

Interweaving voice and emotion as perceived by teachers from the point of view of Merleau-Ponty's phenomenology

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Voice is an essential tool of the work of teachers, reflecting their health and emotional conditions. The aim of this study was to understand the perception of teachers about how voice and emotion are interwoven. This was a qualitative study using focus groups with 26 elementary school teachers. Data analysis was based on the phenomenology of perception proposed by Merleau-Ponty, guided by his notion of the body and the interweaving of man and world. The resulting categories were: “consequences of the job on the voice, the body and emotions” and “emotions in the body expressed through the voice”. Discussions showed the indissociability of the mind and body and the perception of the voice as a way of experiencing the body and emotions. The notion of the “own body”, which is complex and systemic, surpasses the organic-biological understanding of the body and helps expand debate about the vocal health of teachers.

Keywords: Voice. Expressed emotion. Elementary and secondary school teachers. Qualitative research.

Introduction

The phenomenology of Merleau-Ponty shows a central concept of his philosophic proposal: the notion of interlacement between man and the world^{1, 2}. Man and the world are juxtaposed, and what “I perceive as me and the world” is a sliding of one over the other - man and the world are one and the other in a reversibility. This imbrication prevents separation or even fusion of one in the other, and enables the rediscovery of one and of the other. It is the mutual constitution of man and the world. With this, Merleau-Ponty's phenomenology renounces any dichotomous position between conscience and world, and between body and object. The body is the means that enables the individual to join the world, and this interlacement happens at every instant of existence¹.

To Merleau-Ponty¹, phenomenology is a philosophy that is constructed in a movement of remaking and rethinking oneself. He shows that man does not result from psychological causes or

determinants and argues that man can only know about himself and the world based on what he sees and experiences.

Thus, the voice cannot be reduced to the anatomical and physiological structures that inhabit the physical dimension, although it composes them. The voice also acts as a “thermometer of the emotional state”³ (p. 16), as it varies in intensity, frequency and rhythm, depending on the individual’s emotions. It is in the emotional expression of the gestures - and of the voice - that we find the first signs of language as an authentic phenomenon, as “emotion [...] is a variation of our being in the world [...], and it manifests that same power of organizing stimuli and situations that are in their peak in the level of language”¹ (p. 256).

Another important aspect that must be highlighted in Merleau-Ponty’s work is the notion of perception, which is a way of having access to the world, a form of seeing the world from a perspective; it is what positions the subject in the world as a historical subject who belongs to a time and a space. Thus, “[...] we must not wonder if we truly perceive a world; rather, we must say: the world is what we perceive”¹ (p. 14).

The body is beyond the interiority and exteriority that react to the world’s stimuli¹. It is physiological and psychological at the same time, as the subject is his body. In this understanding of man as body, it is necessary to comprehend how physiological conditions and psychological determinants intertwine. It is in this perspective that this article understands that the voice can be perceived as interlacing with emotions.

Being a component of oral communication, of interpersonal relations and of the body itself, the voice can suffer organic, functional and/or psychogenic problems that generate damages to the individual’s quality of life⁴ or are reflexes of these damages. Therefore, the voice can have a positive or negative impact on the life of subjects, especially those who use it professionally⁵.

According to Dejours⁶, work should integrate the definition of the concept of health, as it is “never neutral in relation to health and favors either disease or health” (p. 164). Thus, as it belongs to the body, the voice does not escape from the specific occupational risks that affect, among other professionals, teachers^{7,8}.

Psychological and voice disorders are the main causes of teachers’ leave of absence. In São Paulo, they are the cause of 97% of readaptation cases and 62% of leaves are due to voice problems centered on educators⁹.

The voice is a component of the teacher’s identity as a worker, and it has an impact on the teaching-learning process¹⁰. It functions as an instrument to the teacher’s action in the classroom; therefore, vocal alterations and their effects interfere in occupational performance¹¹.

These presuppositions are in consonance with the principles of the Psychodynamics of Work, according to Dejours’ perspective. This theory approaches subjective mobilization in the workplace and understands suffering as the feeling that mobilizes the individual’s investments to transform the organization of work¹².

A search for works published between 2005 and 2016 in the databases BVS, Medline, Web of Science and Scopus, in Portuguese, English and Spanish, using the keywords *voz*, *emoção* and *professores*, in Portuguese; *voice*, *emotion* and *teachers*, in English; and *voz*, *emoción*, *profesor* and

maestro, in Spanish, revealed 22 articles about the theme. Of these, 16 remained in the selection, as they associated directly the issues related to voice and emotions in the context of teaching. The six excluded articles did not approach these issues in an integrated way.

The relevance of our research is the lack of studies about the relations between voice and emotion in the context of teaching and the importance of this content to expand actions targeted at teachers' self-care and vocal health promotion.

Teachers' self-care with the voice must be encouraged¹³, as the voice is the body and is influenced by the relation between the interior and exterior worlds. Furthermore, self-care is an efficient health promotion strategy among voice professionals. Knowing how to deal with the voice, understanding its potentialities and limitations, and interpreting its meanings are fundamental types of care to the preservation of vocal health.

The scarcity of actions that encourage self-care with one's voice reflects the lack of public policies and laws targeted at teachers' health¹⁴. The establishment of effective and sustainable policies targeted at teachers' health demands their empowerment and the stimulus to self-care¹³. However, this process requires hearing teachers' perception of themselves - their body, their voice, their emotions, as parts of an integrated whole.

In view of these aspects, the following question emerges: Knowing that women form the largest part of the teaching staff in the Brazilian elementary and junior high schools, how do they perceive the interlacement between emotion and body expressed by means of the voice?

Being a woman potentializes vocal alterations, as the anatomical, physiological and psychological conditions of the female sex, as well as the specificities of the teaching profession, predispose to the installation of this type of problem, and this is one of the reasons why this study was carried out only with female teachers⁹.

In light of what was discussed in this section, our aim was to understand female teachers' perception of the interlacement between voice and emotions. This study can favor teachers' understanding and self-care with vocal health. In addition, it generates subsidies for health promotion and contributes to promote the advance of public policies that help improve teachers' vocal health.

Methodology

A qualitative study was carried out with three focus groups. The qualitative methodology was used because it can incorporate the issue of meaning and intentionality as inherent in social acts, relations and structures¹⁵.

This was the second stage of a research in which a semi-structured questionnaire was administered to teachers of municipal schools of the city of Fortaleza, state of Ceará (Northeastern Brazil), to investigate their socioeconomic profile and health conditions. These data were not included in this article. The questionnaire was administered to 351 elementary and junior high teachers aged 24 to 66 years who work at 60 schools - 10 schools from each of the six education districts. It is important to mention that we chose the 10 schools with the highest number of students and teachers in each one of the districts. All of them met the following inclusion criteria: having elementary and/or junior high education,

the total number of students should be equal to or higher than 600 and the total number of teachers should be equal to or higher than 20.

The municipal teaching network of Fortaleza has 9,191 teachers, and 7,653 are female. In elementary and junior high school, teachers belong predominantly to the age group 46 to 49 years. The most frequent schooling levels are undergraduate (3,773) and specialization (3,625) programs and the majority of the teachers have been working for a period of time ranging from zero to five years (3,347), followed by the period of ten to 15 years (2,840). Another characteristic of this public is the hour load in the classroom, as 4,314 teachers work for eight hours every day.

For sample size calculation, a total of 3,689 teachers working in the classrooms of the 280 elementary and junior high schools of Fortaleza was considered, with an error of 5% and a confidence interval of 95%, which resulted in a minimum quantity of 346 teachers, with proportional distribution in each one of the education districts.

The inclusion criteria for the teachers were: teaching in the elementary and/or junior high schools; being 20 years old or older; working in the classroom. They could have a history of vocal alteration or not. Teachers who were on leave from classroom activities were excluded, as well as those who did not want to participate integrally in the study.

In this second stage, three focus groups (FG)^{16,17} were conducted with 26 teachers from 19 schools. All the 351 teachers who had answered the socioeconomic questionnaire in the first stage were invited. However, the majority did not accept the invitation, for different reasons. Twelve teachers from Education Districts II and VI participated in the first FG, seven teachers from Districts I and III participated in the second FG, and seven teachers from Districts IV and V participated in the third FG.

Data saturation¹⁸ was the criterion for the final definition of the sample, as it is reached, in qualitative investigations, when the researcher has already collected a certain diversity of ideas and, as more interviews or additional observations take place, he no longer identifies new data.

The same script was used for the three FGs, allowing a participatory debate about the relation between voice and emotions. The triggering questions were: What does voice mean to you? What is the importance of the voice to your personal, social and professional life? Do you consider that emotions interfere in your voice and physical health? How?

The FGs were recorded on video and had the participation of one facilitator and three moderators. The facilitator conducted the debate, asking each one of the questions and letting the teachers express themselves freely. Each group lasted an average of 2 hours and 30 minutes. They were conducted in May and June of 2014.

The focus group^{10,17} is a tool to approach health issues from the social standpoint. By means of this tool, it is possible to capture the interviewees' opinions and values; thus, the teachers could express how they perceive the voice-emotions-body interlacement. To preserve their identities, the teachers were identified, in the reports, by the letter "T" followed by numbers 1 to 26. Thus, "T1" means teacher 1 and so on.

The data were transcribed based on the recordings and on the facilitator's and moderators' notes. Then, the method of Content Analysis, in the thematic modality, was used, and the following stages were followed: pre-analysis, exploration of the material and treatment of the results (inference and

interpretation)¹⁹. The data were organized in Meaning Nuclei and, afterwards, they were aligned in categories according to the semantic convergence of the testimonies, with the aim of answering the guiding question. Thus, the following categories emerged: “Work impact on the voice, body and emotions” and “Emotions in the body expressed through the voice”.

The category “Work impact on the voice, body and emotions” emerged from the respondents’ stance about aspects of work intertwined in the voice, body and emotions. The category “Emotions in the body expressed through the voice”, in turn, emerged from reports that led to an understanding of the body as a complexity, a body beyond the limits of the organic.

The interpretation of the categories was based on Merleau-Ponty’s phenomenology and notion of body, and on the literature that approaches the relationship between voice, emotion and body.

This study complies with Resolution no. 466/12 of Brazil’s National Health Council. Its project was approved by the Ethics Committee of *Universidade de Fortaleza* under Opinion no. 899.798.

Results and Discussion

Based on the participation of the 26 teachers in the focus groups, with representatives of the six education districts of Fortaleza, it was possible to perceive how the teachers’ body is influenced and influences intersubjectivity. Many times, there are different forms of somatization of the emotions, among which we find vocal alterations.

The reports presented in this section originated in the focus groups. They illustrate the categories and are representatives of the discourses and feelings expressed by the majority of the participants. In the focus group technique, the discussions of the collective are valued, not only individual opinions, as it aims to identify common aspects of a target group. The focus group enables the understanding of beliefs, feelings and behaviors, and this allows to discover projections, identifications, biases, and resistance to persuasion^{13,17}.

The majority of the participants mentioned daily responsibilities, family and institutional tensions, interpersonal conflicts, and need to cry as emotional difficulties that affect the body and reflect on the voice. Changes in vocal quality and losing the voice were identified as aspects intertwined with emotions and the body. According to Merleau-Ponty², human life is constituted by the personal, social, cultural, biological and historical dimensions, full of elements considered as its multiple contours. Thus, it is necessary to understand the interlacement of these elements as constituents of intersubjectivity.

To Dejours²⁰, the act of working ties subjectivity to a universe that is “(...) hierarchized, organized and coercive, pervaded by a fight for domination” (p. 31). In the relation between the materiality of work and the worker’s social world, psychological phenomena intrinsic to the organization of work emerge. These phenomena include the construction of collective mechanisms of defense and psycho-pathologization.

Work impact on the voice, body and emotions.

In this category, we identified impacts of work relationships on the voice, body and emotions, the latter motivated by a series of factors presented in the literature^{7,21} and in the reports.

The teachers' experience of responsibility in their professional routine establishes an intersection with what happens to them in and out of their daily activities. This condition leads to attitudes and feelings that can be expressed by the voice.

[...]work overload brings a lot of responsibility and affects [the voice] because you become more excited, more nervous, more agitated and you yell more easily... [...] If I'm also overloaded at home and go to work, I take all this energy there and I'll yell more at the students, I'll get more irritated... you'll let out your voice more intensely, you'll yell more... you can lose [temporarily] this voice. And this affects you negatively in professional terms... (T24)

In his studies about the psychodynamics of work, Dejours²⁰ triggers reflections on how aspects of what is experienced at work influence the structuring of people's subjectivity. To the author, "it is in a primordial relationship of suffering in the workplace that the body experiences, simultaneously, the world and oneself." (p. 28).

In the light of Merleau-Ponty's ideas¹, what happens to us in the relationship with the world is our lived experience *of* and *in* the world. There is no separation between myself, the other, and the world. This problematization of the body, and no longer of the conscience, breaks definitively with the dichotomies "body and mind", "external and internal", "subject and world". The world is not something that one discovers; rather, it is what "[...] I rediscover in me as the permanent horizon of all my *cogitationes* and as a dimension in relation to which I am constantly situating myself"¹ (p.9).

We observe, in T24's discourse, her non-separability from the world, which shows the subject's entanglement in the world. Thus, nothing happens by chance, everything is related to a stance on situations and the world, "because we are in the world, we are *condemned to meaning* [...]"¹ (p.18). Therefore, the voice can be understood as one of the multiple contours of the relationship between the subject and the world, because, when something happens to the subject, it happens in his wholeness and not in isolate parts. Not even one is the cause or effect of the other; rather, it is a mutual constitution.

This body of woman and teacher does not separate from her emotions. On the contrary, the body is emotions and their derivatives, and it is, at the same time, this world's action and reaction to this body and in this body. The weight of the responsibility for the roles that the female teacher plays has been shown in the studies carried out by Merighi *et al.*²². The authors state that the intense routine of activities that is imposed on women to reconcile their social roles brings demands that are difficult to harmonize, causing a sensation of stress and tiredness due to the constant need of removing obstacles to reach personal growth, which is strongly related to the desire of achievements in all the spheres of life.

The voice is perceived as a phenomenon that is in the intersection of the parts and the whole, the body and the mind, the objective and the subjective, the internal and the external, in a deep interlacement. This is corroborated by the discourse below:

And I wonder to what extent crying also affects our voice... Because crying changes the tone of your voice, it affects your breathing... When we're really tired, stressed, anxious and, sometimes, without any reason, any little thing affects you and you cry... (T14)

According to Codo²³, 70% of the Brazilian education professionals show signs of emotional alterations. Many, however, ignore the dimensions of this fact. Knowing or not knowing about the use of the voice, what is good to it and what damages it, influence the life of voice professionals, determining a good or bad use. Morais et al.²⁴ have shown vocal behavior deviations and the voice's impact on quality of life.

In this context, states of anxiety, which can be expressed in different ways, are composed of physiological and behavioral elements that may cause work incapacity²⁵, like difficulties in oral communication, which trigger teachers' absences and occupational demotivation. In the teachers' case, although the act of crying helps to reduce stress, it contributes to the installation of alterations in the vocal apparatus, leading to temporary difficulties in vocal production, as T14 shows when she reports alterations in the "tone of voice" and in the "respiratory dynamics".

Almeida et al.²⁶ have reported that people with high levels of anxiety present more significant problems in emotional and vocal terms and also in quality of life. This fact is potentialized in individuals who use the voice professionally, like teachers. Merleau-Ponty¹ argues that the understanding of objectivity and subjectivity is in the lived world, in the body experience. Cremasco²⁷ (p. 53) adds that this experience happens in the "[...] body-subject in situation [...]".

The perception of what happens to us is one among different ways of knowing ourselves. What matters is that we dive deeply into what we aim to know and find the meaning that emerges in each perspective. We see this as a central issue to the teachers and their care with the voice, because, instead of explaining what happens to them, they focus on the experience with the voice, as, in this way, they can understand the body experience and its implications in the world:

I had to be absent from school... In a delicate moment of a make-up class, my voice suddenly disappeared because of my tension and because I needed to be absent. The principal looked at me and said: 'This hoarseness is good because everybody knows that your voice is hoarse and you were absent because of this'... This is very upsetting and the voice disappears due to the emotional tension... (T6)

This [aggressions at the workplace] deeply affects my health, because I lose my voice when I'm very sad or very irritated... I even became aphonic. At school, once, I was arguing with the principal and I lost my voice completely... (T21).

The teachers say that institutional pressures and interpersonal conflicts in the world of labor cause tension, upset, destabilize the person's wellbeing, and negatively affect the body and the voice. In addition, the teachers approach the way in which they experience the voice, pointing to an existential stance, that is, a stance that refers to their existence and condition of being in the world as something broader and more complex than simply the effects of emotions on the voice.

Silverio et al.²⁸ detected that teachers consider working with people tiresome, due to the stress deriving from interpersonal relationships with students, colleagues, managers and other people in the institutional context, mainly when related to attitudes that are contrary to their principles and availabilities.

In this context, Amorim²⁹ shows the relation of voice disorders and stress to the precarious conditions of teachers' work. In this situation, she identifies a high incidence of voice disorders and stress, and concludes that these symptoms belong to the field of workers' health problems. The researcher calls our attention to the need of programs that focus on the impacts of work on health, including vocal and mental health.

We highlight that the physical changes caused by stress reactions can result in vocal symptoms (coughing, tension in the throat, difficulty to be heard, hoarseness, vocal fatigue and voice failures), materializing and manifesting the tension that is felt. This reveals the body as emotion, as, in Merleau-Ponty's perspective, everything refers to the body, everything is the body, both in its physicalness with the symptoms and in its signification. We must bear in mind that vocal alterations are also caused by stress, anxiety and nervousness, due to the exposure to situations of occupational violence that lead to physical and mental discomfort^{30,31}.

Emotions in the body expressed through the voice

Some teachers report loss of voice when they experience some emotions. The fact of wanting to speak and not being able to denotes a traumatic situation that, many times, is unexpected.

...when I became a widow, my son wanted me to make the inventory to give his share... I was so angry that, suddenly, my voice got hoarse, I started to cry and I lost my voice... I was distressed because I couldn't speak anymore. My voice gradually got hoarse according to the emotion... [...] with the help of antidepressants, of anxiolytics, the voice improves little by little... (T13)

These testimonies recall the discussion proposed by Merleau-Ponty¹ about the body experience and its relation to the physiological and psychological dimensions. The author discusses the phenomenon of the phantom limb to underline the non-dichotomy "body and mind", that is, the non-dichotomy between physiological and psychological or objective and subjective and, mainly, the notion of perception as a way of knowing the object. To him, the body is beyond an interiority, with its receptors, and an exteriority, which only reacts to the world's stimuli. Therefore, the body experience is physiological and psychological at the same time.

With this, the author¹ intends to emphasize that only the physiological explanation is not enough to understand the body experience; nor is a purely psychological explanation: it is necessary to understand that there is an interlacement between them. The fact that an individual no longer has a part of his real body does not mean that he will no longer feel it, because his body and his mind are inseparable. Thus, the subject will continue to feel the paralyzed or missing limb, which shows the impossibility of the idea of linear causality.

When the teachers signify the absence of voice, they mention feelings of anger, distress, stress and sadness, showing that their bodies are, at the same time, their lived world and the emotions they experience.

One thing that affects my voice is the emotional factor... I know that my voice is related to my emotional state. When I'm feeling well, my voice hardly gets hoarse; but if I'm angry, distressed, if I get scared, or if I have a moment of stress in the classroom, I feel this negatively affects me (T25).

We highlight that when the teacher gives voice to her emotions and talks about her body, she enables the production of a change in perception, as she sees, in her sensitive experiences of the body, new worlds and horizons through the production of new meanings³².

My voice has been hoarse all my life... When I was younger, besides being hoarse, my voice sounded nasal... One thing is your voice being hoarse; another thing is your voice becoming cracked [ill]... My voice becomes ill and even disappears when I'm emotionally shaken. It gets hoarse, I even become aphonic, and very sad! When I'm like this, I can't work well, I can't express myself well. I've always been told that a hoarse voice is sensual... Some people like it, but I don't want this sensuality, mainly because it affects my work... (T8)

When the teachers talk about their body, they can understand the psychological mechanism described by Guimarães et al.³³ (p. 248), which causes the loss of the voice beyond clinical presentation, as this loss reflects, on the exterior, an "inner state". Voice, articulation and fluency of speech are, therefore, intertwined with psychological oscillations; consequently, emotional factors cannot be separated from vocal health³⁴.

Behlau et al.³⁵ argue that psychogenic functional dysphonia corresponds to the somatization of emotional disorders by means of the voice. In this context, Martins et al.³⁶ carried out a study with 28 patients diagnosed with psychogenic dysphonia and found that the most frequent form of clinical presentation was conversion aphonia followed by skeletal muscle tension and intermittent sonority. Conversion aphonia is characterized by loss of the voice caused by some psychological mechanism, without the presence of alterations in the laryngeal structures³³.

Martins et al.³⁶ warn that the experience of lack of control and the difficulty in dealing with feelings triggered by the interaction with the milieu and with people are justified by the fiction that this difficulty is due to the body. This happens on the grounds of the body and mind dichotomy. It is important to consider the way in which the voice and its absence become references of the meaning and signification of life, body and emotions to the teachers. To them, the voice is, at the same time, a working tool, an identity, a means of communication, and a way of experiencing the body and emotions in a continuous and interrelational process that reveals multiple contours:

Not only in the profession, but in every sector of our life, of our daily routine, it is important... mainly at home with our children, husband, with the society as a whole... The voice, besides the professional question, besides the fact that it is our means of communication, is also a

conductor of our emotions... Because, through the voice, you can perceive if the person is happy, sick, sad, tired... So, people tend to know us also through the tone of our voice... (T3)

Therefore, understanding the mutual constitution between teachers and their world enables a perception of their body beyond the limits of the organic dimension and, to achieve this, it is necessary to allow people to talk about a body intimacy, perceiving it as a relational unit³²:

... I don't know if it's because I'm always being exposed to situations like this [indiscipline at school]... You gradually stop yelling, you stop reacting, you stop taking an attitude. I used to cry, I stayed in the classroom and I knew I would get better soon...I quickly invented something different and... I bounced back... Now, I can't control this emotion anymore. I get out, I ask someone from the school to stay for a while in my classroom, and I go to the toilet (T13)

The experience of uncontrolled emotions due to incapacity for dealing with work situations configures an illness process. According to Canguilhem³⁷, health can only be considered in people's life experience by means of the measure of their higher or lower capacity to create ways of adapting to life.

Asking for help to control the classroom reveals that this teacher looks at and talks about the body and emotions not only in the physiological sense, which entails the resignification of the use of strategies to deal with the challenges of her profession. Sato and Ayres³⁸ criticize the reductionist care practices based exclusively on the technical-scientific logic, which result in the disqualification of the relationships between subjects.

It is necessary to empower people to understand their own health so that they can establish, with autonomy, care strategies. According to Merleau-Ponty, the subject perceives his disability insofar as he is ignorant of his loss “[...] and he ignores it precisely insofar as he knows of it...”¹ (p. 122). The author highlights that disease is a form of existence and its manners of replacing normal functions can be understood as phenomena to be apprehended and signified. To achieve this, it is necessary to recognize the nucleus of the process of becoming ill, its power and its way of existing. “The illness lives there”¹ (p. 188). Therefore, understanding the process of becoming ill means thinking about the entire field of possibilities that is collapsing, making man move away from signification and communication.

In this context, the teachers' understanding of the interlacement between voice and emotions creates conditions for them to recognize themselves as active subjects who play a leading role in their health as a totality; subjects situated in the world who enable self-care. To health, it is necessary to wake the subject so that his experience of his own body is the experience itself, leaving the “doors slightly open” in the relationship with the world.

Final Remarks

The teachers' perception about the interlacement between voice and emotion based on Merleau-Ponty's phenomenology allows us to paraphrase the popular saying: “the voice is the mirror of the soul”.

This conception opens discussions about the way of understanding the teacher's process of health and voice disorder beyond the comprehension of the body as organic-biological. In this scope, the voice in its subjective dimension and as meaning can be revealed in the context of health, as the phenomenological approach, with its perspective of man and of a non-dichotomous science, which searches for the experience lived in the world, enables the creation of strategies of vocal health promotion and education that allow the appropriation of meanings and actions embodied in the world to minimize the interferences that, many times, hinder the professional exercise.

Based on the idea of a relational, ambiguous, complex, systemic "own-body", when the subjects talk about and express this body, this enables them to understand themselves, their lived experiences and the way in which these experiences foster health, quality of life and illness prevention. These considerations can contribute to amplify and deepen debates about public policies targeted at teachers' general and vocal health, as the voice is the body and the body is situated in the world.

Authors' contributions:

Brasil, CCP. Participated in all the stages of preparation of the article. Silva, RM. Participated in data analysis, discussion of the results, review and approval of the article's final version. Brillhante, AVM. Participated in data analysis, discussion of the results, review and approval of the article's final version. Melo, AK. Participated in data analysis, discussion of the results, review and approval of the article's final version. Batista, MH. Participated in data analysis, discussion of the results, review and approval of the article's final version.

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