CASE REPORT: TREATMENT OF HYSTERICAL APHONIA

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Miss S, aged 15 years studying in VII standard reported at the Institute with a complaint of no speech. She came to the clinic with her father, brother and brother-in-law. She had four siblings and belonged to a middle class family. There was no family history of speech and hearing problems, and her development was known to be normal. She had developed this problem 4 days prior to coming to the clinic.

During interview it was observed that her whole body was tensed with clenching of fists, legs being stiff, fingers and toes very cold, mild and gross tremors of the hands with circular movements were observed. In response to questioning she either nodded or shook the head.

A formal E.N.T. examination revealed nothing abnormal. On Audiometry, her hearing was found to be clinically normal.

History revealed that on the day she developed the complaint she had left home in the late evening to attend Ganesh Chaturthi pooja accompanied by another girl who lived nearby and who is supposed to have had a dubious character. An hour later she came back at which the grandmother became angry particularly for the reason she had gone out along with the other girl. She was also told that the father would view the situation seriously. She became stunned and sat still motionless on the staircase. In the meantime the father came, scolde j her and by means of a foot rule bet her on the knuckles of her hand, since then she lost her speech.

The next day she was taken to a temple and a talisman was tied. Shortly afterwards she could speak a few words, but again she lost her speech.

Examinations were carried out at All India Institute of Speech and Hearing and a diagnosis of hysterical aphonia was made. She was recommended speech training procedure under hypnotic relaxation sessions. Voice training was also advised.

In the Speech Pathology department an initial attempt was made to get her phonate by clearing her throat. This was not successful as she was negativistic. After repeated requests she did clear her throat although the sound produced was not quite audible. Stimulation of thyroid cartilage was done and she was persuaded

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to cough. Coughing with continuous phonation was tried which she did well- Throughout this period through suggestions and reinforcement she was encouraged to phonate. Consequently, phonation became more and more audible and she could produce the vowels. Then therapy was proceeded to the syllable level, which she did repeat well after the therapist. To start with, the voice was very faint which couldn't be heard from beyond 6 to 8" distance! Therapy was then tried at the words level, for e.g., I want, I know, I saw etc At one stage, during therapy, the case suddenly came out with a phrase "I want water". This was audible at a close distance and she was provided with water. Relaxation was tried of the arm, shoulder and neck and it was found that she came to a fairly relaxed state. It was observed that loudness fairly improved as she gave responses to questions although most of her answers were 1 or 2 word responses. Only questions relating to her father were left unanswered. It was observed that some of the emotionally significant features like an expressionless face, clenching of the fists and feigning of the tremors of the hands were almost totally eliminated.

Hypnotic relaxation procedure was tried in the next session before which a brief interview was held and the necessity of her co-operation for treatment was emphasized, but before induction, her speech was tape recorded keeping the microphone at a close distance of 8" from the case, the voice was faint even at this time and intelligibility of speech was poor. After recording she was put on hypnotic relaxation where the chief purpose was to obtain an optimum relaxation level. Repeated suggestions were given to relax the different parts of the body from legs upwards with special reference to the neck and throat regions.

After this procedure she was made to read a passage and there was considerable increase in her loudness, this was recorded. Now speech had become more intelligible and sufficiently loud. Although this improvement was observed, her speech during conversation was limited and she was not taking initiative in commencing conversation. However, the peculiar hand movements, clenching of the fists were completely absent by this time. She had started expressing her emotions in a spontaneous way.

The case was presented in the clinical conference where she could read a passage almost fluently. She gave appropriate answers to the questions from the audience in full sentences. Her behaviour outside had gained more spontaneity and she had become active. She started speaking with her friends and family members and showed enthusiasm to attend school.

Altogether six sessions of hypnotic relaxation followed by speech shadowing procedure were tried. For the subsequent sessions only speech shadowing was tried to bring fluency in her speech. She showed the above improvement in behaviour after these sessions of treatment.