

Might Hypnosis Added to Traditional Voice Therapy Improve Clinical Outcomes for Patients Diagnosed with Primary Muscle Tension Dysphonia (MTD-1)?

Gaps exist on the efficacy of voice therapy for primary muscle tension dysphonia (MTD-1) (Wilson, 2018). A potential cause of this condition is stress and anxiety (Dietrich et al., 2008), or even simply habitual voice use patterns, which may not be responsive to traditional behavioral therapy. An intriguing possibility is that hypnosis might play a complementary role in the behavioral treatment of this condition, which is widespread and often has deep impacts on affected individuals' quality of life.

The primary treatment for MTD-1 is behavioral voice therapy. Although sometimes successful, this approach fails in a substantial number of cases. In fact, the failure rate of traditional therapy is 7%-54% (Reetz, Bhlender, & Brockmann-Bauser, 2018). In addition to stress and anxiety as potential contributing factors, in many cases, vocal patterns associated with MTD-1 are physical habits that an affected individual fails to escape. Speculatively, one possible treatment approach, used for other conditions involving stress and undesired habits, is hypnosis (e.g., smoking or phobias). An intriguing possibility is that potentially, non-traditional modalities such as hypnosis might be reasonable to investigate as possible adjunct modalities for MTD-1. The operative question here is: might hypnosis be a reasonable adjunct to voice therapy in recalcitrant cases of MTD-1?

Methods

I consulted Wikipedia to provide a framework for understanding hypnosis and its mechanisms. I used the results to identify key terms to search in Pubmed, Journal of Voice, and ASHA's Evidence Maps. 74 scholarly articles were found, and 30 were considered pertinent for further discussion for this paper's purposes.

Quality of Evidence & Findings

Findings from the literature provided mixed data relevant to the use of hypnosis in emotional and behavioral modification.

The evidence collected was organized into three categories; (1), neurological processes; (2), psychological mechanisms; and (3), hypnosis intervention efficacy.

Evidence was reported that hypnosis can contribute to the inhibition of fear circuitry (Halsband & Wolf, 2019). Specifically, main findings highlighted decreased activity in dorsal anterior cingulate, and increased activity in insula and dorsolateral prefrontal cortex. In the psychological domain, these findings implicate attention, somatic and emotional control, and reduction of self awareness allowing patients to be receptive to hypersuggestibility. Findings were mixed regarding the clinical efficacy of hypnosis for a variety of conditions. Among the most robust findings was short-term smoking cessation.

Together, the data obliquely suggest that MTD-1, when connected to stress, anxiety, or habitual behavioral patterns, hypnosis may be useful in complementary clinical treatment in susceptible individuals, perhaps added to traditional behavioral methods.

Conclusions

The key to successful treatment of any condition includes both an accurate diagnosis of the pathology and appropriate treatment selection. While evidence for MTD-1 etiology and treatment still emerging, one proposal to explore is that hypnosis, added to more traditional behavioral treatment, may augment treatment success by way of reduction of stress, anxiety, and negative behavioral patterns in individuals who fail traditional therapy, and are open to adjunctive hypnosis. Although research is currently lacking around the value of this methodology, further research may be warranted. Especially relevant are issues of stress/anxiety and "habit change" and in their contributions to MTD-1.

Gaps exist on the efficacy of voice therapy for primary muscle tension dysphonia (MTD-1) (Wilson, 2018). A potential cause of this condition is stress and anxiety (Dietrich et al., 2008), or even simply habitual voice use patterns, which may not be responsive to traditional behavioral therapy. An intriguing possibility is that hypnosis might play a complementary role in the behavioral treatment of this condition, which is widespread and often has deep impacts on affected individuals' quality of life.

The primary treatment for MTD-1 is behavioral voice therapy. Although sometimes successful, this approach fails in a substantial number of cases. In fact, the failure rate of traditional therapy is 7%-54% (Reetz, Bhlender, & Brockmann-Bauser, 2018). In addition to stress and anxiety as potential contributing factors, in many cases, vocal patterns associated with MTD-1 are physical habits that an affected individual fails to escape. Speculatively, one possible treatment approach, used for other conditions involving stress and undesired habits, is hypnosis (e.g., smoking or phobias). An intriguing possibility is that potentially, non-traditional modalities such as hypnosis might be reasonable to investigate as possible adjunct modalities for MTD-1. The operative question here is: might hypnosis be a reasonable adjunct to voice therapy in recalcitrant cases of MTD-1?

Methods

I consulted Wikipedia to provide a framework for understanding hypnosis and its mechanisms. I used the results to identify key terms to search in [Pubmed](#), [Journal of Voice](#), and ASHA's Evidence Maps. 74 scholarly articles were found, and 30 were considered pertinent for further discussion for this paper's purposes.

Quality of Evidence & Findings

Findings from the literature provided mixed data relevant to the use of hypnosis in emotional and behavioral modification.

The evidence collected was organized into three categories; (1), neurological processes; (2), psychological mechanisms; and (3), hypnosis intervention efficacy.

Evidence was reported that hypnosis can contribute to the inhibition of fear circuitry ([Halsband & Wolf, 2019](#)). Specifically, main findings highlighted decreased activity in dorsal anterior cingulate, and increased activity in insula and dorsolateral prefrontal cortex. In the psychological domain, these findings implicate attention, somatic and emotional control, and reduction of self awareness allowing patients to be receptive to [hypersuggestibility](#). Findings were mixed regarding the clinical efficacy of hypnosis for a variety of conditions. Among the most robust findings was short-term smoking cessation.

Together, the data obliquely suggest that MTD-1, when connected to stress, anxiety, or habitual behavioral patterns, hypnosis may be useful in complementary clinical treatment in susceptible individuals, perhaps added to traditional behavioral methods.

Conclusions

The key to successful treatment of any condition includes both an accurate diagnosis of the pathology and appropriate treatment selection. While evidence for MTD-1 etiology and treatment still emerging, one proposal to explore is that hypnosis, added to more traditional behavioral treatment, may augment treatment success by way of reduction of stress, anxiety, and negative behavioral patterns in individuals who fail traditional therapy, and are open to adjunctive hypnosis. Although research is currently lacking around the value of this methodology, further research may be warranted. Especially relevant are issues of stress/anxiety and “habit change” and in their contributions to MTD-1.