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Spastic Dysphonia And The Alexander Technique

By Jean McClelland, M.Mus.

Jean McClelland trained at ACAT and was certified in 1990. She has taught voice for the last 15 years and has been on the faculty of the New York Open Center since 1986. Her professional performing career has included opera, Broadway musical theatre, and concerts.

Spastic dysphonia (SD) is one of a number of clinical syndromes classified as dystonias. SD is characterized by a voice that sounds chronically hoarse, strained or choked, often times breaking on every syllable. It is of spontaneous onset and is a devastating condition which can completely disrupt a person's life. Doctors are often quite baffled by the condition because on examination the vocal cords appear completely normal. Unless a doctor is familiar with the possibility of SD he may diagnose the problem as psychological, laryngitis, overuse, or even allergies.

Some SD patients go from doctor to doctor never getting an accurate diagnosis or spend years in therapy learning how to deal with a voice that doesn't get better; some just "accept" their voice without any medical advice at all.

Spastic Dysphonia has been discussed in the medical literature for about 120 years. Initially the condition was considered to be psychiatric and of psychogenetic

origin. While many SD patients tell of a traumatic event that preceded the onset of their symptoms, and while there is some evidence that this may trigger an already existing chemical imbalance, the condition is now listed as neurological in a grouping that includes blepharospasm (spasm of the eyelids), torticollis ("wry neck"), and writer's cramp.

In the past, when SD was accurately diagnosed, treatments included speech therapy and severing of the laryngeal nerve, both with low success rates. Current medical treatment for SD has been much more successful. Under the direction of neurologist Dr. Mitchell Brin at Columbia Presbyterian Medical Center researchers have evolved a new therapy which involves injecting small amounts of botulinum toxin (Botox) into the laryngeal muscle to reduce the spasms.

Patients usually obtain immediate results in a more relaxed vocal sound. The results of the Botox treatment last on an average of 2 - 4 months and then must be repeated. Botox is still in the research stage for SD and no long term studies have been completed. Still it holds great medical promise and has been of enormous benefit to SD sufferers.

My experience in the past three years with a student with SD who did not want Botox treatment has

proven to me that the Alexander Technique combined with patient and intuitive voice work can also be of great benefit in almost completely eliminating the symptoms of SD.

Susie T. came to my voice class at the New York Open Center in the spring of 1990 and we have worked together, privately, since that time. Susie told me that her problem began in her senior year in college. She was in a position of authority in a student club and it was her job to call the group to order. She said that she called them to order once and then her voice cracked as if she were sick or crying. She had no idea what was happening to her.

Her problem persisted after college and although she was able to modulate her voice when she felt relaxed her symptoms got progressively worse. At points she was convinced she was having a nervous breakdown. Susie began therapy to address the issues that she felt had caused this dysfunction in her voice. She enrolled in various New Age, massage, and public speaking courses where, according to Susie, "I felt good after each session but still couldn't say my name."

My initial impression when I first put hands on Susie was that her problem was not just confined to her head and neck. Although her jaw and neck tightened before

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each word there was minimal strength in the extensor muscles of her back so that it was hard for her neck to support her head. (In people with SD there are areas of hyper- and hypotonicity throughout the body.) It was difficult for her to imagine a state of non-collapse and when speaking and breathing Susie would press down very hard on her abdominal muscles.

Unfortunately, this instinctive attempt to try to support and control her voice further impeded the possibility of an unobstructed flow of breath so necessary to produce a free voice. I knew that our work would have to center around reawakening Susie's sense of her psycho-physical self as a vehicle for sound. In addition to our work in chair and table, I chose to use singing as a vehicle for this rediscovery. People with SD often find that they can sing, laugh, yell, or yawn without spasms.

As a singer and actor I know that the more focus and committed I am in my performing, the more spontaneous and truthful I will be, and the more rooted (in my diaphragm) will be my voice. This really has nothing to do with worrying about how I "produce" my sound, but rather means connecting 100% of the time with what I hear and feel from music and lyrics. In other words, I remained focused in what is being awakened in me as I sing rather than concerning myself with the "sound" of my voice or singing "correctly." As I allow my imagination to produce the sound, my body becomes infused with energy, my spine lengthens, and my voice is naturally supported.

This was the model I used in working with Susie. For Susie this

meant letting go of trying to control her voice. Letting go of controls and entering a state of "not-knowing" is hard for anyone. But for someone with SD where there is so little physical control of the voice, this can be psychologically terrifying.

In Susie's words: "The point was to shift my attention off a particular consonant or word, where my voice would get stuck, to the flow of sounds or ideas. One time as I sang one of our exercises my voice kept cracking. Jean encouraged me to go on and not hold back the spasms. As I continued, a clearer sound came out. In fact my perception of what I was doing changed: Whereas at first my attention had been scattered, I now felt 'on top' of my voice passage."

This was a breakthrough in our work together. Up to that point Susie would protect herself against the sound of her vocal spasms. She knew the sounds on which she was most likely to spasm and would hold back her voice for fear of its breaking. It is hard to describe to you what a voice teacher hears in the sound of a student's voice — many things, of course. But that afternoon I sensed something trying to break through, something which I can only describe as a tremendous desire to communicate. I felt that the spasms did not have the same quality as in the past and perhaps were the disintegration before a reintegration at a higher level that we are so familiar with in Alexander work. What emerged that afternoon was a voice that was clear and rooted and has continued to grow in beauty and inflection.

I'd like Susie to have the last word on the benefits of the Alexander Technique:

"About a year and a half ago, my voice returned — accompanied by a personality that feels more integrated, more my own. Now I think I'm starting to understand what Jean meant about less control putting me more in control. Many reports state that people with SD have not been helped much by either traditional therapies or other less mainstream techniques. Based on my own experience I can understand why. At the same time that I was working with Jean, I enrolled in a public speaking course. Along with my classmates I learned to close my eyes and take deep, heavy breathes, then stand at a lectern and very slowly read a speech. My classmates had to sit uncomfortably by as I cracked and swallowed pages of words. The instructor, who has written a book on his foolproof method, stared at me in bewilderment."

"These methods are bound to disappoint people with SD because they are mechanical and wholesale. They do not approach what is going on inside each individual. Therefore people with SD neither get to observe the patterns of their disorder, nor tap their inner resources to try and inhibit those patterns. Judging from my experience, the Alexander Technique combined with psychotherapy has allowed me to find my own voice. Indeed, Alexander is not just a technique but a discipline to be practiced over a lifetime, which may make it unappealing to some SD patients. Nevertheless, I think it is imperative for the medical establishment to recognize the Alexander Technique's potential application as a therapy for disorders like the one from which I have essentially recovered.