

# TWO CASES OF HYSTERICAL APHONIA: A STUDY

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## Introduction

The term hysterical aphonia refers to a condition in which the patient loses the voice completely. The onset of the problem is sudden. There will not be any vocal pathology. The etiology will be psychological in nature. It is a conversion of psychological stress into sensory and motor dysfunction. Here are the reports of two cases who came to our hospital with the complaint of no voice.

*Case report A:* Case A (female, age 16 years) reported to the clinic on 29.10.75 with a complaint of no voice. The case history revealed that she developed this problem soon after a family quarrel with her husband a month back.

The E.N.T. examination showed normal laryngeal structures with intact vocal cords, both in its appearance and in its functions. The speech evaluation revealed normal speech apparatus. She could whisper occasionally. The speech pathologist diagnosed this patient as a case of hysterical aphonia.

*Case report B:* Case B (female, age 16 years) reported to the clinic on 30.10.75 with a complaint of total loss of voice. The case history showed that she lost her voice after a quarrel at home eight days back.

The E.N.T. examination indicated normal laryngeal structures with intact vocal cords both in its functions and in its appearance. The speech examination revealed normal speech structures. She could whisper sometimes. The speech pathologist diagnosed this case as having the problem of hysterical aphonia.

*Diagnostic evidences:* The diagnosis was supported by the following clinical characteristics of hysterical aphonia reported in the literature. (Boone *et al.*, and Travis).

1. No speaking voice. Occasional whisper for social situation.
2. Normal appearance of the vocal cords on laryngoscopic examination.
3. The common etiology will be psychological in nature such as an acute stress, an emotional upset or a conflict.
4. Patient can cough.

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5. The onset is sudden.
6. The incidence of hysterical aphonia is more among females than among males. (7:1 Boone)

## **Therapeutic Methods**

The following therapeutic methods were used for the treatment of these patients.

1. *Counselling method:* In this method the patient was made to understand the underlying cause of her problem. She was advised that she can definitely show progress in her voice. She was also advised to come for regular therapy sessions.
2. *Breathing control:* The patient was given few exercises on deep inspiration and on deep expiration so as to facilitate free movements of vocal cords and also make more air available for phonation.
3. *Relaxation exercises:* The patient was instructed that she can get a good voice if she phonates under complete relaxation. A number of relaxation exercises were given to her.
4. *Pushing exercises:* These exercises were given to facilitate vocal cord approximation, which in turn help in good phonation.
5. *Feed back method:* In this method, the patient's voice was fed back through a speech trainer, so as to make the case aware, that she can produce the voice. This acted as a good reinforcement.
6. *Approximation method:* This method was used to adjust the pitch, intensity and duration of phonation to normal range with a model voice, taped.

*Therapy: I Session:* For case A we used counselling technique for 10 minutes, breathing exercises for 5 minutes and relaxation exercises for 10 minutes. In this session we could reduce her anxiety and tension to some extent.

For case B the same techniques were used for a shorter duration, since she did not show much anxiety she was also asked to phonate 'a' sound. No phonation could be made initially. So pushing exercises were given for 10 minutes. Again an attempt was made to phonate. This time the case succeeded in mild phonation.

*II Session:* For case A counselling was given for 10 minutes. Breathing exercises for 5 minutes, relaxation technique for 5 minutes and pushing exercises for 10 minutes and now the case was instructed to phonate. The case failed to phonate in this session.

For case B along with counselling pushing exercises were given for 5 minutes. Now her phonation was satisfactory. The case showed consi-

derable improvement in the quality of voice with subsequent phonation. The feed back method was used to motivate her. Approximation r.r.ethcd was also used to bring normal loudness and pitch in her voice.

**III Session:** Case A was instructed about the improvement of case B. She was also counselled that she can get the same voice provided she follows the instructions properly. Then she was given pushing exercises for 5 minutes. Gradually in her attempt she could bring mild phonation. Now the feed back mechanism was used to motivate her.

For case B this was a last session. Stabilization of her voice was made. She was finally counselled and instructed to follow some relaxation and breathing exercises.

**IV Session:** Case A was instructed to phonate directly without any exercise. The phonation time was varied. The approximation method was used to change the pitch and intensity of her voice to the normal range. At the end of this session she could produce normal voice.

**V Session:** Stabilization of her voice was made and instructed to follow some breathing and relaxation exercises at home.

### **Results and Conclusions**

The results are very encouraging for both the cases. Case A showed a normal phonation in 5 sessions of therapy and the case B showed a normal phonation in the third session itself. Follow up of both the cases will be made after six months.

It is possible to conclude that the results of voice therapy with cases of hysterical aphonia is encouraging. The therapy usually lasts for a few sessions. The counselling of the case is very important to get their co-operation in therapy sessions and also to change their attitude of their problem.

### **REFERENCES**

1. Berry and Eisenson (1962) "*Speech Disorders*".
2. Boone, R. D., "*The voice and voice therapy*".
3. Greene, M.C.L., "*The Voice and Its Disorders*".
4. Judson, L. S. V. and Weaver, A. T., "*Voice Science*" (1965).
5. Murphy, T. A., "*Functional Voice Disorders*" (1964).
6. Travis, Lee (1957) "*Hand Book of Speech Pathology*".
7. Van Riper, C. and Irwin, J. V. (1958) "*Voice and Articulation*".