

The Role of the Counsellor in Voice Therapy

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There are four major components of voice production. They are vocal skill, vocal usage, medical issues and emotional issues. Voice disorders occur due to problems in any one of these areas or a combination of factors from any of the four. The problem may occur predominantly in one area, but all components must be explored in order to ensure comprehensive and accurate diagnosis and treatment.

Some voice disorders, known as psychogenic dysphonias, are caused primarily by emotional disturbance. They are a physical manifestation of disequilibrium within the psyche and are usually diagnosed in cases where there is insufficient structural or functional pathology to explain the voice problem.

Even though modern medicine has been slow to acknowledge the link between the mental and physical selves, it is now accepted that the mind has the power to affect change within the body and in fact contributes greatly to disease and suboptimal functioning within the physical self.

We know that our voice reflects our mental and emotional state. We can all gauge a great deal about a friend's emotional state simply by hearing their voice. Our state of mind can adversely affect our ability to produce good voice and can be a significant, contributing factor in both short and long-term voice disorders.

My role as a counsellor in treating vocal problems is to determine the extent to which emotional issues are contributing to the voice disorder and to address the imbalance within the psyche that is entrapping the voice.

Attributing a voice disorder to emotional dysfunction, does not imply that the problem is imagined or "all in the head". The dysphonia is absolutely real and as distressing and disabling as any other type of voice disorder. Recognising it as psychogenic is simply an acknowledgement of the interrelation of body and mind and distinguishes it from those conditions that are predominantly organic or functional. Identifying it as such is the definitive first step towards resolution.

One of the most distressing aspects of any voice disorder is the loss of personal power. When communication becomes difficult, when we are unable to function vocally as we normally would, we can feel isolated, disempowered, embarrassed, and insignificant and suffer a loss of identity and sense of self. Psychogenic voice disorders carry the additional burden of being difficult to explain.

When diagnosis is made and the patient is able to understand and accept the concept of an underlying emotional cause, fear and anxiety is considerably reduced and the sense of powerlessness noticeably diminished. Progress towards resolution can then commence and often restoration of the voice is startlingly rapid. Identifying the cause, defining accurately the issues that are the definitive contributors to the problem, can begin to immediately release the blocks that are crippling the voice.

It is essential that therapy be facilitated by an experienced practitioner with an understanding of voice and how it functions. We need to be wary of generalisations. Each individual must be

considered within the context of their life experience and their learned behavioural patterning. For counselling to be effective it must be responsive to the needs of the individual and move beyond surface suppositions.

In order for the voice problem to be conclusively resolved, core issues must be identified and healed. Inadequate therapy may result in temporary restoration of the voice. Subsequent situations of stress and emotional disturbance may then trigger a recurrence of the vocal dysfunction.

My experience suggests that utilising speech therapy to address functionality, in conjunction with appropriate and thorough counselling, offers the most expedient and long term effective therapy for psychogenic voice disorders.

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