A common cause of organic voice disorders is injury to or malfunctions of the vocal folds.

Vocal fold nodules are like small calluses and usually occur one on each vocal fold; the most common causes of nodules are abuse of the voice (e.g., too much singing).

Vocal fold polyps and cysts are benign growths and usually occur singly (only on one vocal fold); cysts are fluid-filled whereas polyps may be fluid-filled or solid. Either can be caused by heavy smoking, hyperthyroidism, reflux, or excessive crying, coughing or loudness.

All of these can cause a person’s voice to sound hoarse, breathy, and low-pitched.
Other organic causes:

**Contact ulcers** are small sores on the vocal folds (like canker sores in the mouth) that are caused by using excessive force when bringing the vocal folds together; these can be painful and can cause the voice to tire easily but are fairly rare.

**Laryngitis** is swelling of the vocal folds often cause by viral or bacterial infections; it can also be caused by vocal abuse and inhaled irritants (like chemicals) or gastrointestinal reflux.

**Reinke’s edema** is a build-up of fluid underneath the lining of the vocal folds that can be caused by smoking, vocal abuse, or reflux. See Reinke’s edema

All of these can cause a person’s voice to sound hoarse, breathy, and low-pitched.
Neurogenic voice disorders are caused by injury to or a disease of the nervous system that affects the larynx.

**Vocal fold paralysis** is characterized by paralysis of one or both vocal folds, resulting in a gap that disrupts voicing.

See [vocal fold paralysis](#)

**Spasmodic dysphonia** (or focal laryngeal dystonia) results from the inability to control the vocal folds, resulting in involuntary spasms; the disorder is neurological and causes the voice to sound strangled or strained.

Hear [spasmodic dysphonia](#)
Functional voice disorders are caused by a disfunction in the muscles of the larynx.

**Muscle tension dysphonia** (MTD) is characterized by excessive tension in the vocal folds that can manifest itself in many different ways.

Voice characteristics of person’s with MTD range from breathy and hoarse to raspy and coarse. Speech may be jerky or strained and the pitch may be excessively high or low.

A common type of MTD is referred to as **vocal fold bowing** which results in a gap between the vocal folds or incomplete closure. The voice can sound weak, strained, and breathy.  
[See vocal fold bowing](#)
**Trachesotomy** is an alternative opening in the trachea held open by a tube that bypasses the nose and mouth; a speaking tube can be used to direct the air up through the larynx. An alternative is pharyngeal speech, which some speakers adopt on their own.

![Diagram of the human throat and voice box](http://www.ich.ucl.ac.uk/factsheets/families/F000305/tracheotomy.png)
Speech and articulation disorders can result from a number of organic sources, such as hearing loss, dental abnormalities, and tongue thrust (the latter two result in lisps).

A more commonly known organic cause is **cleft palate**, where the palate is not fully formed. If not repaired, this can result in hypernasal speech.

Image from http://www.cleftline.org/aboutclp/cleft_palate.htm
Speech/Articulation Disorders

Some speech disorders are caused by difficulties in controlling the articulatory muscles.

**Dysarthria** is a weakness of and inability to coordinate the muscles of the face, mouth, and respiratory system; speech can be soft, weak, and slurred.

**Apraxia** is characterized by a lack of control of the speech musculature that does not result from muscle weakness; speakers have difficulty in sequencing sounds and appear to grope for the right ones.
Some speech disorders are caused by disruptions to speech fluency.

**Stuttering** occurs when the normal flow of speech is disrupted with repetitions or lengthening of speech sounds and/or pauses in the speech stream.

**Cluttering** is characterized by an excessive and irregular speaking rate; speech may sound jerky and too fast, with atypical rhythms.
Prolonged “common” errors in pronunciation that may individual sounds or sequences of sounds.

Some examples:

**Fronting** occurs when back sounds (like velars) are replaced with sounds articulated in the front of the mouth. For example, *cow* might be said as [tau].

**Weak syllable omission** occurs when weak syllables that follow strong syllables are omitted. For example, *giraffe* might be said as “raffe”.

**Cluster reduction** occurs when one of a sequence of two or more consonants is omitted. For example, *skate* might be said as “kate”.
In some cases, persons with accented speech can receive training to overcome the accent in clinics or special workshops.

Of course, these differences are not disorders and should not be treated as such. As mentioned earlier, it is important to recognize when an atypical speech pattern in a particular language is related to a disorder and when it is not.

Hear accented English