body's way of letting you know there is a problem you need to attend to. The more we can learn about the mind/body interaction the better we understand how the mind can affect our health and its role in illness. With help, psychogenic based voice disorders usually resolve quickly and completely.

Useful References:

- Improving Access to Psychological Therapies (IAPT): www.iapt.nhs.uk
- The British Association for Behavioural & Cognitive Psychotherapy: www.babcp.com
- British Association of Counselling & Psychotherapy (BACP) 'Find a Therapist': www.itsgoodtotalk.org.uk/therapists

Further information is available at:
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When it isn't just physical...



The effects of stress and emotion on **THE VOICE**

When it hurts to speak, your voice is hoarse or down to a whisper and no one can hear you, it is often a shock to be told that nothing is physically wrong and that your voice problem is due to “stress”. You may not necessarily feel stressed and find it hard to understand the diagnosis. So why does emotional stress affect our voices and how can this be treated?

What do we mean by ‘stress’?

When life gets on top of us for any reason we react physically and emotionally. We may feel irritable, anxious or depressed. Physically we may notice increased muscle tension, headaches, difficulty sleeping or digestive problems. The source of the stress may be obvious and significant, for example, bereavement, redundancy or illness. However, frequently it is simply due to a slow build up of pressure and overload, with too much to do in too little time.

Why can it affect my voice?

Our vocal tract (vocal folds, larynx and pharynx) has a rich and complex nerve supply which includes input from the

sympathetic nervous system. These nerves are part of the autonomic nervous system which controls and maintains unconscious body functions such as heart rate, swallowing and digestion. It is largely responsible for our ‘fight or flight’ response and is closely linked to the emotion centres in the brain. This neurological link explains how we can recognise when our loved ones are upset or angry just by listening to their voices.

When we perceive something as threatening or upsetting the body reacts rapidly, preparing for action and producing physical changes we are all familiar with. These may include:

- **Increased muscle tension**
- **Increased heart and breathing rates**
- **Perceived changes in temperature with shivering or sweating**
- **Tremor**
- **Dry mouth and throat**

What about emotions?

Emotions are experienced mentally and physically, and our physical reactions to different emotions are often similar. Think how you feel when excited and when frightened; both emotions may result in increased muscle tension, tremor and palpitations but we interpret them differently. Excitement is perceived as a positive ‘stress’ while genuine fear or anger is perceived as unpleasant ‘distress’. When situations in our lives create emotional distress we may find it difficult to deal with. We may choose to ignore our feelings and ‘get on with life’. However, our bodies may react to the distress, developing physical symptoms such as:

- **Gut problems:** (e.g. acid reflux and irritable bowel syndrome)
- **Skin problems:** (e.g. eczema / psoriasis)
- **Back, neck or other muscle pain** (including laryngeal pain)
- **Breathing difficulties:** (e.g. over-breathing panic attacks, a trigger for attacks in some asthmatics)
- **Hoarseness** (dysphonia) or **complete voice loss/whisper** (aphonia)

The symptoms are perfectly real, but not necessarily related to infection, physical abnormality or disease. When the voice is lost as a result of emotional distress it is usually termed a ‘psychogenic’ voice disorder. However, clinicians vary in their use of terms and others sometimes used include ‘conversion’ aphonia/dysphonia, or occasionally ‘functional aphonia/dysphonia’. While most people with psychogenic dysphonia are aware they are stressed, others may not be, in which case the diagnosis may come as a complete surprise and be hard to believe.

