

# Distonia focal laríngea: investigações no corpo que remetem à mente\*\*\*

## Laryngeal focal dystonia: body investigations that address the mind

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### Abstract

**Background:** there seems to be a consensus in the literature on the symptomatic description of laryngeal focal dystonia (LFD). Its etiology, however, presents controversies since the literature points to psychological and neurological aspects. As a result of this controversy, presented not only in the literature but also in the clinical practice, the present research privileged this pathology among others that also have vocal symptoms because it seems to be, per excellence, a pathology where both voice/psychic can be treated. **Aim:** to report a case study of a patient diagnosed with LFD, emphasizing the mutual effects between voice and psychic. **Method:** this is a clinical qualitative research, based on a case study (follow-up) of a male patient, 54 years old, who was diagnosed with LFD. All therapeutic sessions were systematically registered and were later analyzed based on the existing speech-language, medical and psychoanalytical literature. **Results:** the analysis of the results indicate that the combination of different therapeutic procedures - attentive to the fact that interventions on the body tend to produce physical and psychological effects - along with dealing with the psychological contents, resulted in therapeutic progresses and improvement of vocal quality. **Conclusion:** the vocal symptom not only reflects a sick body, but also an individual who suffers and evokes a symptom that needs to be heard. In this way, the clinical method investigates not only the organic symptom, but also the reason why it manifests itself in the voice.

**Key Words:** Focal Dystonia; Voice; Psychic.

### Resumo

**Tema:** a descrição sintomática da distonia focal laríngea (DFL) parece ser unânime na literatura, no entanto, o que diz respeito a sua etiologia causa polêmica, uma vez que aponta para aspectos psíquicos e neurológicos. Devido a tal impasse, que se faz presente na literatura e, principalmente na prática clínica, este estudo privilegiou esta patologia, dentre outras que englobam sintomas vocais, pois parece ser o lugar, por excelência, em que a questão voz/psiquismo pode ser tratada. **Objetivo:** relatar o caso de um paciente portador de DFL com ênfase nos efeitos recíprocos entre voz e psiquismo. **Método:** trata-se de uma pesquisa de natureza clínico-qualitativa desenvolvida a partir do procedimento de estudo de caso clínico longitudinal de um paciente do sexo masculino, 54 anos, diagnosticado como portador de DFL. Foram elaborados registros sistemáticos dos atendimentos fonoaudiológicos que posteriormente foram analisados a partir de referenciais teóricos advindos da literatura fonoaudiológica, médica e psicanalítica. **Resultados:** a análise demonstrou que a mescla de procedimentos técnicos específicos, utilizados a partir de um novo olhar, atentando para o fato de que as intervenções no corpo produzem efeitos corporais e psíquicos, com a escuta de conteúdos psíquicos, resultou em progressos terapêuticos e melhora da qualidade vocal. **Conclusão:** o sintoma vocal não remete apenas a um corpo doente, mas a um sujeito que sofre e recorre ao sintoma para ser escutado. Sendo assim, o método clínico não investiga o sintoma estritamente no que diz respeito ao funcionamento orgânico, mas também a serviço de quê e porque se manifesta especificamente na voz.

**Palavras-Chave:** Distonia Focal; Voz; Psiquismo.

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## Introduction

The focal laryngeal dystonia also known as spasmodic dysphonia and spastic dysphonia is characterized, according to Behlau and Pontes (1997), by a tense-strangled, compressed, rough and/or broken speech with abrupt vocal attacks, sonority interruptions, and fluctuation of the fundamental frequency, besides a great visually observable tension of the phonation organ (p. 4). The symptomatic description of the pathology seems to be consensus in the literature, however its etiology raises doubts and polemics. Behlau and Pontes (op.cit) systematized relevant aspects about the history and the controversies involved in the diagnosis and treatment of this clinical condition. According to the authors, at the beginning of scientific investigation towards such pathology, there was a relation between the psychological and the organic (p. 4). However, with the improvement of the diagnostic tools, the symptoms etiology points to neurological aspects, such as the category of neuro-muscular disorders, and the psychic dimension (hysterical symptoms of conversion) has been gradually minimized.

From the moment that the etiology seemed to point to neurological aspects, surgical and, more recently, botulinic toxin injection treatments have been proposed. Several studies, such as Mehta et al. (2001) and Damrose et al. (2004), described the improvement or even the suppression of the focal laryngeal dystonia signs as a result of those procedures.. Anyway, psychodynamic, psychological or emotional factors are still pointed as a consequence of the pathology.

Thus, the factors we will consider psychic are insistently around patients with focal laryngeal dystonia. We believe that such aspects are also around other types of dysphonias, as seen in Dworkin et al. (2000) who published a study about the use of lidocaine, a substance used as local anesthetic and antiarrhythmic. The researches studied the glottal and supra-glottal relaxation in patients with dysphonia due to muscular tension through the topic anesthesia of mechanoreceptors of the larynx and trachea's mucosa.

All patients analyzed in the previous study improved their vocal quality, not presenting recidive during the period in which they were followed by the researchers, varying from one week to two years after the lidocaine application. Thus, the authors suggest that this substance use decreased the sensorial information during phonation breaking down the muscular hypertension cycle.

Nevertheless, what called our attention was the fact that all subjects reported some circumstance that seemed to have triggered the dystonia. This first

patient, a 53 year-old non-smoker woman in good health started to present the first vocal signs after being physically attacked by a work colleague. The second patient, a 35 year-old non-smoker man also in good health reported that the symptoms started immediately after having a terrifying experience in a roller coaster. Furthermore, he had been divorced recently, raised two children by himself and he had been through two depression crisis. The third patient, a 37 year-old non-smoker woman started to have vocal problems after using medicine for urticary. This patient had suffered a stoke without any sequelae and reported that the stress related to financial difficulties was a significant factor concerning her bad vocal quality.

The results presented do not imply that a traumatic experience is the exclusive cause of vocal symptoms. However, we affirm that the body does not manifest itself as an independent entity from the psychism, but that there are feelings that dislocate it.

In this study we will emphasize the focal laryngeal dystonia once it seems to us that is where the issue voice/ psychism may be addressed, since the literature and the clinical practice indicate this impasse.

In the past five years, studies discussing the efficacy of the application of botulinic toxin have been intensified. Smith and Ford (2000) pointed out the fact that some patients who use the toxin for years develop anti-bodies that block its action and become resistant to the treatment, not suppressing the signs of the focal laryngeal dystonia. Two cases were studied by the authors, and the anti-body was identified in only one of them.

Park et al. (2003) studied six patients who presented resistance to the use of botulinic toxin after a long period of administration. The aim of the study was to understand how such resistance occurs, in order to prevent it. Comparing patients who presented resistance with those who did not present it, it was observed that some of the resistant showed a certain anti-body level as low as those who were not resistant. Both papers above mentioned refer difficulties in determining the cause of the resistance due to the difference between the botulinic toxin dosage and the time interval between the application in each case.

Nevertheless, the present study proposes that the psychic aspects may have a determinant role either in the emergency as in the cure of the dystonia, although they appear to be marginalized in the studies that discuss the organic aspects. This does not disqualify the medical treatments, but suggests that the speech pathologist should be aware of the mutual affection between body and psychism, leading us to

consider that the resistance or the recidive of the symptoms remits to each patient's history and its relation to the disease. This may be, for example, an important element for explaining the immunologic responses to the botulinic toxin.

In this perspective, the aim of this study is to report the case of a patient with focal laryngeal dystonia, emphasizing the reciprocal effects between voice and psychism.

## Method

The research followed ethical principles and the methodological procedure was approved by the ethics commission of the pos-graduation program in speech-language sciences, process nº. 0121/2003, and by the ethics commission of the institution, process nº. 001. Before the use of the registers, the patient received information about the purposes of the study and signed the informed consent term and an authorization declaration. The identity of the subject was preserved and his name was substituted by a fictitious one.

## Subject

The material refers to a case report of a 53 year-old male patient, complaining about his voice, which sounded with tremor, tense and strangled. After an otorhinolaryngological examination, realized at DERDIC/PUC-SP, the patient was diagnosed with focal laryngeal dystonia. The subject was treated by the speech pathologist at the same institution.

## Procedure

Data collection: the speech pathologist has been treating the patient for one year and four months, once a week. The registers were elaborated from the work developed during the therapeutic process. Such registers were written by a speech pathologist and brought important matters of each session for the case study.

Results analyses: It is a clinical-qualitative research developed from longitudinal case study procedure with the intention of verifying the relation between vocal symptoms and psychism. The clinical material was analyzed from the theoretical references from speech-language, medicine and psychoanalytic literature.

The focal laryngeal dystonia characterization, the therapeutic procedures, and the relation between vocal symptoms and psychism were

stressed by the theoretical speech-language and medical literature. From the psychoanalytic literature, the notion of a symptom was stressed as a manifestation that gathers body and psychism. the fundamental analyses issue was the relation between manifests and latents contents.

## Results

We stress that we do not propose the suppression of vocal exercises, however they are also used from a new point of view, alerting that the body intervention will produce body and psychic effects.

Armando, 54 years old, married and father of a 22 year-old son, brunet, of medium size, very easy going and humorous. He arrived at DERDIC complaining about his voice, that sounded with tremor, tense and strangled, bothering and demanding an intense attention of the therapist to be able to understand what he said. The patient affirmed that he seemed to have a "small lid" in his throat that would "open and close", illustrating the vocal sonority and frequency break down.

From the beginning of the treatment, Armando associated his vocal symptoms to psychic matters. He told he had bought a house, paid half of the value and when he was going to pay the other half, the owners wanted to undo the deal. For this reason, he sued them and had to wait for four years until the situation was ended, when he finally gained the property ownership. However, the owners kept living in the house, refusing too leave. This was the first time the vocal symptom was manifested. In this occasion, the patient looked for speech-language treatment and attended it for six months, when his voice "got back to normal".

After the legal action, Armando had to demolish the house so that the owners would leave, and he stayed only with the land. The patient reported that after the demolition he had a relief sensation in the whole body, "it seemed that I took something out of me". At this time, he also presented rheumatism.

During the next four years, the vocal symptom wasn't manifested until Armando got fired from his job, where he worked for 20 years. Then, he took legal action against the company he worked for. After five years alleging insalubrity, he did not gain the cause.

Such happenings suggest a conversive hysterical symptom. Facing the facts, Armando presented a relative paralization of the phonatory function, his muscles presented involuntary contractions. In the patient's discourse, the relation between the problems and the vocal symptoms was

evident.

Armando expected that with the speech-language treatment, he would get people to understand him, since not being understood bothered him. He also reported he would like to sing again in his "samba group".

The patient considered himself a happy person who was able to get over the difficulties, thinking that "worse things" could happen. This discourse was present in every session since the first one. This way, he seemed to resist to face his conflicts, as if they had to be camouflaged, as well as his voice that covered his saying.

In the speech-language evaluation, the patient's voice presented high pitch, weak loudness, laryngofaryngeal resonance, abrupt vocal attack, tense and strangled vocal quality, precise articulation, adequate rhythm, restrict lateral and vertical laryngeal mobility. He presented upper nasal breathing and lack of pneumo-phono-articulation coordination. His speech symbolized that something "was stuck", he could only express himself partially. As in a hide-and-seek, his speech appeared and disappeared.

The otorhinolaryngological exam diagnosed focal laryngeal dystonia. During the nasolaryngoscope it was possible to observe that there was a tremor in the upper-glottic area, in the base of the tongue, besides spasms during the adduction of vocal chords. It was also noted an antero-posterior constriction and tension in all region, as a way to compensate the tremor.

The therapeutic process was as follows: recovering of the symptom history, that is, building a text upon that voice and, at the same time, proposing breathing and pneumo-phono-articulation coordination exercises in order to decrease the tension, and to make the voice more fluid.

The exercises seemed to have some effects; the sonority and frequency breaks became less frequent and less intense. But during the exercises, Armando seemed more tense and in a hurry. He didn't want to talk, but only to mechanically exercise. When questioned about his agitation, he said it was nothing important, repeating "it's all right", "I'm happy", this last sentence was frequently repeated at the beginning of each session. It was suggested that he calmed down, that it wasn't necessary to "do everything right", and only whatever was possible for him.

His posture facing the exercises was very defensive; it seemed that Armando had difficulties in getting in touch with his sick body. The defenses also showed up when he was questioned about

past facts, specially those related to the vocal symptom. He said he wanted to forget his past and only live the present. As well as the voice, the affections should remain hidden. This defensive movement was dismantled with the argument that it would be necessary to re-live certain situations in order to elaborate and get over them.

On the other hand, Armando presented a very positive point for the treatment: he established a transference bond with the speech therapist manifested in the therapeutic process. In all sessions he arrived at least 15 minutes before, and was never absent. Thus, there seemed to be a mobilization for the treatment to happen, a request for help.

Yet, trying to establish relations between the vocal symptom and the past, he said once that he realized something in common between buying the house and being fired from work which was the loss feeling. With this point established, we tried to go even further back in time in order to make him remind of some other situation he had felt the same way, always aiming at recovering the vocal symptom history.

Armando remembered his mother's death. She got sick after a fight with the family of one of her sons and started to have cardiac problems. She got hospitalized, got back home, but ended up dying. Armando "lived in the same backyard" and conducted the familiar conflict situation, forbidding that that brother's family visited or even went to the mother's funeral.

This seemed to be another happening where he felt impotent in front of the loss. And also, the voice became impotent.

When this interpretation was told to the patient, he reacted saying he would like to have done "more in his life", that he "couldn't progress", that his ways always had deviances. He said he had "friends who were judge, coronel, lawyer, soccer player", but he couldn't progress in life, reaffirming his impotence. And concluded "a man without a job is nothing".

Then, in a defensive regress, he started to talk about the quantity and quality of his friendships, about how people liked him, about the charities he did, about his kindness with others. This report sounded like a recovering of what seemed to be undervalued, like a protection against the issues that made him suffer and seemed associated to his illness.

His voice also announced this unconscious impotence as it kept him confined in the impossibility of communicating with others, of "being something".

This issues were addressed in therapy together

with the vocal exercises and Armando started to recover the voice at the same time as he recovered his own history. During the exercises, he was led to corporally realize his movements, performing them with no fear of making mistakes or being judged.

Concerning his history, Armando did not have the house documents yet, that at that moment was just a land. He said he was afraid "to talk" with the ex-owners to ask them to sign the necessary papers. Gradually, he contacted one by one and collected all the signatures, affirming being "stronger and more confident". Furthermore, he did not avoid known people anymore when he met them, and started to talk on the phone, something he had transferred to his wife.

The psychic conflicts marked the patient's body. The unconscious issues were converted into body symptoms: the vocal impotence.

One "nothing" has no voice and without voice one cannot talk to other people, cannot make bonds. Armando protected himself in his vocal problem and when he looked for treatment, he requested the recovering of the possibility of connecting, of being with the other.

Gradually the patient made small progresses concerning the vocal quality, but referred to be a lot better since he could be understood by people and tried to talk on the phone. Then, an episode that, according to him improved his voice happened.

Armando got a rabbit that he adopted as his fellow. Certain day, the rabbit was found dead. He cried a lot saying that, that cry was being held inside him since his mother's death. He didn't cry when he lost the mother, keeping emotions that appeared with the rabbit's death. After this episode of compulsive crying, his voice improved significantly as well as the effort during the phonation. He reduced the effort to hide the affections that were repressed for such a long time, that they only "escaped" in some moments.

There were still a lot to do, but the steps taken until this moment enabled Armando's voice to recover part of its affective issues, to tell the others about his suffering, not symptomatically. In this sense, it's possible to affirm that the psychic elaborations help the therapeutic direction combined with specific technical procedures. In this case, it's possible to realize the mixture of voice and psychism reacting among themselves, being impossible to separate them.

## Discussion

Armando's case illustrate the relation between

psychism and voice influencing the vocal quality.

Considering the subject as someone who is symbolically marked, implies modifications of the traditional clinical method. It becomes crucial that the speech pathologist does not consider the symptom only regarding the organic functioning, but that he investigates why the symptom is manifested specifically in the voice.

Freud (1901/1905) reports the case of a patient who presented, among other symptoms, aphonia and roughness, however what was interesting in this case was the following:

What is the value of clarifying the aphonia in this case? Didn't we let us fool by a *jeu d'esprit*? I don't think so. It's worth to remind a not so frequently raised matter of knowing if the hysteria symptoms are of psychic or somatic origin, or in the first case, if all have necessarily a psychic conditioning. (...) Until where I can see all the whole hysterical symptom, requires participation of both sides. It can not occur the presence of a certain somatic complacency provided by some normal or pathological process in the interior of a body's organ or related to it. Nevertheless, it's not produced more than once - and it is the hysterical symptom's character the capacity to repeat itself - unless it has a psychic signification, a sense (p.47).

This shows that the illness goes beyond the organ, being part of a context that involves all signification chain from where the symptom emerges.

Groddeck (apud Ávila, 2002) points out that the question "what for" should be included in all symptom and all illness investigation. From this question, it will be possible to find unconscious reasons for the disease manifestation in a certain subject, the unconsciousness does not speak only in dreams (...) speaks after all with the insistent voice of the disease (114).

If the clinician consider the symptom's a part from the patient, he will be considering that the vocal problem is an external phenomena to the subject.

According to Cunha (2002) the subject's history will be part of the clinical-therapeutic method that, besides articulating theories and techniques, has the therapeutic setting which is the instance where there is an intra-psychic and inter-subjective relation. In this dimension, we will be dealing with representations.

It's also of great value for the speech and language science to consider, as proposes Ávila (2002), that the symptom presented in the body is

the substitute of a marked content that cannot be elaborated, psychic represented. Thus, the speech-language therapeutic work may help the patient to elaborate this content, transforming it into Word and not a body manifestation.

It's also important to stress that the therapist will decode the senses chain that permeates the symptom in its totality. For that, it would be necessary that all unconscious contents became conscious. However, as affirms Goddreck (apud Ávila; 2002), the unconsciousness is not psychic nor corporeal, and that for the medical task, only the practical results will matter, even considering only the work hypothesis (p. 122). Thus, we also believe the same for the speech language science.

## Conclusion

The focal laryngeal dystonia mobilizes innumerable matters, either regarding the etiology as the treatment. This article searched to point out psychic aspects that are insistent in these cases and deserve attention.

Understanding that the body and mind are inseparable, opens ways to comprehend that the vocal symptom does not tell about just a sick body, but also about a subject that suffers and remits to the symptom in order to be heard. Because of this reason, many times the vocal symptom insists in returning when the bio-psychic functioning is unstable due to conflicting and/or traumatic experiences

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