

COPING WITH STUTTERING

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PREFACE:

I was 'different'.

My first recollection of this realization takes me back to a primary school class full of children seated behind tiny desks, arranged in a horseshoe pattern. We were busy with a reading lesson, and I was scared and felt helpless.

Everybody read in turn, down the row. It was almost my turn; two more to go. I looked at my watch, hoping that I would be 'saved by the bell'. I knew that the boy whose turn it was spoke very slowly. His turn always lasted a bit longer. Ten minutes remained of the period – maybe I could still make it.

But on that day the teacher cut the slow boy short. 'Mary', she called, and the girl next to me started reading with a clear voice. My heartbeat quickened and my hands became sticky. I fought

against the impulse to leap from the desk and run out of the classroom. I considered raising my hand to ask permission to go to the toilet, but decided against it. It was an excuse to be used sparingly, in case somebody became suspicious.

Inevitably my turn came. The teacher called my name and I froze. I knew I had a few precious seconds left until I had to read. In a perverse way I almost enjoyed these last moments of freedom and anonymity, which contrasted so sharply with what was to follow. But I dared not hesitate too long. Some of the children would otherwise look up irritated, wondering what was going on. Then they would see who was causing the delay, and they would think: Oh, it's him again.

So I began to read. To my surprise the first few words didn't sound that bad at all. It flashed through my mind that this was a good start and that I should just carry on like this - maybe it would be all right this time. The words came out jerkily, shakingly, but I carried on, clinging to the hope that the teacher would soon stop me or that the bell would ring. I reached the end of the first sentence, hurriedly scanning the letters and words in the next sentence: there were a few difficult ones, but I thought I would be able to pass them quickly. Then I froze: the word 'day', always a very difficult one for me, appeared close to the end. I continued ineptly, as slowly as possible, frantically hoping that the bell would ring in time.

On the word 'day', however, I stopped dead in my tracks, completely unable to pronounce the 'd'. I repeatedly pressed my tongue against my teeth, but to no avail. A deathly silence crept over the class. I sat as if nailed to my desk. I felt my cheeks reddening and my shirt stuck to the back of the seat. The class became restless. I could feel their eyes on me. Finally I made a last effort. An incomprehensible sound escaped my lips, but I had at least broken that terrible silence.

What was to follow, however, became a nightmare. Every word

towered insurmountably in front of me. I struggled and sputtered through the words, wondering when this would end and why the teacher allowed this to continue. I dared not look up, but could hear whispering in the class and some giggling, and got the impression that Mary, the girl next to me, felt uncomfortable about sitting close to me.

At long last the teacher, apparently quite unaware of my ordeal, called on the next pupil to continue. I didn't hear a word of what he read. My heart was beating in my forehead, and I wanted the earth to swallow me. Suddenly the bell rang. In my state of anxiety I jumped with fright, the shrill sound cutting through my head like a knife. As the class packed away their books I tried to regain my composure, fighting back overwhelming feelings of embarrassment, bewilderment and fear. What was wrong with me? I was able to speak reasonably well, though not perfectly, to my friends and my parents – why did my speech break down completely on the occasions when I needed it most?

These questions continued to haunt me through much of my later life. However, I soon came to know that there was a word for the affliction which was causing me so much misery. It was called stuttering.

At a later stage of my life I became intensely interested in the phenomenon of stuttering. I read all the relevant books I could lay my hands on, and found to my surprise that my increased knowledge and awareness helped me in managing my speech better. From this realisation grew another: that **WRITING** about the problem helped to exorcise the fears and stresses which had become part of my stuttering.

In the eighties I was also very fortunate to attend an excellent workshop for people who stutter (PWS). I completed the two-year follow-up course and became involved with self-help groups for PWSs.

This book is the product of those years. I am not a speech therapist, and this is not a scientific manual. I have tried, to the best of my ability, to make sense of the bewildering mass of existing views of stuttering, and have emphasised those approaches which I have found particularly useful. I have done this to inform and help those who desperately seek relief from this neglected and underestimated speech and communication disorder as well as their teachers, family members and friends – in short, everybody seeking information about stuttering.

One of the points of departure of the book is that more information about the disorder in itself already represents the first step on the road to improvement and control. Following the approach of self-help groups all over the world, the adult who stutters is encouraged to become an informed and critical client, to acquire more information about the different treatments and to accept co-responsibility for his speech. The person who stutters should in effect become his/her own therapist.

Stuttering is a subtle and very personal defect. For this reason several chapters are included in which PWSs discuss their experiences. My own experiences as a PWS are dealt with in the first chapter and in 'Breaking the Chain' near the end, in which I describe how I improved. I hope that these personal accounts will cast more light on the disorder and the problems the PWS may encounter in the course of his life.

Writing this book was an intensely enriching experience and part of an ongoing process of becoming both a better speaker and human being. There is probably a set of lessons accompanying every disorder, extending further than one could ever imagine.

Today I realise that even with all the misery it caused, stuttering also had something to teach me. For the adult PWS who wishes to achieve a lasting improvement in his fluency, working on his speech may not be enough. In my case I had to re-evaluate my view of life and life skills in an attempt to lower my tension levels.

I believe that this re-evaluation has not only improved my speech, but has also made me a better person.

Since the majority of people who stutter are male, the PWS will for the sake of convenience be referred to as 'he/him' in this book rather than 'he/she', 'his/hers', etc.

THE INVISIBLE CHAIN

I am a stutterer. I am not like other people. I must think differently, act differently – because I stutter. Like other stutterers, like other exiles, I have known all my life a great sorrow and a great hope together, and they have made me the kind of person I am. An awkward tongue has molded my life. ---

Wendell Johnson, formerly professor of speech pathology, University of Iowa

Stuttering had an effect on my childhood years – and that's putting it mildly.

My class marks were not particularly affected, but stuttering left its mark on virtually every other level. Worst were the reading lessons and other compulsory oral work in class. By far the majority of teachers were sympathetic, but they probably did not know how to handle children who stuttered. Like all the other children, I participated in oral activities. My speech, however, gradually deteriorated.

On a social level I became self-conscious about my speech. I preferred not having too many friends, and avoided social

contact as far as possible. I far more enjoyed solitary reading.

At the time we lived for some years in the Netherlands, and my parents approached a speech expert at the University of Amsterdam. She told my parents that the bilingualism in our household could be a factor in my stuttering. Children of embassy staff, for instance, frequently experienced this problem, she told us.

Well, that applied to me. Afrikaans was spoken in our home, but at school I only heard and spoke Dutch. The speech expert reassured my parents. She said my speech would without doubt improve as soon as we returned to our own language environment ...

First 'therapy'

It was not to be. Moving back to South Africa and entering high school in the early 60s did not make life easier. My speech steadily worsened. At age 13 I received therapy for the first time at a city university clinic. I was treated by a rather pretty student therapist in a white coat. She was very optimistic about my case. She told my parents that I was not a 'stutterer', but a 'hesitator', a distinction which, I later found out, has no basis in science or therapy, but did give me some hope at the time.

Most of the 'treatment' consisted of reading in front of the therapist; but some aspects were very unpleasant. On occasion I had to go on walks on campus with the therapist and address strangers, for example to ask them the time. The purpose of this was to make me less shy about my speech by stuttering artificially, even when fluent on that particular day. I found this extremely humiliating, and it only increased my shyness.

However, for a time the therapy was successful – for six months my speech was fluent. My reading in class had also improved, and the therapist discharged me as 'cured'. I believed that all my

problems were over.

But that was not to be. Reading aloud in the English class one day I was completely fluent, though I had a growing feeling that I would not be able to suppress the stuttering for much longer. Then came the word that led to my downfall. To this day I can recall the book we were reading: *The Black Tulip*. The word was 'carriage'. Then and there my own carriage bogged down in the mud, wheels and all, movement in any direction out of the question. Complete silence descended upon the class. When the teacher eventually asked what the matter was, one of the pupils replied: 'He got stuck, Sir,' as if it was the most common event on earth. Someone else simply continued reading.

The Black Tulip. A Tale of Two Cities. Minna von Barnhelm. The names of our prescribed books are forever engraved on my memory.

Today I understand why the effectiveness of that first therapy was only temporary. Stuttering treatment, in whatever form, tends to lower stress levels because of all the attention given to your speech. Outside of the clinic, however, all the usual stressors that maintain tension levels are still around. The result is that after treatment is terminated, your tension levels gradually rise again, thereby reactivating the stuttering reflex. (This theory of stuttering will be dealt with in later chapters.)

After this episode, going to school was more unpleasant than ever. In addition to all the other usual problems of the school years, I had to cope with my speech.

On one occasion our class staged a play. I only had to say one short sentence, but it was hard just the same. I tried my best for the dress rehearsal. The sentence was: 'I have never seen this place before.' When I said it, that incredible silence returned. Then I heard the hardly suppressed guffaws from all sides. Today I can laugh about it, but it wasn't funny then. It was the

beginning and the end of my stage career. Fortunately we only had one rehearsal. On the day of the performance I told my mother the whole story and she phoned the school to say that I was 'ill'. But that was not the end of it. That sentence must have sounded very funny indeed, because for some time afterwards it provided a source of great amusement for the other children. Often as we changed classes between periods one of the children would announce as we entered a classroom: 'I have never seen this place before' and be guaranteed a hysterical response from his class-mates.

However, I somehow managed to adapt to the circumstances – in fact I had no choice. Life goes on. I can remember how, every afternoon when school was over, I would deliberately push aside the morning's unpleasant experiences. But on the way to school by bus every morning, fear of the new day would raise its ugly head and I would tell myself: 'Oh well, from now until two o'clock it's a mess and I can't expect anything good to happen. I may as well write it off.' With this attitude I delivered myself daily into the hands of fate.

The bully boys

These three years, at a large boys' school, were the worst years of my life. At one stage one of the school bullies used me as a vent for his aggression. He and his henchmen took great pleasure in making my life miserable, and I usually spent a major part of playtime keeping my distance.

Now, when I think back to those years, I still feel some anger towards my childhood tormentors. I remember how I once battled my way through my reading turn. At one stage I glanced upwards and saw a boy staring at me. During my entire turn he looked at me like that. Usually the other children would soon notice that my facial contortions were not exactly pleasant to look at, but this boy must have found them fascinating. I wonder now what he was thinking then and what kind of person he later

became - maybe one of those scientists who experiment on rabbits and other animals.

I eventually learned not to look up as I read, as the reaction of some of the kids only upset me more. There were sneers, winks, and of course the incessant staring. The high school seniors, however, were more grown-up. By then I evoked sympathy, especially from the girls in the co-educational school I later attended. But I found their sympathy equally unacceptable. In any case it did not improve my speech. Teen movies tend to feature a 'boy with a problem' who finally succeeds in impressing the prettiest girl, but I certainly never had that experience!

As regards Sunday school – I never attended. I could not face all the oral work. I was never confirmed.

In my pre-matric and matric years my speech handicapped me to such an extent that I was excused from reading exercises and, in matric, from all oral exams. Naturally I said as little as possible in class. When asked a question by a teacher, I would pretend not to know the answer, unless I risked a hiding. Then I would grab the bull by the horns and utter the words as best as I could.

Existential stuttering

During those years my blocks were very intense. A major block is a frightening experience, also because you don't know what's happening to you. It's like suddenly losing a limb. Your speech lets you down, usually when you need it most. This so dismayed me that the experience became an 'existential moment'. It was as if time stood still, as if I was watching it all as in a movie, or in slow motion. You can't believe that it's happening to you.

Sometimes the thought flashed through my mind: This helpless embarrassment is the worst thing that can happen to me. Having realised this, I would then, ironically enough, experience an incredible feeling of freedom. It was as if this extreme emotional

misery simultaneously made one intensely aware of the wonder of life itself. The wood of my school desk as I clung to it, the brown cloth of the blazer of the pupil sitting in front of me, the posters on the walls – every detail was clear and sharp, unique, overwhelming. Only much later, after I started reading literature, did I realise that other people have also had such experiences, maybe not as stutterers, but in other intensely emotional situations.

Many years later I read that of all the traumatic incidents stutterers have to deal with, those in the classroom make the biggest impression. That makes perfect sense to me. At such a young age it is more important than ever to fit in with your peers. These traumatic experiences can leave lasting scars.

Fortunately my speech outside of the classroom was much better, so that home became a haven away from the unpleasantness of school. At home and with friends I spoke very rapidly and jerkily, with numerous blocks, but at least I could cope as long as the situation was relaxed. Gradually I became aware of the link between tension and stuttering. I adapted by avoiding stressful situations in every possible way.

The walking dictionary

I also discovered many other ways to avoid stuttering. Thus I discovered the wonder of the synonym; I became a walking dictionary and a master in the use of alternative words where a specific word or sound combination would otherwise present serious problems. As a side-effect of word substitution I acquired an interest in language and literature.

After matric I went to university in spite of some uncertainty around my career choice in the light of my speech problem. During that time many people remarked that my speech had 'improved so much'. The truth was that I had become increasingly successful at disguising my poor speech with word

substitution.

I realise today that successful word substitution does not mean that your speech has improved. But in those days I did not know much about stuttering. Consequently I believed that my speech was improving and that it would no longer be a hindrance after my graduation.

A fatal assumption! The truth is that approximately three-quarters of all children who stutter outgrow the condition before or during their primary school years. By the time you reach high school the chances of outgrowing it decrease significantly. For those who do not outgrow it, it usually develops into a persistent habit. Stuttering may even become worse as time passes. Many years later I met a company director in his sixties who stuttered badly. He confirmed that his speech had deteriorated in time, up to the point where he had to rely on a few trusted officials who conferred with clients on his behalf.

Eventually the blocks and fears of the older stutterer may become firmly established in his subconscious. Others, however, experience improvement as they get older. It may be that, in these cases, adulthood and career success result in increased confidence which in turn has a positive effect on tension levels.

Anyway, I decided to study law. The general opinion was that a legal qualification was very useful and suitable for so many careers. That may be so, but – much too late – I realised that all those careers require good communication skills! If I had known more about stuttering and its effects then, I would definitely have made a different choice. It only confirms the importance of proper career counselling and guidance for the young stutterer.

The legal escape artist

Disregarding my misgivings about what my studies would entail – questions asked in class by the lecturer, answering in front of

the entire class, oral examinations – I registered. On the first day of my course I approached the student dean with this request: permission not to do any oral work in class. He promptly approved, and during the first few years of study it went much better than at school.

But the whole set-up was somewhat distorted and artificial. Again I was 'different' from the other students. It was a form of escapism. At the beginning of each academic year the dean would inform all my lecturers about the issue, and nobody would ask me questions. I often felt excluded. The professors of law were otherwise particularly inclined to ask questions. In the large classes failure to ask me a question went unnoticed, but it must have been quite obvious in the smaller classes. I eventually presumed that everyone was aware of my 'secret'.

It also did not do my self-discipline any good – I often did not prepare because I knew that I would not be questioned. Some of the other students would engage in spirited debates with the lecturers on various legal issues, while I merely sat listening, gradually losing interest. If I can't even answer a question in class, I thought to myself, how will I ever be able to earn a living doing this?

Not being asked questions resulted in some embarrassing moments. On one occasion a lecturer started asking questions down the row. When it was my turn he simply skipped me and continued. I felt my cheeks glowing with embarrassment. Afterwards one of the students asked me what I had done wrong. He thought that the lecturer must have been very angry with me if he did not even want to acknowledge my presence!

The bullying lecturer

On another occasion – this was in the Afrikaans-Dutch Literature course – a new lecturer took over in the middle of the year and consequently knew nothing about the dean's instruction. He was

quite aggressive, this lecturer, maybe because he was young and inexperienced. On the very first day of his term he started questioning the students by referring to the class list lying in front of him. Suddenly he called out my name. The lecture hall was extremely large and could easily seat two hundred or more students, so I pretended to be absent. But he persisted: 'But where can this gentleman be? ... Where does he sit?' As he persevered, students started looking at me. Eventually I stood up. 'Oh, there you are. Why are you hiding? ... So, can you give us a brief sketch of the Movement of the Thirties and its major poets?'

It was more than I could cope with in front of those hundreds of staring eyes. 'No,' I answered abruptly and sat down amidst laughter: the students who did not know me must have found me quite ingenious – I obviously knew as little about the poets of the thirties as they did and I had had the cheek to admit it.

The lecturer, who had a ruddy complexion, turned an even brighter red and directed the question at someone else. But he was furious. Then minutes later I had another turn. 'Maybe you could tell us something about the poet D J Opperman?' Again I had to stand. 'N-No,' was the only word I was able to utter. I sat down with burning cheeks, feeling helpless and hopeless. But I was not to be let off the hook so easily this time. 'Let me see, surely you have a better answer than that? You've been doing this work for an entire term. And please stand up. What have you been doing this whole term? Hiding behind the pretty girls?' The class burst out laughing.

Afterwards I went to see him in his office and managed to clear the air. It made me feel somewhat better.

Tutorials presented another problem. They were usually conducted by part-time lecturers who were unaware of my speech problem, and rather than stutter in front of everybody I skipped most of these classes.

I must add that my speech was much better off- campus. In stressful situations, however, it was very poor – conversations with post office clerks, traffic cops, shop assistants, the lady selling film tickets etc. If they were impatient or rude, it only made matters worse. I avoided telephone conversations and public speaking as far as possible.

Telephone terror

For the stutterer, telephone conversations can be an enormous problem, perhaps because one relies completely on oral communication. The absence of alternative means of communication increases your tension level when speaking on the phone. In a face-to-face conversation you can potentially use gestures, facial expressions, vocal intonation or even writing in support of your speech. But on the telephone it's just you and your speech. Beyond the telephone an invisible being waits, a stranger perhaps, often in a hurry and unaware of one's limited speaking abilities.

As a child I had lived in fear of telephones. Those were the days of the black-coloured telephones with an ear-piercing ringing tone. Ours echoed mercilessly down the passages of our double-storey house. If I happened to be near when it started ringing, I quietly tried to get as far out of the way as possible.

That particular telephone made it its business to terrorise me. Its cradle was like the stubby horns of an animal, pitch black contrasting with the white wall of the passage.

As for public appearances – some stutterers do not find these difficult. Some can deliver a reasonably fluent speech and afterwards stutter badly in private conversation. For these stutterers, public speaking is not very stressful, perhaps due to the relatively impersonal and one-directional nature of a speech, or the position of authority in which the speaker temporarily finds himself. These speakers find plain conversation a much more

personal and complicated interaction with an associated increase in tension.

A world of fear

It is sometimes erroneously thought that stuttering is just a question of fear. This is a generalisation, though fear does play a role. There are good reasons for that fear. After all those years of stuttering you lose confidence in your speech. You are aware that you have problems with certain sounds, words or situations. The stutterer often senses when he is going to stutter. Consequently fear of the difficult sound, word or situation is part and parcel of stuttering. Unfortunately fear may become a habit, just like actual stuttering. Speech fears are acquired – and if acquired at a tender age, they can become extremely strong and persistent.

In fact, many stutterers experience the world as filled with fear – fear of embarrassment, humiliation, incidents, unsympathetic laughter, damage to self-image, loss of control.

There is fear of the unknown, of the future: What new demands will be made on your speech tomorrow? What new sentence construction will have to be produced? You don't know. You only know that you will stutter – sooner or later. No matter how good your speech that day, or even for a week – how long will it last? You know that you stutter, that your problem is still there.

Then there is the big, underlying fear, the fact you cannot forget: your speech is built on unstable foundations, and may desert you without warning. This knowledge has a crippling effect on everything you want to do, on your confidence and your self-image. The stutterer is tempted to believe that he is a coward; he struggles with all kinds of speech fears which the fluent speaker – and often the stutterer too – sees as absurd and insignificant.

Not to mention shame. Shame is one of the reasons why the

public is so unaware of stutterers and why so many misconceptions about stuttering persist. There is a strong tendency to hide the disorder – which only aggravates the stutterer's problems.

When I was younger, I denied that I had a speech problem. If I happened to come across a magazine article on stuttering, it upset me deeply and I would immediately put the magazine down without reading it.

The conspiracy of silence

Often family members, friends and colleagues are part of the problem. At the self-help group for people who stuttered which I later joined, a young man told the following story. He once met a girl who also stuttered badly, and they had an enjoyable discussion about the disorder. Soon afterwards an angry member of her family phoned him and gave him an earful. The attitude was: How dare you discuss this painful matter with her! How dare you remind her of it! It was very difficult to get in touch with her again. Over-protective family and colleagues virtually isolated her from the outside world. They would answer all her telephone calls. They were part of the 'conspiracy of silence' which so often surrounds the stutterer and which is maintained by well-meaning people who think that they are being polite and sympathetic.

To return to my years at university. I managed to obtain the BA (Law) degree with difficulty, and then registered for an LLB degree – in which oral examinations play a significant role. I will never forget the following situation: three lecturers sitting opposite me, cool and calm, not batting an eyelid as I struggled with the most awful blocks. Maybe they were simply being polite and did not want to respond to my struggles. Or maybe they believed in a kind of judicial neutrality, as in a court of law.

I remember the exact court case on which the professor

questioned me, concerning a woman who suffered from nervous shock after she had found a dead slug on the bottom of a soft-drink bottle. As a result she sued the negligent party for the medical costs. Jerkingly I explained the facts of the case. Miraculously I did not have a nervous breakdown myself ...

At this time I made a second attempt to improve my speech. After the dramatic failure of the attempt in my high school days, I was convinced that it was a psychological problem that had nothing to do with a speech disorder, and believed that I would recover spontaneously (a typical attitude for stutterers and an old trap into which many people fall!) or that the problem would disappear as adulthood increased my confidence.

Now I realise that stuttering is both a physical and a psychological problem. It falls into that 'grey area' between the two, which is probably one reason why medical science still finds it difficult to deal with it. After all medical science is traditionally divided between the physical and the mental – a division that is not exactly helpful in explaining stuttering.

Shrinking the stress

Anyway, I turned to a psychiatrist who supposedly had a good reputation in the treatment of stuttering. His treatment included self-hypnosis and was to an extent beneficial. He taught me how to relax, and my speech improved accordingly. I had to do relaxation exercises for an hour every day. Nevertheless the enormous effort which I invested in these exercises was not reflected in the results. I had to learn the hard way that stress control in itself is usually inadequate in the effective control of stuttering, although it is a valuable supplementary aid.

During this stage of my life I experienced a number of unexpected frustrations which made a great impression on me and further shaped my life. One evening at a party I met a breathtakingly beautiful girl in a white, semi-transparent dress. At

the time she was living with an actor, but she made it clear to me that she was tiring of him. (Usually my speech improved in the company of women – I found them fascinating and felt less tense with them.) I thought: This is my lucky day! But then she gave me her telephone number – I could phone her if I wanted to. Afterwards I racked my brain for a solution, but without success. I never saw her again. I could not make that call.

There were other limitations. I was very interested in politics, and all my friends were on the students' representative council. I would have loved to join them, as I was part of a group of Young Turks on campus. But making myself available as a candidate was impossible. All candidates had to be prepared to appear and be questioned at a mass meeting. A career in politics was out of the question.

During this period I had to turn my back on another opportunity. I was approached by a judge who needed a new clerk. The position of a judge's clerk is much sought-after by students, as it leaves one with ample time for studying. To my dismay I established that a judge's clerk has to swear in witnesses - in the presence of the whole court. I knew that I would be unable to do that, and asked my mother to inform the judge that I would 'rather concentrate full-time on my studies'.

The stuttering soldier

At one stage the army got hold of me, and I had to attend a number of military service camps. On the third day of the camp we had roll call. On hearing your name, you had to shout 'Corporal!' I anxiously awaited my turn and when it came, I could of course not get past the 'c'. At the time my stutter was very internalised, i.e. without external signs of struggle, and not a sound escaped my lips. The corporal marked me absent.

Immediately afterwards another corporal took over for a night exercise. I spent the night running around with a rifle and

worrying that I would be accused of being absent without leave. The next day I tried to find the roll-call corporal, but without success. Rude non-commissioned officers sent me from one officer to another, and each time I had to explain my story – with much stuttering. At last I found a lieutenant who was sympathetic. He sent me back to my barracks, where I had to explain, with much effort, why I had not attended the morning's activities! I discussed the problem with the new corporal and was told always to stand in the front row during roll calls so that I could be seen.

After my first year of LLB I left university to find a job that did not require too much speaking. I ended up at the magistrate's office. Usually people with my qualifications were appointed as prosecutors, but I asked to be a civil court clerk. I worked in a dusty room – fortunately it didn't have a telephone – facing a stack of files. I had to open each file, check it and place it in the 'out' tray. Checking a file required about ten seconds. At the end of the day my 'out' tray would contain hundreds of files. Each morning, hundreds of fresh files were waiting on my desk.

This continued for six months. I was then transferred to the filing section in the cellar of the building, where I didn't have to do anything at all, apart from supervising three black youngsters filing those same files in dusty, mice-infested cellars. I spent my days staring out of the cellar window – I could see a piece of blue sky, and nesting doves.

After three months of this I managed to escape. I moved to Cape Town, where I started work as a reporter at a newspaper – not as a general reporter (which would have necessitated using the telephone), but as a court reporter.

'Are you drunk?'

One incident from that period stuck in my mind. At the time I worked as a translator on night duty in the newsroom. This was

one place where it was difficult to avoid using the telephone, which rang all the time. Naturally I avoided this duty as much as possible. Then one night found me virtually on my own in the office. A female voice needed information. I started to speak, but became badly stuck. Suddenly the woman became furious. 'What are you saying?' she yelled into the phone, 'I can't hear you!' My words faltered clumsily. 'What is going on there? What are you doing? Listen, are you drunk?' I handed the receiver to a friend.

Shortly afterwards I married my first wife. I didn't make a speech at the reception, which was held at a private home. Some members of my family did, however.

I have no doubt that my speech problem had an effect on our relationship. My ex-wife had to make most of the telephone calls. In shops it was up to her to talk to the assistant. She had to order food in restaurants. And so forth. A dependency such as this can seriously harm a relationship.

After two years at the newspaper the stress of newspaper work started getting the better of me. (It's a vicious circle – stuttering increases your tension, which again impacts on your speech.) The news editor advised me to take tranquillisers, but I did not want to go that far – I felt that it would be the first step on the road to addiction.

So I resigned, as it seemed the only way out. In fact it only made things worse. I had recently married, but had no work or prospects. What kind of work could I do that did not involve speaking? My inability to use the telephone did not make me the ideal candidate. The sole solution seemed to be to return to university. However, I was unwilling to return to a campus university, with its lectures, oral examinations, questions and tutorials. So I registered with a correspondence university to complete my LLB degree.

I somehow believed that if I obtained this highly regarded degree it would be followed by a psychological miracle, that it would increase my self-confidence. (Another mistake! Yet again I was the victim of inadequate career counselling and ignorance about the disability.) Anyway, I spent the next few years studying in the Cape Town reference library. Fortunately I had saved some money for this, and also received financial assistance from my family.

Mister Gblogh

Life as a stutterer also had its lighter moments. One day a neighbour knocked on the door. He wanted to enquire about our rented house. I gave him all the information and he thanked me – and then asked me my name. There and then I had a terrible block and, instead of my name, uttered something like ‘gblogh’. The man responded quite seriously: ‘Well then, thank you, Mr Gblogh, until we meet again.’ He actually thought that was my name ...

This incident taught me something. A person who stutters tends to believe that the listener will react negatively. In reality this is not always the case.

At last I had something to show for my studies, and was admitted as an advocate in Johannesburg.

For me this was a moment of triumph, but it also had a sour note. I thought I looked like a vulture in my black advocate’s gown. I took the oath with one of the court officials, left the court and that was it. I was now an advocate. It was something – I had proved that I could pass the exams, although it eventually dawned on me that I had qualified to follow a profession for which my speech disorder had already disqualified me.

It may seem amazing that I made so many career decisions which, with the benefit of hindsight, were bad. On the other hand

one must bear in mind that stuttering is not yet universally regarded as a potential handicap. I did not make informed decisions due to my lack of understanding of the disorder.

It must also be said that some stutterers do manage to hold down a legal career – and I take my hat off to them. Much depends, however, on the nature of one's stuttering – for instance, whether the stuttering entails merely repetitions, or complete blocks that effectively leave you mute. For a severe stutterer to want to become a trial lawyer, with all the stresses concomitant with that occupation, is to prepare yourself for failure. Legal positions that require less intensive communication skills, such as that of a notary, conveyancer or contract lawyer may be more suitable occupations for stutterers.

'Have you hurt yourself?'

Back to my story: Shortly after this I again found work at a newspaper, and I recall a specific telephone conversation from this period. The assistant editor continually asked me to phone all and sundry, never realising that I found it an almost impossible task. (I found it difficult to tell my employers about my disability. They would only have replied: But your speech is perfect! – with no idea of the vast amount of word substitution and language strategies I applied in conversation with them. But even these tactics were worthless on the telephone, when the true stutterer was revealed.) My blocks were out of control. They went beyond the repetition of sounds; they effectively ended all speech.

Nevertheless, I had to phone someone in a civil service department. I tried to speak to a secretary, and blocked up. A grunting sound was all I could utter. At first the woman was baffled, then she asked worriedly: 'Have you hurt yourself?' She probably thought that I had been injured and was trying to make an emergency call from a public telephone ... I put the receiver down and told my boss that I could not reach the person. He

shouted at me – I was not the ‘newspaper type’, he said. I resigned soon afterwards.

During this period I had particular difficulty speaking English (my home language is Afrikaans). Many stutterers report this – they experience more problems with a language that is not their mother tongue, as they then have less confidence in their language and speaking ability. This causes their tension level to rise. Others may, however, experience the opposite: they reason that others know that it is not their mother tongue and do not set such high standards for their language ability. Consequently their tension level decreases. I always stuttered when speaking English, even in the simplest of situations. The same thing happened with other languages. Although I had studied German at school, I could never use it for speaking purposes.

The rule for me – and for many other stutterers, as I later discovered – was: The moment I entered a stressful situation, my speech problems became worse than ever. Yet one often has to rely on speech in these very situations. What kind of future does one have if you can’t rely on your speech, if it gets stuck with the slightest increase in your tension level?

The extent to which this limitation restricts one’s range of activities can be remarkable. I suppose that someone who has lost an arm or leg also finds that he lives in a much smaller world than others. Still, even though such a disabled person is much more handicapped, society in general recognises his disability. A communication disability, ie a hearing impairment or stuttering, is concealed, unknown – and standard demands are made of the sufferer. If he avoids these demands, he is too easily judged as ‘not having the personality’, or as weak or without initiative.

Growing older brings new demands. Suppose someone suddenly takes ill – imagine you have to phone for an ambulance? Or the police? This is why I tried to live very ‘safely’. When driving, I never exceeded the speed limit for fear that a

traffic officer would ask my name and address. At one time I always had a notebook and pen on me when going out in case I had to say something and couldn't.

It is difficult to stand up for your rights or make a point when you stutter. It is a nightmare to complain to a neighbour whose radio is too loud. It is then so much easier for the other party to overwhelm you with a mass of words.

The sadism of stuttering

It is a subtle disorder, tormenting you with refined sadism. Small talk can be a mixture of pleasure and frustration. One yearns to participate; a witticism waits on the tip of your tongue, but then, suddenly, fear confronts you. Daring to say something is like sticking your finger in a pot of milk to test the temperature. You could get scalded. There is always the risk of getting stuck in the middle of your sentence.

It often happened to me: a lively conversation, and at last I venture an opinion, only to come to a halt in the middle of a sentence. At once the convivial mood is shattered. An uncomfortable silence reigns. People don't know if they should help you – and often they cannot, because they don't know what you wanted to say – they look at you, and then they look away, and at last somebody begins a new subject, but the atmosphere has changed, the party is no longer what it was. The guests leave rather early, or leave the room to regroup in another – without you. The host won't make the mistake of inviting you again. Of course you learn not to open your mouth – and then you're not invited either.

My fear of the telephone also affected my friendships. As you get older, it becomes more difficult to arrive at someone's home without an appointment. You have to phone first ... by now most of my friends were lecturers, teachers, attorneys, advocates, doctors.

I bitterly envied them, especially as I was convinced that I was no less competent.

A trip overseas was, from a speaking perspective, an unpleasant experience. Under the added stress of unfamiliar surroundings my speech collapsed completely. My ex-wife had to make all the arrangements: buying tickets, organising accommodation, talking to customs officials, etc.

It could be argued that in such circumstances one has to resign oneself to one's fate. This, too, can be very difficult for stutterers. After all they often speak fluently and get the impression that their speech is improving. The stutterer finds himself in the frustrating position where a cure always seems to be dangling like a carrot within his sight.

During this period (1980) I heard for the first time of the visiting American Prof Martin F. Schwartz. I read a newspaper article about him. He was a research professor of surgery (speech pathology) and claimed that the cause of stuttering had been found.

The stuttering reflex is physical in its origin, he said. According to Prof Schwartz, the vocal cords of two per cent of the population are exceptionally sensitive to stress, not unlike the stress-induced neck, back or headache problems experienced by many people.

It sounded interesting. I thought: Why don't I try his treatment? I had nothing to lose. Prof Schwartz was due to visit South Africa again the following year to treat people. I immediately wrote to his South African representative and attended his January 1981 workshop.

The workshop was a watershed in my life. However, this is not to say that I found an instant cure for my problem. The workshop

rather marked the end of an era in which I viewed myself as a helpless victim of stuttering. It was the beginning of a profound process of confrontation with my problem, and of acceptance of responsibility for my speech. That is why I interrupt my personal account at this point. I continue the account in the chapter 'Breaking the Chain'.

BACKGROUND AND MISCONCEPTIONS

People who are not familiar with stammering have no idea what it is like to have a full-blown adult stammer. They think it is a small interruption of the speech flow, causing the speaker to feel vaguely inconvenienced and that sometimes it is done deliberately for effect. Little do they know...

- Ann Irwin, Stammering in young children

What is stuttering?

What is stuttering? Most normal speakers have encountered a stutterer at some point in their lives, and in many cases the meeting was an embarrassment for all concerned. But there are also different kinds of stutterers; there are those whose speech does not bother the listener, and there are those with whom communication poses a serious problem.

Many fluent people probably regard stuttering as an unpleasant speech defect. It's the type of problem your little nephew suffered from at school, 'but he has improved tremendously. Just listen to him speak now!' Few realise that this person may be using gimmicks to hide his poor speech – and that these gimmicks may in turn cause a variety of problems.

Or maybe a colleague of yours stutters at work. He is most

probably a very good worker, 'It's just a pity about his speech. He would have achieved much more if it hadn't been for his stuttering.' Or perhaps you notice the stutterer ordering food from the waiter in a restaurant, or a drink from the air hostess, or when you ask him for directions.

The difference(s) between the stutterer and non-stutterer

The first question that springs to mind is: What is the difference between a stutterer and other people? A fluent person may also 'stutter' – for example when he needs time to formulate his thoughts. The normal speaker may occasionally repeat a word or sound: 'I-I'm leaving on Wednesday' or 'But, but I still feel you should go home now.' The fact is that fluent speakers do not always speak fluently. But compare this normal dysfluency with that of the stutterer:

He might say: 'I-I'm lealealeaving on Wwwwwednesday.' Or else he can say the sentence perfectly, but only after distorting his face or stamping his foot. Or else he may reverse the word order in an attempt to make the sentence easier to say: 'Wedwednesday I'm leaving.' Or maybe he can't utter the words at all – his tongue 'freezes' against his palate, or his lips refuse to part, leaving him temporarily mute.

The term 'stuttering' therefore is a misnomer that contributes to the general confusion. This term incorrectly implies that the disability consists only of sound and word repetition. In fact it also includes elements such as avoidances and secondary stuttering behaviour (see below).

Experts disagree on the exact feature or features that distinguish the true stutterer from other people. However one may safely state that the 'stutter' of normal speakers can be controlled if the speaker makes a real effort. In the case of the stutterer, control is not as easily achieved.

One reason for the misconceptions about stuttering is that most sufferers do not stutter all the time. Stuttering is intermittent. A stutterer may speak fluently for several sentences; then suddenly he starts stumbling over his words. His speech may be completely normal when talking to his wife or friends; but not when he has to address strangers.

Stuttering in history

Stuttering is as old as mankind. Moses was 'slow of speech and of a slow tongue' and asked his brother Aaron to speak to the pharaoh on his behalf, and later to read the Ten Commandments to the Israelites. The famous orator Demosthenes may have stuttered as a child, but improved his speech by placing pebbles in his mouth while speaking, reciting poems while out of breath and attempting to make himself heard above the roar of the waves.

Charles Darwin, Thomas Jefferson and the authors Somerset Maugham and Nevil Shute stuttered, while Charles I of England only stopped stuttering after losing his head! George VI, king of England during the Second World War, commanded respect for the speeches with which he inspired his subjects in spite of a severe stutter. The prolonged m-sounds of Winston Churchill ('MmmmmmmEngland will never surrender') were remnants of a stuttering problem overcome during his adolescence.



It is even possible that Marilyn Monroe's famous breathy way of

speaking was the result of a technique to master a stutter. The American singer Carly Simon started stuttering when she was six years old. The author John Updike also stuttered.

Tennis star Boris Becker stutters when exposed to severe stress. Other famous stutterers include the Roman poet Virgil, the Roman emperor Claudius and the Dutch scholar Desiderius Erasmus. So the present-day stutterer finds himself in good company.

... but were they *real* stutterers?

Many books and websites on stuttering emphasise the long list of famous stutterers in history, understandably in an effort to encourage those who stutter and showing them that success and fame is possible in spite of the disorder. Using famous or successful stutterers as role models is, however, not without controversy. Some stutterers feel that the circumstances of each stutterer is unique and that people should not be compared in this way, pressurised to follow another's footsteps and made to feel guilty if they are unable to live up to these standards.

Others, again, argue that we should learn from those who stuttered and managed to achieve success. An interesting possibility is that the professional success achieved by some individuals in their particular field results in a 'virtuous circle', where increased confidence due to the success leads to lower tension levels, which in turn result in improved fluency.

In recent times some doubts have also been raised on whether some of the famous stutterers of history really stuttered. In some cases it would seem that the individual only stuttered as a child and eventually outgrew it, as do about three-quarters of all stuttering children. In other cases the stutter may have been relatively slight and not debilitating. So the claim that a famous person 'stuttered' should be handled with some caution.

A source of entertainment

It did not take long for humankind to discover that the stutterer is an excellent source of entertainment for less sensitive souls. In the time of the Roman empire, crippled and disfigured people were displayed in cages along the Appian Way. One of these unfortunate souls, 'Balbus Blaesus, The Stutterer', made a living by attempting to speak whenever a coin was tossed through the bars. In the Middle Ages, many court jesters who amused the rich with their jokes, comical behaviour and speech, also stuttered.

Traditional remedies...

Stutterers often had to endure dreadful treatment. A variety of traditional remedies featured nauseating objects to be eaten or drunk, such as goat's manure. In other communities huge quantities of purgatives were administered. In Japan, stutterers were forced to douse themselves with ice-cold water while exposed to winter winds in order to improve their willpower. In the Middle Ages, 'treatment' included burning the tongue with a hot iron.

At various times and places these unfortunates had to eat raw eggs, frogs' tongues, a black cat's flesh at midnight, or a snake at half-moon. Primitive superstition from a vanished era? The reader who believes that these remedies have fallen into disuse is referred to a letter which appeared abroad in a medical magazine in 1950, in which a patient reported enduring a severe thrashing in a deserted church in an attempt to get rid of his stuttering.

Many of these treatments were based on the concept that stuttering was a kind of language perversion, or devil's language, or simply a bad habit to be eliminated as quickly as possible.

The well-known scholar Dr Charles van Riper writes in his *The*

treatment of stuttering about a patient from Arabia who mentioned that, according to his community's religious views, God is present in those who can exercise control. The opposite also holds true: if you can't control yourself, you are under the influence of the devil. As a result, those afflicted with epilepsy, cerebral palsy and stuttering are shunned and thought to be possessed by the devil by the simple people of his country. The patient told how women would grab their children and run away in terror when they heard him stutter.

To this day some parents punish their children when they stutter. The history of folk remedies for stuttering is a sorrowful tale, with few successes, endless disappointments and increasing misery for the stutterer.

Not that all traditional treatment was by nature unpleasant! Van Riper tells of a 'therapy' that was apparently common in Arabia: A boy who stuttered was not treated until he turned sixteen. He was then taken to a brothel, where it was expected of him to speak continuously while having intercourse. It may have worked for some, but this particular patient said that it only caused him more problems. He was unable to have sex, and afterwards remained impotent for a considerable time.

Chronic stuttering is a persistent problem, and unfortunately many quacks and crackpots use this persistency to line their pockets. Beware of uninformed 'experts' offering expensive treatments on the internet and YouTube! On the other hand one should guard against the other extreme of rejecting all new therapeutic approaches. One should remain open-minded about new and improved treatment methods.

A feature of stuttering is the temporary relief provided by successfully reducing stress levels in one way or another. Exploiters easily cash in on this and thus benefit from the disability. The quack usually has a superficial knowledge of stuttering which he uses to manipulate the stress levels of

trusting stutterers. For the same reason stutterers are easy prey for faith healers, commercial hypnotists and enthusiastic, but uninformed amateurs. This leads us to the next topic.

Lay opinions on stuttering

Lay opinions on the origin and treatment of stuttering abound. Many people believe that all stutterers are shy, or insecure or lacking in confidence and that this is the cause of stuttering (in fact these 'causes' are usually consequences of the disorder). That was what my English teacher thought in high school. When it was my turn to read aloud in class, I could usually not manage to utter a single word. At this point he would look up and say: 'Oh, you're the shy one,' and instruct the next pupil to continue.

In the Netherlands one of my primary school teachers told me that my stuttering was just affectation. She must have been about forty, a desiccated figure with blue eyes, a slack mouth that never laughed and a weak chin.

At worst people think you are mentally handicapped, or scared. Unfortunately these views are occasionally reinforced by less talented writers who conveniently revert to the stuttering character when their imagination fails them. Time and again a stutterer is ridiculed in a film or TV series. Such portrayals reinforce the stereotype: a superficial and ignorant view of stuttering as a silly and mirth-provoking habit that is easily or mysteriously overcome, for example when the character meets a pretty girl.

A sense of humour?

The stutterer should not lose sight of the importance of a sense of humour, and the dangers of hypersensitivity. Over-seriousness can only result in increased stress levels that will negatively impact on stuttering. Those working in the entertainment industry should, however, apply higher standards

of social responsibility and sensitivity when dealing with human disability. Fortunately in recent decades some films have explored this issue with great skill and intelligence. One only has to think of Children of a lesser god (deafness), Rain man (mental handicap) and My left foot (cerebral palsy) to appreciate what can be achieved when film producers do their homework on a specific disability before shooting the film.

Jokes about stuttering abound. The classic joke is surely the one about the stutterer who wants a haircut. When he stammers his way through an explanation of how he wants his hair cut, the barber also responds with a stutter. The customer feels that he is being made fun of and assaults the barber, only to discover that they both stutter.

Jokes like these pose a moral and ethical problem. They belong in the same category as racist jokes, jokes about cripples, the blind, the demented, etc. On the one hand some of these jokes are truly funny; at the same time they feed on the suffering and misery of others. I don't know the answer; I only know that certain jokes no longer make **ME** laugh.

This does not mean that stutterers should not have a sense of humour. Eventually I also learnt to laugh at some stuttering jokes – but that was after my condition had improved. Prior to really facing my stuttering such jokes were deeply painful to me. At a later stage I nevertheless began to realise that a lot of the laughter around stuttering was not malicious.

It should be noted that the non-stuttering community's response to stuttering is not always negative. According to Zulu tradition, stuttering is a sign of wisdom. This conviction may be related to some modern studies that indicate that stutterers as a group are of above average intelligence.

Some people believe that they have found a short and sweet solution to the problem. One of my teachers used to press his

big, heavy hand down on my head when I really got stuck. This was such a strange experience that I actually spoke more fluently for a few seconds.

Much later I realised why this hand pressure sometimes worked. It was a distraction that caused my tension level to drop momentarily, and this drop in tension released my vocal cords which had locked.

On another occasion with a different teacher I was obliged to stand up and attempt a stammering translation into German. The teacher stopped me and told me to breathe deeply before speaking. All eyes were on me, and I did as I was told. To my surprise my fluency improved, and the teacher was obviously very pleased with himself. He told the class that 'it always works'. At home I told my parents about it and they were delighted. I was convinced that all my problems had been solved.

Two days later I was back in the German class. This teacher was in fact a bad-tempered individual, and we were all terrified of him. He had the habit of strolling past the desks with his cane, and if you didn't know the correct German plural form you would be given a good thrashing. When my turn came to answer, I was very nervous. 'Das Kind!' he roared. My answer was an incomprehensible stammering. 'Breathe deeply,' he shouted, but by then I was so tense that I could think of nothing except stuttering. The teacher attempted his primitive therapy several times, but in vain. Eventually he left me seated at my desk, probably outraged by the additional irritation of having his therapy fail in the presence of so many witnesses – and continued terrorising the other boys.

I could have crawled into the ground with shame and frustration: because I knew the answer, but could not say it; because I could not get the 'breathing' right; and because my speech had exempted me from a hiding. This last fact did not escape the attention of the classroom bullies, who almost daily endured the

teacher's caning, and automatically exposed me to the most damning charge of all: weakling, sissy, coward.

The German teacher, as so many people at the time, had no inkling of the link between stress and stuttering. Even so I would not want to judge these amateur therapists too harshly. Like so many stutterers and their families, not to mention society in general, they were – are – simply ignorant.

The miracle cures

In spite of this ignorance it would seem that some people have benefited from lay methods. I have known a medical practitioner who overcame his stutter. He told me that he was cured by a teacher who believed in the sink-or-swim approach. This teacher forced him to speak out in class, to read aloud and to give speeches as often as possible, apparently on the assumption that this would make him less shy. He described this therapy as hell on earth, but it did cure his stutter.

Similar cures, though few in number, do appear in the textbooks on stuttering. How can this be explained? It may be that the enforced public speaking improved the doctor's confidence, thus lowering his tension levels below his threshold (see the chapter 'A Possible Cause of Stuttering' for details of this theory of stuttering). Consequently the stuttering reflex was not adequately activated and in time disappeared.

This is not to say that forced speaking will benefit all stutterers. Forced public speaking may well be so traumatic as to increase tension and aggravate the stutter.

Can stuttering be cured?

Children

Fortunately approximately three-quarters of all stuttering children rid themselves of the disability (with or without treatment), usually before or during their primary-school years. However, those who do not outgrow it become chronic stutterers.

Consequently it is of utmost importance to eliminate stuttering in a child as quickly as possible before it becomes a deep-seated problem. The general rule is: The older the person, the smaller the chance of overcoming it completely and the more difficult the treatment.

Adults

Adults who stutter have a chronic problem. The disability is deep-seated and is moreover 'fed' by the everyday tensions to which stutterers as well as fluent speakers are exposed. The negative psychological and social consequences of stuttering also contribute to tension, which feeds the problem.

Due to the fact that stuttering is stress-related, a lasting and complete cure is usually difficult to achieve. However, much can be done to reduce and control stuttering and stress and reduce their detrimental psychological and social consequences. Nevertheless effective control of stuttering usually requires a great deal of effort by the stutterer and depends on several factors, for example the individual's sensitivity to stress, the strength of the vocal cord closures, personal determination, the quality and comprehensiveness of therapy and support et cet.

Why do more men than women stutter?

Statistics indicate that approximately five times more men than women stutter.

The exact reason for this is unknown. Prof Martin Schwartz, however, believes that men and women react differently to stress. According to him a woman's stomach muscles are more sensitive to tension than a man's. In the same way a man's vocal cords are more sensitive to tension than a woman's. According to him male genes are especially susceptible to this disability. Schwartz also points out the fact that the male larynx (the part of the throat and windpipe containing the vocal cords) is shaped differently to that of the female larynx and more inclined to lock.

No difference apparently exists between the stuttering of a man and a woman. However, it may be that the emotional burden of stuttering is more difficult to bear for a woman. Traditionally a woman is expected to be pretty and attractive.

The percentage of stutterers in the population (at any rate in the USA) has remained constant for several decades, ie approximately three per cent of all pre-school children and one per cent of adults. Apparently the problem occurs in all cultures, although it seems that there are fewer stuttering children in communities that do not demand such high speaking standards from their youth.

There are indications that certain Native American communities have fewer stutterers due to their lifestyle and culture. Research has shown that these Indians, in their own culture anyway, do not speak under conditions of stress unless they want to. When asked an important question, they feel under no obligation to answer quickly. The speaker will think about the problem for a long time until he feels ready to answer – and often his answer will not include any proof of his opinion (just think about those old Western movies, and how leisurely a meeting of Red Indian chiefs is conducted! In these circumstances there is obviously a minimum of pressure on a speaker).

The traditional fate of the chronic stutterer

Above it was stated that control should be a far more important goal for the adult stutterer than a permanent cure. One of the problems faced by the stutterer is that he usually lacks adequate knowledge of his disorder. In addition his expectations of therapy are often unrealistic. Some stutterers consult a speech therapist expecting to be cured ... only to be discouraged when they discover that completely fluent speech remains out of reach.

Moreover, stutterers do not always realise that speech therapists are not miracle workers. We are not dealing with a purely physical problem that can be cured by a pill, injection, operation, etc. The speech therapist is not a doctor. Apart from physical factors, stuttering also involves psychological factors related to the total human being: his stress patterns, personality, environment, value system, etc. In addition a large part of stuttering consists of learned behaviour and conditioned responses. As a result treatment can become very complicated.

In this way a truly tragic situation may develop: people going from therapist to therapist, and in the process becoming disillusioned or bitter. A member of the self-help club I joined had seen more than forty therapists in the course of his life. Most of the other members told of years of treatment.

But this also contains a cruel paradox. Often the stutterer experiences a dramatic improvement in his speech in the early stages of treatment. The patient feels new hope and optimism; at last he has found a therapy and a therapist that can help him! Unfortunately this does not last. A short-lived period of improvement is again followed by a relapse. What causes this temporary improvement?

Prof Martin Schwartz has an interesting explanation for this phenomenon. According to Schwartz the temporary initial improvement can simply be attributed to lowered tension levels. The mere fact of receiving treatment – regardless of the type of treatment – may temporarily lower the patient's base-level

tension (see the chapter 'A Possible Cause of Stuttering' for an explanation of this important term). This occurs because some guilt and other negative feelings are discharged during therapy. Sometimes the result is such a drastic improvement in the patient's speech that he feels he no longer needs therapy, and terminates treatment. However, as the stutterer is again exposed to everyday tension and stress, his base-level tension gradually increases to the point where his vocal cords are affected. The result is a deterioration in his speech as he ends up yet again in the vicious circle of stuttering: more stuttering results in more tension which produces more stuttering.

Alternatively it often happens that the stutterer quickly becomes used to the therapist, so that his tension level decreases to such an extent that he becomes fluent in her presence. A therapist lacking proper insight into the nature of stress may then conclude wrongly that treatment has been successful, and discharge the stutterer, unaware that he will again experience all his former stress responses in conversation with people outside the speech clinic.

As a result the stutterer's self-confidence decreases even more; not only is he unable to speak properly, but he sees himself as a therapy failure, because he was unable to progress. After a few similar failed attempts he decides that his specific case seems hopeless. He comes to terms with his fate and adapts as well as he can to the difficult circumstances.

He may choose a type of employment in which he only has to talk to a minimum number of people, often with a small salary and few chances of promotion. Often his employer intentionally hides him from the public eye. Someone who stutters does not make a good impression on customers – and the company does not want to frighten them off. And in his social life he may cling to a few sympathetic friends in whose company he is not tense. He is forced to live in a small, limited world.

Seen from the outside, things are not that bad for the stutterer. He has created his own stable world in which he can be relatively happy, provided that he remains within its boundaries. Often it is as if he never stutters, because he has found all kinds of ways of concealing it. But if you could read his thoughts, they would tell a different story. Buying stamps at the post office may demand immense preparation and various coping techniques. Making a simple, but necessary telephone call may present enormous problems.

The stutterer will spend a great deal of time avoiding such situations. In fact many stutterers are dependent on a specific group of people – usually the immediate family or friends – for help in difficult situations. Often people in this group do not realise their importance to the stutterer.

Opportunities for embarrassment are never-ending. I am convinced that many stutterers could write a book about the traumatic experiences they have been subjected to. In fact quite a number of such books have been written. An acquaintance of mine who stutters told me that as a child he attended a magician's performance. He sat in the front row and the magician suddenly asked him his name, intending that he participate in a conjuring trick. A very unpleasant scene followed. The boy stuttered on his name for about thirty seconds, the other children burst out laughing and he ran out of the hall in tears.

It therefore comes as no surprise that speech pathology textbooks are filled with psychological reactions suffered by stutterers: fear, social anxiety, insecurity, guilt, frustration, aggression, poor self-image, you name it. Often the stutterer resorts to alcohol abuse or other means of escapism. I have known stutterers in self-help groups who have admitted contemplating suicide due to stuttering. No doubt some suicides are linked to stuttering, as is apparent from an article in *Speaking Out*, the magazine of The British Stammering Association, Summer 1993, page 5.

In this chapter we reviewed the general and social dilemma facing the stutterer. As is the case with a number of disorders, for example epilepsy, the affected person is to some extent a victim of the social consequences of the condition rather than of the disorder itself.

THE TRICKS OF THE TRADE

Avoidances - speak now, pay later

The stutterer sometimes needs to plan in detail in order to cope. Case history: Mr A is a clerk at a large banking institution. He works in an open-plan office with three colleagues and they share a telephone. Mr A has unobtrusively positioned his desk so that his colleagues sit closer to the telephone than he does and therefore answer most of the calls. Usually there are no problems, but there are times when he is the only one in the office. For Mr A this is an unbearable situation. As soon as it happens he leaves the office, ostensibly to go to the toilet.

This is known as **avoidance behaviour**. Avoidances can be very time-consuming, expensive and exhausting.

Word substitution - the use of an alternative word for one that is difficult to pronounce – also represents a type of avoidance. With skilful language substitution the listener will not easily become aware of the ‘brain gymnastics’ being performed by the speaker. But often the search for safe words fails. A sentence like ‘At what time are you going home?’ can still easily be changed to ‘When are you going home?’; but in other cases the stutterer may have to use peculiar language. A good example is that of the person who, instead of saying ‘at eleven’, speaks of ‘the hour after ten’ or ‘the hour before twelve’.

Language substitution can be a real hindrance. While fluent people can concentrate fully on the topic of conversation, the stutterer may have to search frantically for alternative phrasings. Another problem is that ***avoidances tend to reinforce speech fears.***

As a result the general wisdom within the stuttering community is that you should not avoid. This is a good guideline, but should be qualified. Telling a stutterer not to avoid and to rather stutter, is like telling a soldier to fight without giving him a weapon. A stutterer should indeed not avoid – he should rather be taught a fluency technique and use it instead of stuttering. Requiring from the stutterer to face his fears without providing him the benefits of a fluency technique, may have the effect of increasing his fears, thus increasing the stress and causing more stuttering.

The consistent stutterer tends to use fewer avoidances. This is because the consistent stutterer has discovered that he will stutter anyway in spite of using synonyms and other gimmicks. Situational stutterers, ie those who only stutter in certain situations – and they seem to be in the majority – do have some fluency and can better hide their stuttering.

That does not mean that the life of the situational stutterer is necessarily easier than that of someone with a more severe, consistent stutter. The situational stutterer may lead a double life – that of both stutterer and fluent speaker – and is often not as well adapted to the defect as the consistent stutterer who stutters on almost every word. Because his speech can be so fluent, the public often finds it difficult to believe that the situational stutterer does in fact stutter.

Distractions and secondary stuttering behaviour

Through the ages stutterers have used distractions to improve their speech. Anything that distracts the attention for a moment from the feared approaching sound or word can break the block – possibly because, according to Martin Schwartz's theory, the person's tension level is momentarily lowered so that the vocal cords are released. Many stutterers will quickly touch an ear, scratch their head or blink just before speaking. It is seen as normal and socially acceptable behaviour. However, such

gimmicks tend to become habits in themselves because the stutterer becomes so dependent on them.

What happens next is that the stutterer tends to use distractions of increasing strength because he has gradually become so used to the original distraction that it has lost its effectiveness. Unfortunately the stronger distraction is often more noticeable and consequently socially unacceptable. The initial innocent touching of the ear may turn into an apparently meaningless arm movement; the unobtrusive wink can become a tight closing of the eyes; what was formerly an unobserved foot movement becomes a dramatic stamp of the foot. In this way such unnatural behaviour, also known as secondary stuttering behaviour, becomes part of the whole stuttering problem.

Distractions can assume the strangest forms. Prof Schwartz writes of a patient who could only speak if he threw a pencil up in the air before starting a sentence. A fountain pen or ballpoint had no effect – it had to be a pencil!

Just about anything can serve as a distraction. Intense emotions such as anger or aggression can distract one's attention; in fact some stutterers gradually 'learn' to act aggressively just to distract their attention from stuttering. The speech block in itself can also be a distraction. Some stutterers speak extremely fast to distract themselves – the mere speed of their speech distracts their attention from the feared words or sounds. But at the same time they become used to fast speech, which increases the burden on the vocal cords and results in 'speed stress' (see the chapter 'A Possible Cause of Stuttering').

One of the ironies of stuttering is that ***even tension, which usually makes stuttering particularly bad, may serve as a distraction***. In his book *The nature of stuttering* Van Riper tells of one of his patients, a member of a submarine crew, who discovered a sudden fault in the machinery of the submarine. During this emergency he gave, much to his own surprise, a

rapid series of orders under great pressure without getting stuck (although his hair apparently began to turn grey afterwards!). The severity of the crisis had prevented him from thinking about what he was saying ...

A speech therapist from the Netherlands remarked being struck by the fact that his patients had few speech problems during the time that Germany invaded his country (May 1940). During a three-week period in which the entire country was in chaos, his patients also stayed away from his consulting room. Gradually the situation stabilised and ordinary life was resumed.

When his patients returned, they more often than not said that their speech had been excellent during that period. One of them explained it this way:

What is happening now is of such magnitude that one's personal problems seem insignificant. When the survival of one's country is at stake, one's personal difficulties become unimportant.

(P Faber, *Achtergronden van stotteren en spreekangst*, 1979)

Even a fluency technique taught to a stutterer by a therapist can serve as a distraction, resulting in a temporary improvement in his speech – not necessarily due to the effectiveness of the technique, but because it distracts his attention from feared sounds. This feature complicates the extent to which the effectiveness of techniques can be proved.

The lengths to which people will go to rid themselves of stuttering defy credibility. Schwartz writes of a patient who changed his entire environment for the purposes of distraction. He not only changed his name, but his employment and city of residence as well – the novelty distracted his attention from his speech. Naturally the improvement did not last long.

A distinction should be made between indirect or 'psychological'

methods of overcoming blocks, for example distractions, and 'physical' methods.

For example, some stutterers cough or speak very loudly or shout to help them speak. These may be physical methods of forcibly opening the vocal cords. And those who use the last remnants of air in their lungs to speak without stuttering, are making use of the natural opening of the vocal cords immediately before breathing in – it is a physical fact that the vocal cords open as a first step in the process of breathing in.

And the explanation for the ability to speak fluently after swallowing, is that the vocal cords lock as one swallows to keep food out of the air passage. After swallowing the vocal cords open automatically so that normal breathing can resume. The stutterer therefore uses this normal opening reflex to neutralise vocal cord locking. Unfortunately these gimmicks are of limited use to the stutterer – they don't always work, and can become a habit and part of the whole stuttering problem.

THE RISE OF FORMAL THERAPY

The development of formal stuttering therapies

Until the 19th century, formal stuttering therapy was primarily left to doctors. An example of 'treatment' at the time was to operate on stutterers. The root of the tongue was sliced through and some tissue removed. As it happened people stopped stuttering for a while after such operations, probably because it was too painful to speak too much or too fast. Enthusiasm for this procedure declined soon after it was established that the benefits were temporary. In addition a number of patients died due to subsequent infection of the tongue.

The second half of the 19th century saw the start of the development of speech pathology as a field of study in Germany. Formal stuttering therapy as an independent school of thought took root in the first few decades of the 20th century. In America – currently considered by many as the leader in the field of stuttering therapy – the first university course in speech pathology was introduced in 1924. For the first time the search for the cause of this disability was conducted scientifically and approaches to treatment developed systematically.

The psychological approach

During these first decades the search for the cause and treatment of stuttering was to a large extent influenced by the

emerging field of psychology. The psychological approach was supported by the rise of the theory of the subconscious, which by today has found general acceptance. According to this theory, man not only possesses conscious thinking processes. He also has an underlying consciousness, somewhat like the memory of a computer, storing every day's experiences – including the unpleasant ones – in the brain.

The belief was that with the passing of years, all kinds of conflicting information or old traumatic experiences in this subconscious part of the mind could result in subconscious conflicts, which were revealed in stuttering behaviour. It was believed, for example, that the stutterer finds it difficult to say certain things such as his name because he cannot or does not want to say them on a subconscious level.

Stuttering was accordingly viewed as a symptom of more fundamental, deep-seated psychological problems from which the patient was suffering. The logical outcome of this approach was that the therapist should treat the patient psychologically to remove these underlying conflicts. Amongst other things therapists used psychoanalysis to search for old, frightening experiences from the past which were supposedly locked up in the depths of the subconscious mind. Some stutterers even received electric shock treatment for their problem, but without success.

It is easy to understand why the cause of stuttering could be studied psychoanalytically. Suppose you were a psychologist approached for help by a young man who told you that he only stutters in the presence of pretty girls, but never in the company of older women! Someone lacking a deeper insight into the functioning of tension and stress would perhaps think that this patient has a deep-seated problem with pretty girls ... the next step would be to reason that something had gone wrong with this person's psycho-sexual development and that the theories of the founder of modern psychology, Sigmund Freud, could be

applied to him.

It is however interesting that Freud himself had no success in treating stutterers. He later mentioned that psychoanalysis is not the correct treatment for this disorder. Unfortunately many of his followers disregarded his advice, in spite of the fact that, in general, psychoanalytical treatment failed to have the desired effect.

Standard psychological tests later indicated that the majority of stutterers are not at all more neurotic than the rest of the population. Most experts therefore currently accept that the psychological component of stuttering was overemphasised in the past and that the primary cause of stuttering should not be looked for on a psychological level.

This does not mean that psychological factors do not play a part in stuttering. Psychological factors can contribute to stress. This means that psychological factors can indeed be a contributing cause of stuttering. Moreover, stuttering may have psychological consequences, such as a poor self-image, neurotic behaviour, frustration, speech fears, shyness, etc.

In some respects the psychoanalytical approach was detrimental to the stutterer. He was branded as mentally abnormal – a stigma from which to this day he has not been able to escape completely.

Stuttering is not the only disorder that was formerly wrongly viewed as an ultimately psychological problem. Tourette's syndrome, a neurological disorder characterised inter alia by involuntary swearing or other noises or convulsions, was originally also considered to be a psychological problem. Today many experts also view dyslexia as an organic, neurological defect rather than as an emotional one.

When one looks at a stutterer experiencing a serious block, it is

easy to conclude that he is a bit peculiar. But the stutterer experiences it differently. To him a block is a dramatic event. He was after all in the process of saying something, and he wants to complete his sentence. Saying that difficult word becomes a personal challenge.

The ‘traditional’ approach

The psychoanalytical approach was accompanied by the so-called traditional approach. The traditionalists were more interested in the actual stuttering behaviour than the so-called ‘underlying psychological problems’ of the stutterer, and they tried to do something about the stuttering itself. These experts, including the aforementioned Dr Charles van Riper – himself a stutterer – emphasised that on a basic psychological level the stutterer was as ‘normal’ as fluent speakers and that symptoms such as speech fears, a poor self-image, etc were the result rather than the cause of stuttering. They asked: How can you develop a healthy self-image and self-confidence if your ability to speak may at any moment grind to an unexpected halt and result in embarrassment?

The behaviourist approach

A subsequent sub-approach to rise to prominence in the field of psychology was the study of behaviour, or behaviourism, which also presented new insights on stuttering. These experts were not interested in subconscious conflicts. They claimed that stuttering is learned behaviour and therefore a habit. Thanks to this approach we now know that a significant part of stuttering – much of the actual struggle behaviour as well as the many speech fears – does indeed consist of habits acquired in the course of time. The big question that nevertheless remained unanswered was: What exactly is the stutterer struggling against?

The organic approach

Nowadays the experts are also interested in a potential organic or physiological cause. This approach has its origin in the theory that was held to be valid for more than a thousand years, namely that it is the tongue that lies at the root of the problem. The infamous operations on the tongue as mentioned previously were based on this theory.

The organic approach also yielded important results. Experts point out that the incidence of stuttering is higher amongst identical twins than non-identical twins, and that the disability tends to occur in certain families. This does not mean that stuttering as such is hereditary – it rather indicates that the predisposition to stutter is genetically transferred. In other words, the potential to stutter is inherited, but this latent potential is not necessarily activated in everybody.

Some experts working in this field moreover indicate that the disorder is apparently activated during childhood by some or other form of pressure or stress, for instance the additional pressure on the child's speech system when learning to speak. In this respect one can compare stuttering to epilepsy and the skin ailment psoriasis, both activated or aggravated by stress.

The theory of Prof Martin F. Schwartz, which is discussed in following chapters and on which this book is to a large extent based, is such an organic theory. Schwartz has combined the results of the different approaches. According to him, stuttering is struggle behaviour learned in response to an inherited predisposition to contract the vocal cords excessively in response to some kind of stress.

This means that the disorder is partly organic (hereditary) and partly psychological (learned and stress-related). According to Schwartz there are two reflexes: hereditary (where tension results in contraction of the vocal cords) and learned (where

contraction of the vocal cords results in struggle behaviour). The latter reflex may follow the first. In some people the learned component is dominant (eg. the consistent word-stress stutterers who stutter irrespective of the situation), while the stress component features more strongly in others (eg. the situational stutterers). People also differ in respect of the intensity of their vocal cord closures.

Modern stuttering therapies

Current views on stuttering therapy are to a large extent based on the approaches discussed in the previous paragraphs. In general one can say that the conflict between the mentioned approaches has developed into two opposed approaches: the ‘stutter more fluently’ approach in contrast with the ‘speak more fluently’ approach.

The ‘**stutter more fluently**’ approach does not only consider the speech of the stutterer, it also looks at his inner life. These experts view stuttering as part of a larger group of problems. They focus on the fears, shyness and so forth that constitute part of the stuttering problem and aggravate it. Attempts are made to neutralise these anxious and negative feelings in order to reduce the stuttering. These experts claim that it is not really possible to cure the adult stutterer, and that improved adaptation to the disorder is more realistic and attainable. Rather than aim at completely fluent speech, the stutterer is taught ‘easier’ stuttering and how to overcome blocks. These experts are opposed to fluency techniques (see below). In their opinion fluency techniques only have superficial, temporary effects and fail to deal with the origin of the problem – the inner psychology of the stutterer.

In contrast with this we find the ‘**speak more fluently**’ approach. Stutter experts inclined in this direction attempt to replace the defective speech of the stutterer with fluent speech. They emphasise the fact that most stutterers do not stutter all the time

and are often perfectly fluent. Their aim is to extend this fluent speech rather than change the psychology of the stutterer. In fact they believe that if the person's speech improves, his psychological condition will also improve. To reach this objective, they attempt to teach the person some or other technique for fluent speech. These experts view the treatment as based on a series of clearly defined steps: 1) learning a fluent-speech technique, 2) transferring this fluent speech from the speech clinic to actual, everyday speaking situations, 3) maintaining the fluent speech so that it becomes permanent.

However, many experts believe that these two approaches merely represent extremes and that it is better to combine them; ie the stutterer is taught a speech technique or techniques that will help him to improve his speech, and at the same time his psychological attitude towards himself, his speech and the listener is also addressed. This is also the approach followed in this book.

This does not imply that there are no longer great differences in opinions on stuttering and its treatment. It is obvious that stuttering is neither an exclusively psychological nor physiological problem, but rather a complex combination of both. Consequently it becomes very difficult to prove any particular theory of stuttering.

THE STUTTERER AND HIS CAREER

If I didn't stutter, I would probably have held a managing position. Many people who started in the company after me are now more senior than I. But I find telephone calls and meetings impossible to handle. It makes it very difficult to be promoted.

Dino, 39, a computer engineer.

Prejudice against stutterers is a huge problem. During the time I was looking for a job I was rejected quite a few times because of my speech. However, I do not feel that my speech affects my competence at work. I can say the words, but it takes a bit longer.

Philip, 36, an accountant.

During my national service I obtained the highest score in a particular course. When they found out about my stutter I was not allowed to continue with the subsequent promotion course. The work did not require particularly fluent speech.

Hannes, 30, an engineer.

It limits your ability to take the lead in situations. It is difficult to exercise authority if you can't control your speech. It is difficult to influence people. But after I was promoted at work, things improved. You become more confident, you no longer have to

prove yourself all the time. You are not so tense anymore.

Robin, 44, a sales manager.

The people quoted above – all members of the self-help group for stutterers of which I was part – are fortunate in that they did find employment in spite of the disorder, and function as employees notwithstanding various challenges and limitations. Other stutterers find themselves in a far worse situation. I know of a university graduate who resigned from his job because of his fear of the telephone and now makes a living repairing lawnmowers.

There is no doubt that stuttering can be a serious handicap in one's career. In fact the stuttering problem is possibly most acutely felt in its effect on the stutterer's career. Often it is forgotten that someone who earns a living uses his mouth as well as his hands. In a developed, westernised society, speech is an essential tool.

As regards employment it is, however, difficult to generalise. Some stutterers occupy responsible positions despite their dysfluency – they are professors, attorneys, etc. For some of these people stuttering may not be a big problem. Their blocks may not be that bad; their stuttering may involve sound repetition rather than insurmountable blocks rendering all speech impossible. Some of these people are more fluent for the very reason that they have achieved a position of authority which increased their self-confidence, thereby reducing tension levels to below their threshold. But in other cases stutterers live a life of embarrassment and stress, their careers perhaps nipped in the bud and opportunities limited in every possible way.

These employment problems strongly motivate some stutterers to improve their speech. Incidentally, there seems to be a striking contrast between the motivation of economically active stutterers

compared to the relative apathy of so many teen stutterers to do something about their speech. One reason may be that the older person has had more experience of the real disadvantages of the disorder.

There is something tragic about this situation – during the years when stuttering has not yet established itself firmly, so many things contribute to postponing a confrontation with stuttering; when at last you become aware of the predicament in which you find yourself, it is that much more difficult to do something about it ...

Initially stuttering is an obstacle in the job-hunter's way – even more so in today's competitive employment market. When, and if, the stutterer does eventually find a job, he often discovers that his disability handicaps his career. This is especially due to the fact that senior positions are often managerial which by nature demands considerable interpersonal interaction.

Is discrimination necessary?

The big question is: To what extent can the discriminatory attitudes of some employers against stutterers be justified? This is a controversial issue within the stuttering community. Surely it depends on the type of work the stutterer has to perform as well as the severity and nature of the individual's stuttering.

It may be that some occupations are unsuitable for stutterers. Airline pilots and air traffic controllers, for example, have the lives of many people in their hands. These occupations require the ability to give quick commands, and any hesitation may end in disaster. For similar reasons the eyesight of airline pilots should be beyond question. In the same way there should be no risk of speech hesitancy, particularly when under stress.

As far as other occupations are concerned, **employers should guard against inflexible company policies excluding**

stutterers regardless of the circumstances. The employer should bear in mind that the stutterer does not necessarily stutter all the time. Moreover the listener's response should be considered. I know of a professor, a brilliant neurologist, with a severe stutter. Nevertheless his students become used to his speech and listen to the content of his lectures rather than to his dysfluency.

The fact is that **stuttering can be a real disability**, in this respect similar to other communication disorders such as mutism or deafness. Fortunately this is increasingly being recognised by health authorities. In Russia, for instance, the soldiers who began to stutter in the wake of their experiences in the Afghanistan war may now claim a state subsidy, as stuttering is now recognised there as a valid war injury (Speaking Out, Autumn 1992, page 2).

Career choices for the stutterer: the 'Demosthenes complex'

Teens who stutter and who have to make a career choice often wonder if their disability should influence their decision. Again this is a controversial issue. Some adult stutterers inspire teens with uplifting messages such as: 'If you say you can't, you won't,' etc. and that you shouldn't allow a disability to stand in the way of what you want to do in life. Others are more cautious and point to the many speech-related problems faced by stutterers at work.

Teenagers who stutter should bear in mind that stuttering is a stress-related communication disorder, and that most work situations involve stress to a greater or lesser extent.

Advice about career choices naturally depends on several factors, for example the possibility that the teen will benefit from stuttering management techniques, that his self-confidence will

improve or that the stuttering does not bother him that much anyway.

A career choice is a major decision, one of the most important decisions of one's life, and it could be prudent to exercise caution in this respect. For some teen stutterers it may be better to choose an occupation in which fluent speech and high levels of stress do not play a decisive role. To simply ignore the problem, as I once did, and to want to become an advocate, for example, is to look for trouble.

Personally I believe that one should work from a position of strength. A stutterer in an occupation not requiring highly developed communication skills may perhaps at a later stage want to move into a more challenging and stressful role if he feels that he can cope with the demands.

This brings us to a pitfall for the teen stutterer: the 'Demosthenes complex'. It has been found that many stutterers do in fact select careers that actually demand highly developed communication skills. What is the reason for this? As youngsters they cope with the problem by convincing themselves that they will get better; they daydream about how it will feel to speak fluently, as for example advocates, clergymen and politicians usually do. They see themselves as future fluent speakers. The next step is also to want to become an advocate, etc. In this way they prepare themselves for a career for which they may not be equipped ...

Admittedly few careers require no speaking skills at all. Even the draughtsman, accountant, auditor, actuary, technician, diamond-cutter, translator, copywriter, editor, botanist, radiologist, pathologist, anaesthesiologist, laboratory worker, designer and programmer/computer expert may occasionally have to talk to colleagues or customers, or use the telephone. However, these occupations are far less demanding in terms of speaking requirements than for example careers in law, the police, preaching, sales and the media.

Which careers then are particularly suitable for stutterers? I have already mentioned a few, and the answer seems obvious. Careers that involve speech – ie interpersonal relationships – as a primary duty should perhaps be avoided in favour of occupations that involve working with numbers, writing, appliances, objects and so forth and where stress is kept to a minimum. Job-seekers who stutter should carefully study the speaking requirements in different careers before making a decision.

Generalisation in this respect remains difficult. Certain occupations that require a large amount of oral work could benefit the speech and confidence of the stutterer due to their accompanying authority. Teaching is an example. I know several teachers who speak fluently when presenting a lesson even though they are stutterers. This is due to their obvious position of authority in a classroom situation – and being in a position of authority does seem to reduce speech-related stress for many stutterers.

One career that should be considered by stutterers is that of ... speech and language therapist. Quite a number of stutterers do in fact become therapists, and some of them, especially in the US, have become experts in their field. It could be of great assistance to the stutterer to become a therapist. The huge amount of attention you will of necessity give to speech and stuttering will increase your knowledge and management skills enormously, and may reduce your speech-related tension levels to below your threshold, so improving fluency. Your first-hand knowledge of stuttering will also allow you to provide even better help for fellow sufferers. It is nevertheless a career involving a service and oral communication, so that some measure of fluency would seem to be required.

ALAN'S STORY

Only when the pain of staying the same became greater than the pain of change did I begin to alter my life. ---

Dr Grady Carter, *Stop stuttering*

Alan attended the intensive Passive Airflow course of Dr Schwartz in 1981 in South Africa, and also became part of the self-help group which was created as part of the course. At the time he was a 34-year-old accountant. I include my interview with him as I thought his answers insightful.

How would you describe your speech at school?

Primary school turned me into a recluse as far as my speech was concerned. I remember a specific incident in standard 1. The entire class had to do an oral test. When it was my turn, I went to the front of the class. At that stage the teacher had not seen who was next. He looked up, saw that it was me, and said impatiently: 'No, not you, I don't have the time to give up the whole period to you.'

How did you feel about this?

I know that when this kind of thing happens, other stutterers wish

they could sink into the ground. I always became furious, however. I wanted to kill the teachers who behaved in this manner.

Because of my speech problem I became very lazy. I never asked the teachers to explain things I did not understand. I was far too self-conscious, and especially intensely aware of the giggling and laughter. It was a mixed school, and my problem became even more embarrassing when I became interested in girls.

In high school I was the class 'clown'. I learned to give some or other funny answer when I had to answer a question, such as: 'I didn't learn it. Was I supposed to?' The class appreciated this kind of humour and always burst out laughing. I also did less work – I noticed that the teachers preferred not to ask me questions.

What about university?

Tutorials really got to me. One evening a lecturer asked me a question. I pretended not to know and was ordered to leave the class. Sometimes I gave the wrong answer on purpose – if it was easier than giving the correct one.

How did you manage telephone conversations?

I avoided them as far as possible. If I wanted to date a girl, I drove to her house. Then I would tell her that I 'happened to be in the neighbourhood' while in fact I may have driven 18 km.

When I did try to phone people, they often put the receiver down after a few seconds. I could not start speaking quickly enough and they would think that there was nobody at the other end. One day it happened again and a secretary put the receiver down. I phoned again and tried to speak. She shouted: 'Stop playing with the telephone!' I didn't try again.

Describe your blocks.

The blocks were 'internal'. My face and neck would turn blood-red and no sound came out. After struggling for about a minute, a completely unintelligible word would then 'explode' from my mouth. People would then often say: 'Excuse me, I can't hear,' and the whole process would then start from scratch.

I would like to add one more thing. I had a brother who teased me a great deal because of my speech when I was young. At one stage I used to hop on one leg to say a word. My brother found this an endless source of fun, especially when his friends came over. When I entered the room, he would amuse his friends by hopping around on one leg.

When did you first have speech therapy?

I was in standard four. I went to a speech clinic in the city. I went every Friday afternoon. I hated it. The treatment included carrying out instructions – for example, I had to keep going to a restaurant to ask for something. I made a fool of myself.

For how long did you attend this clinic?

For twelve years.

What type of therapy did they use?

They called it 'bouncing'. They try to make you stutter in an 'easier', more relaxed way instead of those immense blocks in which you can't say a word. With this in mind, they more or less teach you to stutter artificially, even when you don't have a problem with a specific word. For example, they would give you a sentence, and then you have to stutter twice on each word.

Apparently some people learn to control their blocks this way. I

believe that they are a very small minority. Afterwards I heard that this method can be very harmful. Artificial stuttering reinforces the stuttering habit.

They also tried the 'sing-song' method on me. You are taught to 'sing' your words. I found it completely ridiculous to start singing every time I got stuck! After a week of this treatment I told them that I was not prepared to carry on with it.

What happened then?

At the end of this period I was asked to see one of the therapists in her office. There she told me that I had made 'enormous progress' and that they could do no more for me. She said that I would always stutter and had to learn to live with it. The best thing would be to improve my adjustment to the problem. She recommended private therapy. Consequently I had private speech lessons for a few months. The new therapist also said that I had improved 'a great deal'.

At one stage I decided to have neurological treatment. Some people at a hospital in the city believed that stuttering was caused by a chemical imbalance in the brain. They prescribed tablets, but after taking the medication for a week I was so hyperactive that I felt like jumping out of my skin. After two weeks I flushed the tablets down the toilet.

I can summarise the entire story of my stuttering by saying that it turned me into an introvert, even though I am not one by nature. I was forced to keep quiet.

What do you think of Prof Martin Schwartz's passive airflow therapy now, five years after attending the course?

There is no doubt in my mind. If you work at it and use it correctly, it works. As far as self-confidence, speaking ability and the willingness to reach out and assert yourself are concerned, I

have improved a thousand per cent.

How do you see the future?

At the moment I'm not practising; I'm riding a huge wave of self-confidence thanks to the progress I made in the last few years. And I know that if I now work at it again I will be completely fluent.

The rule is simple: Your progress depends on the amount of regular effort you put into your speech.

A few months ago I gave a speech to the local Rotarians. It was about stuttering. I was given a standing ovation.

A POSSIBLE CAUSE OF STUTTERING

I realized that stuttering was more than just a physical problem and more than just a psychological problem. It was both. If I stuttered, I saw myself as a stutterer; if I saw myself as a stutterer, I stuttered. One problem perpetuated the other. --- Dr Grady Carter, Stop stuttering

Speech experts disagree on the cause or causes of stuttering. Numerous theories have been presented, and some of them are rather far-fetched. The theory of Dr Martin Schwartz, however, makes sense. It is comprehensive enough to explain the various riddles about stuttering that have been baffling the experts (and that have resulted in a **mystification** of the defect). This is the theory:

All people are affected by stress, whether they stutter or not. A fluent speaker facing his first public speech will most probably experience tension. Possible signs of such tension could include perspiration, accelerated breathing and pulse rate, trembling, etc.

Stress is known to affect people both psychologically and physically. It can cause muscular spasms in the back, shoulders or neck, often resulting in muscular pain. Some people develop ulcers, spastic colons or tension headaches. The detrimental effect of stress on our health is well known. In 1983 the American Academy of Family Doctors found that stress-related symptoms can account for no less than two-thirds of all visits to doctors.

If person A gets a headache from stress and person B a spastic

colon, it could be that our bodies respond to stress in different ways, and that every person has a specific body part or parts extremely sensitive to stress. This is the basis of Prof Schwartz's theory of stuttering. According to him the vocal cords of two per cent of all people are hypersensitive to stress – in whatever form.

Several important types of stress may affect the stutterer's speech:

* **Situational stress**, for example a telephone conversation, public appearances, a conversation in a shop, etc. This type of stress is learned, as are the majority of stress types.

* **Word or sound stress**. Once again this type of stress is learned and reinforced in the course of time. Often it is the result of word or sound fear. If you stutter repeatedly on a particular word/sound and if you experience the stuttering as traumatic, you will eventually begin to associate that word/sound with unpleasant emotions and develop an accompanying fear.

* **Authority figure stress**, for example talking to an employer, teacher, preacher, parent, lecturer, police officer, cabinet minister, etc. The subordinate in these social encounters may experience a measure of tension which may affect his speech.

* **The stress of uncertainty**, for example due to uncertainty about the correct pronunciation of a word (when learning a foreign language there is additional uncertainty about grammar, vocabulary, etc) or appropriate behaviour, for example when talking to strangers or in a new career or environment, etc.

Stress of uncertainty may also play a role when pronouncing unusual words seldom used by people. Many stutterers are extremely aware of vocabulary and prefer everyday and easily understood words.

This is how Hannes, an engineer aged 30 years, puts it:

My speech is much better when talking to my colleagues, because we use technical language with a limited vocabulary. Under these circumstances I have more control of the language and vocabulary. The possibility of ambiguity or uncertainty is greatly reduced.

As speech and ideas are closely related (speech and language are after all the conveyors of ideas), some people can speak with complete fluency when discussing everyday matters, but become stuck when expressing ideas with a low incidence, for example rarely heard thoughts or thoughts that are complicated or unpopular.

* **Physical stress** due to exhaustion or illness. However one should keep in mind that exhaustion or illness can also distract one's attention and lead to temporary improvement.

* **External stress**, for example discovering that your car has been stolen, or hearing that a relative is seriously ill.

* **Speed stress** plays an important role in stuttering. It is probably the most important contributing factor to stuttering in children and is caused by speaking too quickly. The quicker the speech, the higher the tension on the vocal cords.

* **Communicative stress**. Communicative stress refers to the pressure on the speaker to be heard and understood. A person's speech is often better when he says or reads something familiar to the listener and if he knows that the listener is aware of the facts. This relieves the pressure on the speaker to convey the message and reduces his communicative stress.

It may therefore happen that a stutterer says a specific sentence without stuttering, but if you ask him to repeat it, he may experience a block. This happens because the request to repeat himself increases the stutterer's communicative stress. In

addition he may also speak more loudly the second time and this will increase the pressure on his vocal cords. At the same time the aforementioned stress of uncertainty may come into force.

* **Linguistic stress.** Speech and language are interrelated, and certain linguistic sources of tension may also affect the stutterer. It has been found that most stuttering occurs at the beginning of sentences or words. This may be due to the way in which the vocal cords move closer together and begin to vibrate to form sound when a person begins to speak. **The spasm in the vocal cords – the so-called laryngospasm that results in stuttering – usually does not occur once the vocal cords vibrate.** This is why a person who has already managed to start a sentence will usually be able to complete it, unless his vocal cords stop vibrating. (This phenomenon has given rise to therapies where the stutterer is taught to keep his vocal cords vibrating.)

Moreover the speaker's general tension level often drops after he manages to begin the sentence or word. However it can happen that he pauses slightly in the middle of a sentence. This stops the vibration in the vocal cords and makes it possible for the spasm to recur.

Many therapists teach stutterers to pause a great deal while speaking. While this may reduce speed stress, it could result in more laryngospasms. The technique of pausing should therefore be used with great circumspection.

Obviously a person with a low general tension level prior to speaking will not have serious problems. However his tension may increase in the course of the sentence, ultimately causing blocks.

The vocal cords vibrate when vowels and voiced consonants are pronounced. Click **HERE** for more information on the forming of speech sounds.

Stuttering also occurs more often on the emphasised syllable of a word (as in 'Thursday', or 'Mississippi'). This natural emphasis, and the way in which the emphasised part is said more loudly, increases the pressure on the vocal cords.

Stuttering also occurs more often when saying long words because tension in the vocal cords increases.

Another source of linguistic tension derives from the significance of a word or sentence. Meaningful words or sentences carry more risk than insignificant utterances. Key words such as the interrogative word why in questions, and nouns, verbs and adjectives, are more risky compared with prepositions, conjunctions and articles. In a sense the entire utterance revolves around these key words. The stutterer tends to focus all his attention on them and this increases his tension.

* **Speech stress.** The physical pronunciation of sounds, ie the physical movement of the speech organs, also contributes to tension in the vocal cords.

* **Emotional stress.** Feelings of fear, frustration, worry, guilt, etc may also cause stress, as illustrated by the following case study recorded in the Netherlands:

Harry B was a bright pupil and always scored the highest marks in primary school. During his last year the local pastor visited the school and asked the principal who the best pupils were. Harry and another boy were immediately pointed out. 'So, you are the brightest ones,' the pastor said. 'Well, in that case you will have to study theology.'

Three months later the two boys found themselves in a preparatory seminary and after high school Harry studied for the priesthood.

After studying philosophy for a year, Harry developed a stutter.

He found that year particularly difficult since he no longer trusted his career choice. He discussed his problems with his confessor, who was sensible enough to refer him to a psychologist. After two sessions the psychologist advised him: 'You have the makings of an excellent father, but a poor priest. I would advise you to choose another career.'

Harry then joined a large firm. His employer urged him to study law part-time, and in spite of a small salary Harry agreed. In the meantime his speech problem continued, and he consulted a speech therapist. The therapist established that Harry's mother, who lived in another town, was an extremely difficult woman. She was a widow who expected her employed children to support her. Harry found himself between the devil and the deep blue sea. As a conscientious young man he deeply believed that one should honour one's father and mother. On the other hand he could not afford the high financial demands placed upon him by his mother.

Fortunately the state instituted a pension for widows during that time, and this provided Harry with the opportunity to cease his contributions. His mother was furious and stopped writing to him. His speech deteriorated further. Only his confessor's approval of his action succeeded in salving his conscience. Gradually his speech improved. Eventually he completed his studies. He married soon afterwards and fathered two daughters.

(Discussed in P Faber, *Achtergronden van stotteren en spreekangst*, 1979)

Often, at a given moment, several types of stress such as those described above may influence an individual. The total of all the different tensions affecting an individual at a given moment is known as **base-level tension**. Base-level tension is the total tension on the vocal cords when a person is not speaking or does not intend to speak.

Figure 1 illustrates important concepts such as **base-level tension** and **threshold**:

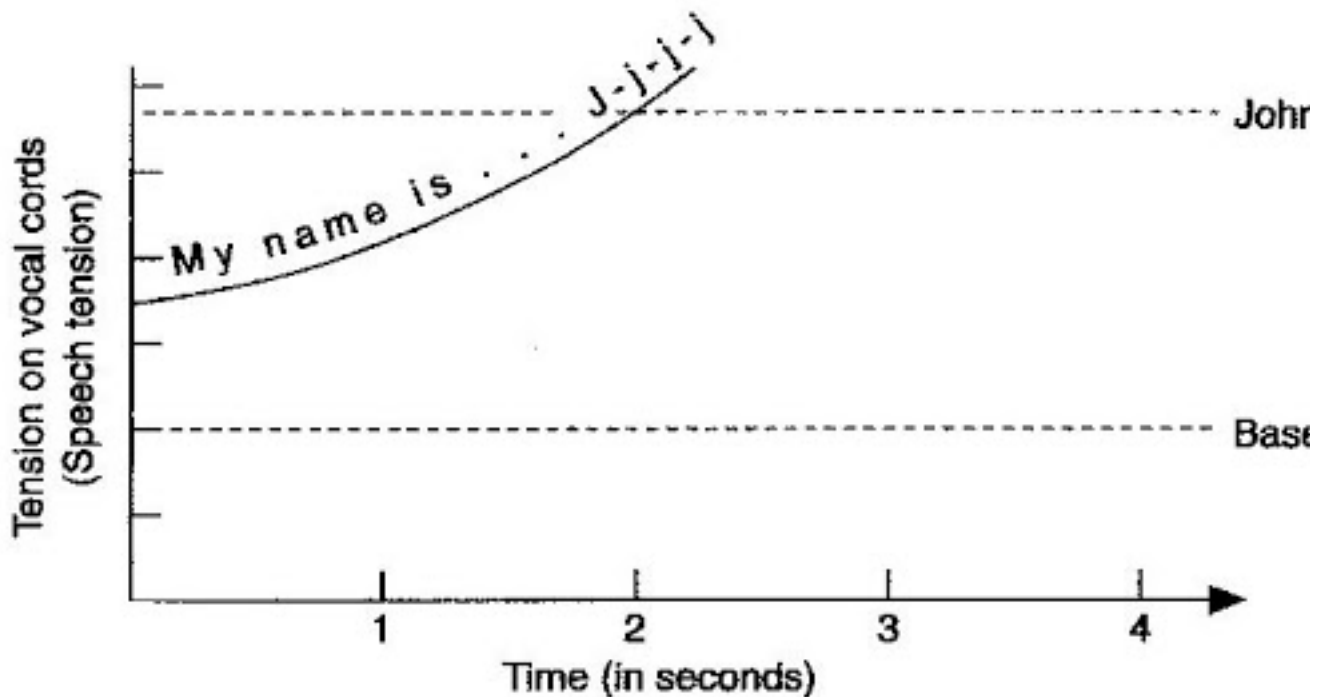


Figure 1: **Speech tension with increasing time.**

The top horizontal level represents John's 'threshold', ie the level at which his vocal cords will begin to constrict if his speech tension (the muscular tension required for speech) should rise to that level. The dotted line in the middle indicates John's base-level tension. Suppose John meets a pretty girl at a party. He knows that sooner or later he will have to say his name, and he also knows that he usually stutters when he says it. As a result his name is one of the words that he fears. Eventually he has to introduce himself. He wants to say the sentence: 'My name is John.' When he says the word 'My' his speech tension is still below his threshold and he will not become stuck. But as the feared word 'John' approaches, his speech tension rapidly increases. By the time he has to say 'John' he has already

exceeded his threshold ... and he stutters.

Usually the base-level is located below the threshold. **When a stutterer speaks without stuttering, his speech tension remains between these two levels. On days when he has a high base-level tension, for example due to fatigue, the margin within which he can speak without stuttering decreases. This illustrates how important it is for a stutterer to keep both his speech tension and his base-level tension low.**

THE VERY IMPORTANT IMPLICATION OF THIS IS THAT, IN ORDER NOT TO STUTTER, YOU NEED TO:

1) USE A SPEECH TECHNIQUE TO REDUCE YOUR SPEECH TENSION SO THAT IT WON'T EXCEED YOUR THRESHOLD, AND

2) USE STRESS REDUCTION TECHNIQUES TO LOWER YOUR BASE-LEVEL TENSION

so as to widen the gap between your threshold and your base-level tension.

The vocal cords

Many people mistakenly think of the vocal cords as a number of 'strings', such as the strings of a guitar. In fact the vocal cords are two elastic folds in the mucous membrane of the larynx. They are located on opposite sides of the windpipe. In the absence of speech the vocal cords relax and remain at a distance from each other so that the air for breathing can move freely to and from the lungs.

During speech the vocal cords move closer together, narrowing the vocal slit (the gap between the vocal cords).

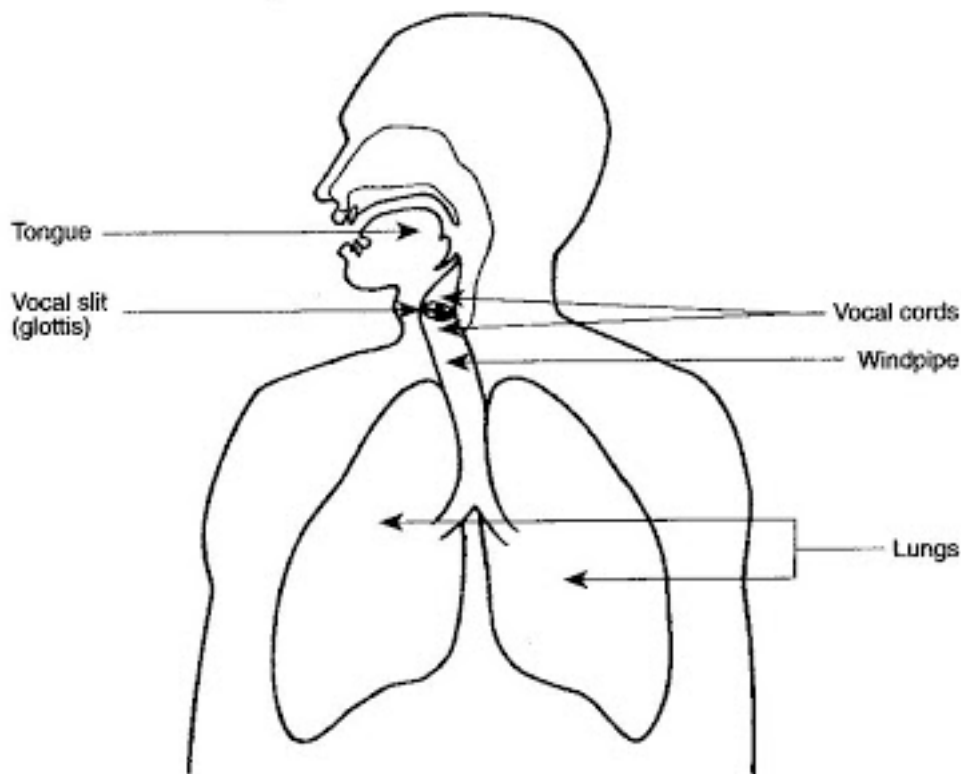


Figure 2: The position of the vocal cords in the respiratory tract.

This narrowing and the flow of air from the lungs increase the air pressure in the larynx, causing the vocal cords to vibrate and produce sound.

A stutterer is a person whose vocal cords contract excessively during speech due to tension. The contraction can be so intense that it forces the vocal cords together, closing the vocal slit and making speech physically difficult or impossible. Despite this physical impossibility the stutterer tends to persist in trying to say the word. This causes struggle behaviour, ie the behaviour we call 'stuttering'. Stuttering can therefore be seen as an attempt to reopen the vocal slit.

This has been established in controlled experiments conducted in the USA. A hundred people were placed separately in rooms with a relaxed atmosphere. They sat in comfortable chairs and were linked to sensitive electronic measuring equipment monitoring areas of bodily stress and the intensity of the tension. The participants were then subjected to a variety of emotional shocks. Responses indicating contraction in some part of the body were obtained in 98 per cent of the participants. Two participants experienced exceptional contraction of their vocal cords. Both had stuttered for years. The experiments were repeated several times using different people and it was established that one-and-a-half to two per cent of all people focus tension in their vocal cords. This tendency is probably inherited.



Figure 3: The position of the vocal cords during breathing.

These people (ie those who have sensitive vocal cords) do not all stutter. They may however start stuttering under certain conditions. This can happen in several ways. For example: A young child has recently learned to speak in sentences. He talks to the dog, when suddenly the door slams. He gets a fright and his vocal cords contract. He wants to continue with his sentence, but cannot utter a word due to the contraction in his vocal cords.

He then struggles until he is able to utter the word. The reward for this struggle (ie sound repetition, facial grimaces) is that he can say the word. The next day the child may again be faced with a stressful situation as he wants to say something. The previous day's experience is repeated: vocal cord contraction followed by struggle behaviour until the word is said. In time this may become a deep-seated habit. Adults who started stuttering in this way are therefore actually suffering from a childhood habit.

Many stutterers start like this. As the child grows older, the stuttering speech patterns become established in his subconscious. The struggle behaviour (stuttering) becomes a conditioned reflex. Tension results in laryngospasm, followed by struggle behaviour and, finally, pronunciation of the word. However the laryngospasm can be so severe that the struggle behaviour fails and no word is uttered (the so-called internalised or silent stuttering).

One must keep in mind, however, that non-stuttering children between the ages of three and five do not always speak fluently. Normal acquisition of speech includes a variety of speech irregularities. Most children outgrow such irregularities. Consequently these irregularities should not be confused with stuttering.

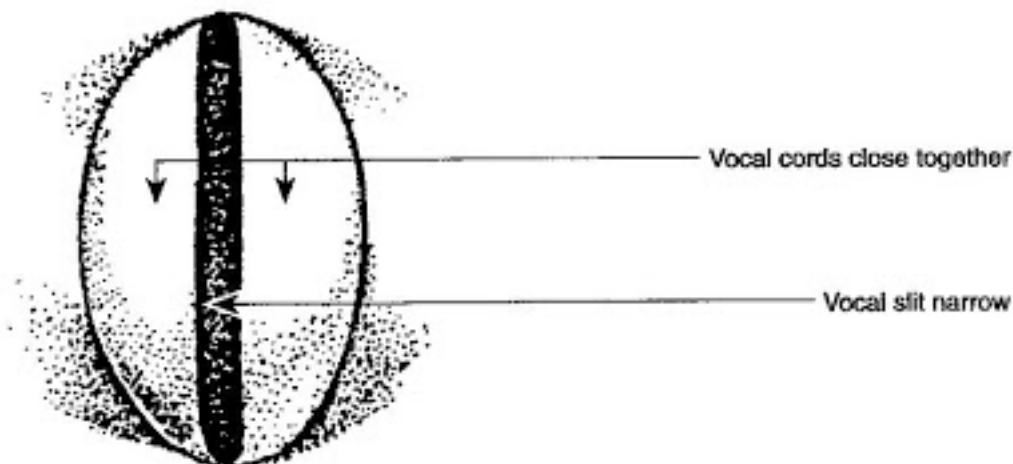


Figure 4: **The position of the vocal cords during speech.**

Some children start stuttering after the tension that accompanies a traumatic experience such as an accident. The origin of the habit may also be related to other kinds of stress. I know of someone who began to stutter at the age of seven after the family had moved house three times within a short period of time. The natural process of learning new vocabulary and perfecting pronunciation may also play a role in increasing tension on the vocal cords, resulting in the child beginning to stutter.

Most stutterers begin to stutter before reaching school-going age. But others start when they are older. If a person belongs to the group whose vocal cords are sensitive to tension, any traumatic event could, as it were, activate the latent stuttering. For example, it is a well-known fact that the extreme stresses of war have led to some previously fluent soldiers beginning to stutter.

According to some experts it is much easier to cure people who started stuttering at such a late stage – the stuttering is after all not deep-seated. Psychological counselling and the accompanying decrease in tension are often sufficient to cure the patient.

During the Second World War a young Dutch doctor stationed at a marine base experienced a severe bombardment. During a period lasting several days and nights he continuously treated and operated on the injured. After this experience he stuttered for a few months, but it eventually disappeared.

Years later he practised as a doctor in a peaceful rural hospital. As usual he strolled through the wards one morning, talking to each patient, when an ambulance suddenly raced into the hospital grounds, its tyres screeching. The patients could not believe their eyes – upon hearing the screeching tyres the doctor cowered, visibly shaken. He then pulled himself together and

stuttered: 'Wh-wh-what a h-h-h-horrible sssound.' His dysfluency continued for the next three days.

This doctor had not fully assimilated the trauma of the bombardment. The screeching tyres retrieved the trauma from his subconscious mind and temporarily increased his base-level tension to such an extent that his speech tension exceeded his threshold, resulting in stuttering.

(Case discussed in P Faber, *Achtergronden van stotteren en spreekangst*, 1979)

'Internal' and 'external' stuttering

The best-known struggle behaviours in stuttering are sound repetitions and prolongations, as well as the 'sticking' of the tongue to the palate, jamming the lips tightly together, etc. But these behaviours do not occur in all stutterers. Some people stutter without any externally visible indication. The vocal cords may contract without external struggling. Alan, who features in the chapter 'Alan's Story', is such a stutterer.

Internal stuttering is more common among adults – as time passes some stutterers, realising that the external struggle behaviour is socially inappropriate, learn to eliminate it. However they cannot control their vocal cords and remain unable to speak in stressful situations.

These people go from the frying pan into the fire. Believing that they could get the better of their facial contortions, they end up in a worse predicament. During the block they simply lapse into silence – and the listener has to guess what's going on. With an 'external' stutterer the listener will at least realise that the speaker has a speech defect.

Traditional speech therapy usually aims at reversing this situation, and attempts to once again 'externalise' the internal stutterer by teaching him to stutter lightly and artificially, eg. by stuttering three times on each word. Some stutterers have been helped by this approach, as the frying pan is preferable to the fire. Many others, however, have not benefited, and the reason is not difficult to see. It is of limited use to try and change the final phase of a well-established conditioned reflex. Far better to prevent the reflex altogether by working at the vocal cord level of the disorder.

Some therapists subdivide external struggle behaviour into clonic stuttering (sound repetition as in p-p-porridge) and tonic stuttering (sound prolongation as in mmmmouse). Schwartz considers these behaviours as mere differences in the ways in which people react to vocal cord contraction.

He tells of an experience he once had when travelling by train. One of the outside doors of his coach was tight and could only be opened with difficulty in spite of the 'Push' sign. From his seat he watched as the other passengers struggled to enter the coach. Some repeatedly banged against the door until it opened. Other pushed against it with a single movement until it opened. Clonic and tonic blocks can be explained in the same way.

Schwartz consequently believes that all struggle behaviour results from laryngospasm. It is on this issue that his views differ from those of more traditional speech therapists who accept that vocal cords can lock, but not necessarily with all stuttering. They consequently believe that clonic and tonic struggle behaviour may occur independently from the locking of the vocal cords.

Feared words and scanning

Before continuing, we have to consider issues such as 'feared words/sounds' and 'scanning'. When a stutterer speaks or reads,

he may be intensely aware of the words he intends to say. He scans ahead for words still to be pronounced. Unfortunately his subconscious mind (or else his conscious memory) informs him that in the past he experienced problems with some of these words, and they now become feared or difficult words or sounds. They increase the tension on his vocal cords and make stuttering when saying those words a near certainty.

The scanner is yet another device on which the stutterer has to rely in order to cope. By developing a scanner the stutterer can avoid difficult words and choose 'safe' words. Unfortunately this process can become counterproductive. It focuses excessively on feared words (thereby increasing tension and reinforcing word fear) and encourages avoidances (we have seen how the act of avoiding a word or situation tends to increase the fear of that word or situation).

Scanners show individual differences. The scanners of some people are extraordinarily active and sensitive, while others tackle each word as they say it, with no concern for the next word or sentence.

Feared words and sounds may change in the course of a stutterer's life. I once had great difficulty with the sound 'b'. Afterwards b-sounds became easier to say, only to be replaced by 'd'.

The existence of a feared word or sound depends to a large extent on previous experiences with that word/sound. If you successfully pronounce a feared word a number of times, you may lose some of the fear and tension accompanying that word. The opposite also applies. If tension causes you to stutter badly on a previously easy word, that word will in all possibility become a new feared word.

Starters

Stutterers rely on several strategies in an attempt to overcome the laryngospasm. Some are socially acceptable. One example is the starter, ie a sound or word usually pronounced to initiate vibration in the vocal cords before saying the difficult word. It is a characteristic of the vocal cords that when they have started to vibrate, there is less of a chance that they will lock. Common starters are 'mmmmm' and 'eee'. Since many normal speakers also use starters, they do not interfere with the flow of a conversation. For example, a normal speaker may say: 'Mmm, I still think that this, ah, matter is going to cause problems.'

Not all starters are intended to vibrate the vocal cords, however. Some are merely words that are not feared and so maintain a low tension level. Alternatively they may serve as distractions.

As with other anti-stuttering tricks, starters tend to become habit-forming. Also with overuse they lose their effectiveness, so that only repeated starters will work – but these then sound unnatural. For example: 'Well, well, well, well, well I still feel we should discuss the matter.' Note that the stutterer does not find it difficult to say 'well'. The actual difficult or feared word is the one after the 'well'.

Sometimes the person will also repeat the second and third word to prevent stuttering. 'Well, well, well, well, well, I, I, I, still, still, feel we must discuss the matter now.' Yet another problem is that in very tense situations starters may fail altogether, with the result that stuttering begins on the first sound.

Some people possess an incredible series of starters – sounds that once helped, but eventually lost their power. Instead of rejecting these starters, the stutterer retains them while he tries out new ones, as in: 'Well, mm, yes, uh, right, nn, uh, the, mm, well, yes, man hit the mm nn yes dog.' In cases such as these the starters have become part of the whole problem through conditioning.

Developmental phases in the disorder

Most stuttering begins during childhood. The first phase is known as the primary phase and is usually characterised by easy repetition of sounds, words or syllables and sound prolongations, with no signs of stress, discomfort or avoidance. **In this stage the child has not yet become aware of the problem.**

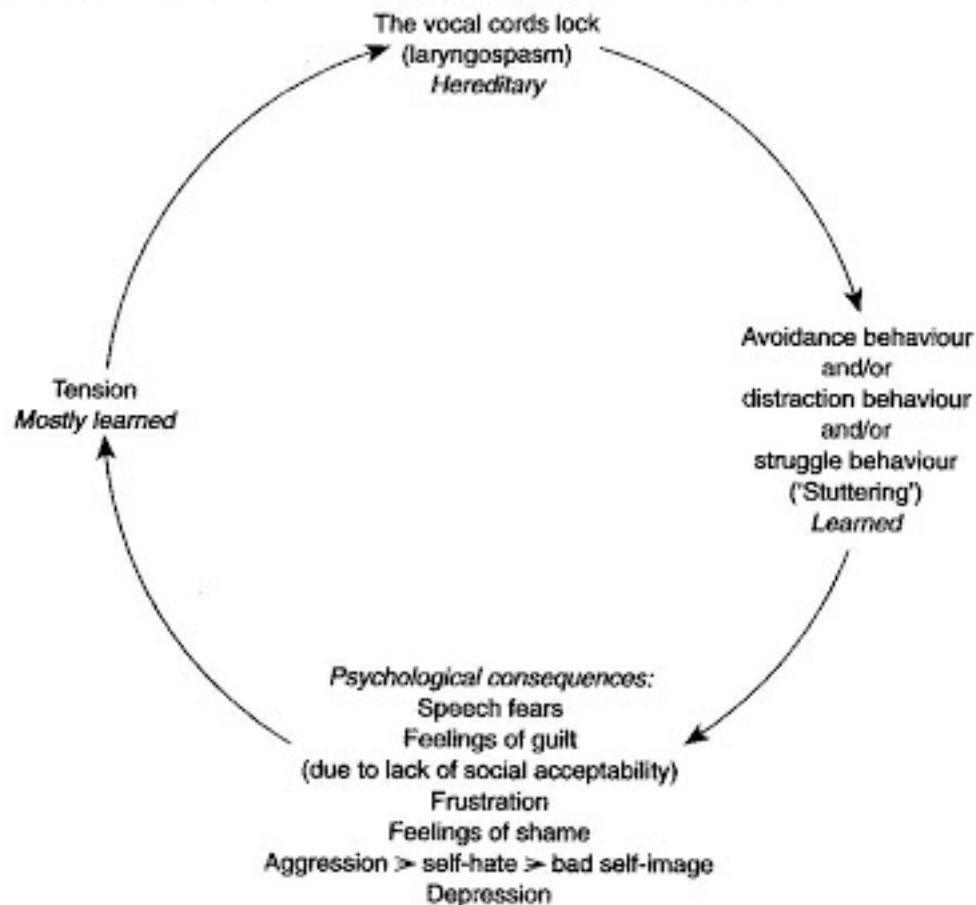


Figure 5: The vicious circle of stuttering

In the secondary phase - the chronic phase - the child has become aware that something is wrong with his speech. This realisation results in increasingly serious struggle behaviour as he tries to say the words. He may experience facial distortions and is obviously tense and worried about his speech. He

develops avoidance and distraction behaviour as well as feelings of fear and shame. **The vicious circle of tension > stuttering > tension begins.**

Typically most stutterers progress from a primary to a secondary phase. Nevertheless the different stages may overlap.

In the course of development the disability may gradually 'poison' the person's entire vocabulary. One could almost call it 'language cancer', as consecutive words, sounds, people or situations are gradually associated with the tension and fear of past blocks. For example: the word bite may be a child's first feared word. He may have stuttered when saying the word during a stressful experience. The next time he wants to use the word, he associates it with fear and tension. Gradually he become scared of all words starting with 'b'. Now he fears words such as 'bus' and 'bee'. Later this fear extends to all sounds beginning with a sudden expiration of air, such as 'c' and 't'. It may also spread to other sounds which, like the 'b', are shaped with the lips, for example 'p'. Word fear spreads extremely rapidly, like a linguistic wildfire.

Eventually the individual's subconscious mind is riddled with conditioned stuttering responses. A specific sound, person or situation may activate the whole chain of associated tension, the ensuing vocal cord contraction and stuttering.

However one should bear in mind that not all tension is learned. Like all of us, the stutterer may be exposed to **NEW** sources of tension which may result in stuttering.

Four types of stuttering

Schwartz has identified four types of adult stuttering:

* Type 1 'Normal' stuttering, with tension resulting in

laryngospasm which in turn results in speech accompanied by struggle behaviour. This is the most common type of stuttering.

* Type 2 Yet again tension results in laryngospasm and the ensuing struggling. However the struggling is not part of speech; it precedes speech. Consequently this type of stuttering allows for fluent speech, though the speech is preceded by struggle behaviour.

* Type 3 Also a type of stuttering where tension results in laryngospasm. However the stutterer does not struggle to utter the words; he keeps quiet and waits until the laryngospasm stops. The spasm can stop in several ways: the person may use some or other strategy to distract his attention from the source of tension, or he may wait until the tension subsides, or he may cough or inhale to free his vocal cords.

* Type 4 No laryngospasm occurs in this type of stuttering. The person's scanner warns him of an approaching problem. He avoids the problem or uses a diversion to distract his attention. This type as well as Type 3 is socially acceptable and not always recognised as stuttering. Such stutterers rarely consult a therapist, even though these versions of the disorder may also make life very difficult.

Stuttering often consists of different combinations of these four types as opposed to a 'pure' type.

People who stutter even when alone

Most stutterers are fluent when alone and reading aloud or talking to themselves, or talking to a baby or a pet. This is of course due to the fact that they are relaxed. There is after all no pressure on them to speak - no communicative stress.

However some stutterers stutter even when alone. They suffer

from severe word stress. As has already been said, word stress is learned in the course of years.

The difficulty of saying our name

Many stutterers, if not most, find it very difficult to say their name. Some people mistakenly believe that this is due to deep-seated psychological problems and / or feelings of inferiority. The real problem is that when the stutterer has to say his name, he cannot use word substitution. There are no alternative words with which he can avoid saying his name, and this lack of choice increases his tension. Gradually these blocks become habit.

Some stutterers have changed their name to one which they found easier to say. In the course of time, however, they also began to stutter on their new name because of the lack of choice.

An absence of choice has been found to be a general and major source of tension even for normal speakers. When one is forced to say or do something, one's tension level tends to rise.

The severe stutterer

Identifying 'severe stuttering' can be more difficult than expected and depends on the criteria used to evaluate the stutter. For example, if an external criterion is used, only the nature and number of external blocks will be taken into account. On the other hand, if a psychological criterion is used, the internal experiences of the stutterer – the intensity of his speech fears, his avoidances, etc – should be considered.

An uninformed observer may conclude, for example, that Mr A is not a severe stutterer since he does not experience many blocks in the observer's presence. In fact Mr A may be avoiding numerous words and situations to prevent himself from stuttering.

People generally tend to underestimate the disorder due to the fact that many of its manifestations are invisible to the casual observer.

Schwartz uses different criteria to identify people with a severe stutter. He does not only consider the severity of the external struggle behaviour. According to him the severity of the stutter is largely determined by the following factors:

* The stutterer's general **TENSION LEVELS** and the nature of **HIS RESPONSE TO BLOCKS**. A person with very high tension levels who also overreacts or panics in the face of a block (or fear of a block) often lacks the presence of mind to use a fluency technique. **Clearly these people should work on their stress management as well as on changing their attitude towards their speech and their listeners.**

* The frequency (number) and especially the **intensity of the internal laryngospasm** rather than the severity of the external block.

I believe that other criteria should also be considered when identifying people with a severe stutter, for example the distribution of the disability in the stutterer's speech. Some people only stutter on a few words, or perhaps their name, and are otherwise fluent. At the other extreme some people stutter severely in almost any situation and on most words. An additional criterion is the extent to which the struggle behaviour has been established and reinforced; ie the strength of the conditioned reflexes.

Hypersensitivity of the vocal cords

Stuttering can only be fully understood if one considers how incredibly sensitive the vocal cords are to tension and stress. The slightest change in tension can result in unexpected blocks.

One must always keep in mind that many stutterers live close to or on their threshold, ie the tension in their vocal cords is close to the level at which the vocal cords will contract. Only a small amount of additional tension will bridge the gap to that level.

The theory of the laryngospasm can explain a large number of phenomena and views of the past, for example that stuttering is caused by growing up in a bilingual or trilingual home environment. According to the laryngospasm approach such an environment may, due to the additional speech-related tension generated, affect the speech of a child with an inherited tendency to focus tension in his vocal cords. The theory also accounts for the much outdated view that a left-handed child forced to write with his right hand may develop a stutter: circumstances such as these will obviously create stress which may affect the speech of some children.

MARIAN'S STORY

Adult stutterers can engage in subtle behaviors that often defeat the therapeutic attempts of beginning clinicians. --- Prof Martin Schwartz, Stop stuttering

As with the case of Alan, who featured in a previous chapter, Marian was part of our South African Passive Airflow self-help group in the 80s. I interviewed her five years after we all did the Airflow intensive course. At the time she was a housewife and mother in her thirties.

When did you discover that you were 'different'?

It was in standard 1. One day my best friend came to me and told me that her mother had forbidden her to play with me. Her mother was afraid that her daughter would start talking like me.

In standard 5 my speech really deteriorated. My classmates were sympathetic. Oral work, however, was a problem. There were unpleasant incidents every day.

Suppose you are a teacher and there is a child in your class who stutters. How would you deal with it?

A child with a stutter needs a lot of understanding. But don't overprotect him either, because then he will feel like an outsider. A balance should be maintained.

One day we had an oral exam. That was in standard 6. I wanted to be like the others and when my turn came, I went to stand in front of the class. It was a disaster. Nobody could understand a word. At the end I was completely out of breath, flushed and perspiring. The teacher gave me five credits, which was very high. I burst into tears; I felt that I didn't deserve that mark and that she had only done it out of pity.

Tell us about the time you stood in front of the entire school.

I still don't know why I did it, but in standard 9 I wanted to be a prefect. According to tradition all candidates had to appear in front of the entire school and explain why they thought they would be good prefects. Some candidates were very serious. Others had a lighter touch. I also decided not to take it too seriously. It was a terrible experience and a complete humiliation. I thought: Here I am, asking the audience to vote for me, and I can't say a word!

To my surprise I was elected. But I never became a prefect. The principal called me and told me he couldn't offer me the position. He explained that a prefect was supposed to give numerous speeches and appear in public. On the one hand I was very relieved, but I also felt that the school had chosen me and that it was unfair not to appoint me after all the misery I had gone through.

Did your speech limit you in other ways?

Yes. I attended a convent school and I wasn't very happy there. Later a good friend of mine went to a co-ed school. I wanted to join her, but felt that I wouldn't be able to cope with new teachers, friends and situations. I just had to stay put. My speech restrained me.

What about telephone conversations?

I had a boyfriend, and when he wanted to phone me I always asked him when exactly he would phone. Then I would take two tranquilliser pills two hours before the time. At one stage my speech deteriorated to such an extent that I was taking three to four tablets to relax before making a phone call. I also took these pills before going out in the evening. Unexpected phone calls made me furious. People were not supposed to phone me.

One evening I went out with my boyfriend and his cousin to see a movie. In the bioscope she started talking to me and said that I had to leave school and do something about my speech, or no guy would look at me twice.

One day I had to ask the local telephone exchange for a telephone number. As I waited, I heard the telephone operator tell her colleague: 'Just come and listen to this girl's stutter.'

People often said that I should be grateful that I was not a cripple and merely stuttered. But from a communication point of view that's exactly what you are. You can't speak when you need to. And then there are all those things you decide not to do. For example, I could have gone to university. I never did.

Have you ever feared that stutterers are intellectually abnormal?

Oh yes. I was convinced that they are very dumb. Later I discovered that in most cases the opposite is true. According to some studies stutterers tend to be of above-average intelligence.

I wonder why this is so. Could it be that intelligent people who also fall in that category of the population whose vocal cords are highly sensitive to tension, become stutterers because they think faster than they are able to speak? In other words, they tend to think and speak quickly, and this causes additional tension on the vocal cords.

I wouldn't be surprised if that was the case.

Did you have very bad blocks?

Yes, especially when I was fifteen. I had terrible facial distortions. At one stage I had a kind of whistling stutter. In standard 5 one teacher always said: 'Ah, the whistler!' when it was my turn to read or speak.

My eldest child's name is Kerry. I once went to fetch her at a party. A man there asked me what her name was. I struggled terribly to say it, but my face was turned away from him and he couldn't see how distorted it was, though the other people could. Suddenly he burst out laughing and loudly told everybody that I didn't even know my own child's name. I was terribly embarrassed and so was everybody else, but it made no difference to him. I just sat there and said nothing.

I often noticed that people tried to hide their laughter, and then I would say: 'It's all right, I know it's funny' – to try and prevent any embarrassment. But at the same time it hurt a lot.

I can remember how other people's voices always made a big

impression on me. When I met somebody, I never thought: what beautiful hair, or: what a beautiful skin, but: what a lovely voice she has.

What therapy did you have?

At first I went to a speech clinic, and later to elocution classes. Naturally, the elocution classes didn't help me. After that I went to two private speech therapists. One forced me to phone someone in the telephone directory. I phoned, and a woman shouted at me. I replaced the receiver, walked out of the therapist's office and told my mother that I would never go back to that therapist.

In standard 4 I went to see a faith healer. He prayed for me and put his hands on my throat. I really wanted to believe, and for an entire day my speech was fluent. But the next day I was stuttering again. I also saw a hypnotist, but I found him a bit peculiar and didn't complete the course.

Next in line were three or four speech therapists – I can't even remember their names. When I was seventeen I returned to the speech clinic for the second time and received therapy for two years. I had a wonderful therapist. She was extremely kind and pleasant. For a while I improved, but after some time I was back to square one.

After this I was treated with an auditory feedback machine, which is a kind of tape recorder with headphones and a microphone so that you can hear your own voice as you talk. With that thing on your head you actually become fluent. However I was unable to transfer this fluency to the world outside of the clinic.

Next I heard that somebody on the island of Jersey apparently had an excellent stuttering clinic. I was there for two weeks. My

group had six patients and we spent days doing speech exercises, from eight in the morning until six in the evening. We were taught to speak ve-ry slow-ly, to di-vide all the words in-to sy-lla-bles. Speaking like that sounded quite unnatural – like a robot. That healer was quite harsh, he smacked the boys if they didn't get it right. I was glad to be a girl! He didn't treat me like that.

On the last day of the course everybody had to make a farewell speech. It was awful. I stuttered 'slowly' – and got stuck on every syllable! The others were reasonably fluent. I wondered what my father had felt like; the course was quite expensive. Back in South Africa I corresponded with the others who had been on the course, and within a few months their speech was as poor as it had previously been.

How did you hear of Prof Schwartz?

In 1979 something very strange happened to me. One day I visited a library. I looked around a bit, went to a shelf and took the first book at hand. It was Stuttering solved by Prof Schwartz. A cold shiver ran down my spine.

It was as if Somebody Up There had guided me, because I really had no intention of going to the library.

How soon did you master the airflow technique?

Too soon, in fact. After practising for a year I became so fluent that I stopped practising. Eight months later my problems started again, and it took a while before the exercises improved my speech to a satisfactory level.

Airflow was absolutely my last chance to improve my speech. Before starting with the course I told myself that if this doesn't

work, I'm not going to try again.

Describe your speech as it is now, after five years of airflowing and attending self-help group meetings.

I'm no longer the fearful person I used to be. I have more or less stopped practising so I still have blocks, but nothing compared with what I used to have. If it gets worse I can always start practising again. Telephones are no longer a threat. I've been given a second chance with my life.

A few years after the airflow course I even had the courage to address the third- and fourth-year speech therapy students and lecturers in an auditorium at the university clinic. And I actually enjoyed it! The technique really worked well and the audience was very interested. It was a milestone. I coped very well.

SO WHAT CAN WE DO ABOUT STUTTERING?

*There are no effortless miracle cures or simple solutions to the convoluted and complex syndrome that is stuttering. ---
Dr Grady Carter, Stop Stuttering*

In a previous chapter it was mentioned how difficult it usually is to **cure** the older, chronic stutterer (the treatment of children is discussed later). Chronic stuttering can be a deep-seated disorder, in many cases aggravated and maintained by the stress of everyday living. Much can be done, however, to **manage** stuttering and to limit its negative psychological effects; and some individuals manage their stuttering so well that they seem cured.

What is meant by 'manage'? Increasingly we find people who are

so successful at managing their speech that the disorder is no longer the big problem it once was. They have replaced many or most of their speech fears with 'speaking confidence' – the previously feared situations or words no longer cause tension. As a result their **speech tension** no longer reaches their **threshold**. Or else they may have lowered their **base-level tension** sufficiently to prevent their speech tension from reaching their threshold. (See the chapter 'A possible cause of stuttering' for explanations of these important concepts printed in bold).

These people may not all be 'cured' in the sense that they will never stutter. They may still have the potential to stutter, and on occasion they may be tripped up. They have, however, stress-desensitised themselves in many previously problematic speaking situations; and they have the tools for tackling and stress-desensitising areas that still cause tension.

One such person is Dr Grady Carter, co-author of Martin Schwartz's second book, *Stop Stuttering*. In this book Dr Carter describes how he gradually got the better of his stuttering. In the course of time his stuttering 'atrophied from disuse and died a silent death', as he put it.

Success stories such as these are the result of hard work, perseverance, motivation and perhaps other factors (see below) in favour of progress; but cases have also been reported where a cure apparently was the result of little or no effort. There is the case of the man who was cured after watching a TV programme on stuttering; and cases where a combination of stress-reducing vitamins and minerals resulted in a cure. The reason for these cures seems obvious: a dramatic and huge drop in base-level

tension, so that the stuttering was no longer activated. In the case of the TV watcher, the psychological effect of the programme was so immense that the watcher's base-level tension dropped significantly; in the case of the vitamin drinker the drop in base-level tension was physiological.

Easy cures such as these, however, are unfortunately few and far between - though cases such as these should be studied as they contain pointers for future breakthroughs in therapy. People differ in their psychological and physiological make-up, particularly with regard to their stress levels. For the majority of us, the road to success is more complex.

Sadly it also needs to be said that, at the other end of the spectrum, a minority of chronic stutterers do not seem to respond to any type of currently available treatment. For these unfortunates, acceptance of and psychological adjustment to the defect seem the best option.

The adult stutterer who really wishes to take on the challenge of improving his speech has to understand that treatments are usually long-term and require a lot of work and effort. In addition progress may also depend on several other factors.

A second point is that it may be inappropriate to speak of a 100% cure for stuttering. Stuttering is, at least partly, behaviour which is to some extent stress-related and partly learned. Though many stutterers anxiously await a miracle cure, usually in the form of a new medicine being tested and showing some promise, a quick cure does not yet seem to be on the cards for the foreseeable future - for most of us anyway.

This raises another issue which is frequently raised on stuttering discussion websites: Does therapy for an adult stutrer serve any purpose at all?

This is a valid question, bearing in mind that effective treatment can be a difficult and long-term procedure, usually requiring effort on the part of the adult stutrer. Most of all it's a question the individual will have to answer for himself. He should know what he's letting himself in for before actively trying to improve his speech. He needs to realise that he has been suffering from the defect for many years, that the condition is firmly established and that therapy may, among other things, demand a personality adjustment and a change in lifestyle. For instance, issues such as stress and stress management may have to be addressed.

A stuttering teen or adult's decision to undergo speech therapy (whether self-help or therapist-led) should also partly depend on the extent to which his stuttering is (or may become) a major problem. Some stutrerers have managed to pursue a successful career, are satisfied with their social life and have adjusted well to their dysfluency. They may argue that it is not worthwhile for them to expend lots of time and energy on improving their fluency - they would rather spend that energy on their careers, hobbies etc. Surely their circumstances differ from those of stutrerers whose speech hampers their career prospects, forces them to live in isolation and submits them to daily psychological torture. This last group has nothing to lose and may benefit from therapy.

Another consideration is the possibility of **limited, well-defined goals**. Instead of a complete cure, **it may be more realistic to aim at success in a particular problem area**, such as telephone conversations. After all, most people have no need to master advanced communication skills such as public speaking – in fact most normal speakers are loath to deliver speeches and the like.

Realistic goals such as stuttering management can be attained for many stutterers. The stutterer may therefore decide to aim for a particular level of control and/or a degree of psychological acceptance of and adjustment to the defect. This may not be the ideal solution, but is preferable to an endless and frustrating search for an elusive dream.

Some factors that may affect the success of stuttering therapy

1. Type of treatment

This is a controversial issue, and may be related to the theory of the cause of stuttering favoured by the therapist.

In this respect the person who stutters should ask the following questions before undergoing therapy:

- Is the programme in which you are interested limited to psychological counselling, or does it also include learning a fluency technique? Both could be of benefit.
- Is the treatment short-term or long-term? Don't trust a programme promising a quick and permanent cure. Does it

offer an adequate follow-up programme, a support system (eg. a telephone hotline and local support or self-help groups) and frequent refresher courses? Is intensive group therapy available for those who prefer this to individual therapy? Does the treatment aim to transfer the fluency acquired in the consulting room to real-life situations?

- Establish the importance accorded to stress and base-level tension. Programmes neglecting these crucial issues are hopelessly outdated.
- Try to find a therapist who specialises in stuttering. Ask to be put in touch with former patients to establish if the treatment really helped them.

2. The patient

- Stutterers should realise that their personal impression of the therapy and the therapist plays a role in treatment. Therapy contains an element of subjectivity – the stutterer may respond to suggestion. The patient who strongly believes in the therapy or the healer may benefit from the treatment even if the healer is a charlatan. Such a patient becomes so convinced of his progress that his self-confidence increases, his stress levels decrease and his speech improves, even if only temporarily. Unfortunately the opposite can also apply: the patient may not benefit from the treatment if the therapist fails to make a positive impression – no matter how effective and logical the treatment may be. In much the same way few audiences will be impressed by a Beethoven symphony performed by an uninspired orchestra, and a Shakespeare play will fall flat if the actors cannot do it justice.
- Much will depend on you and your personality. Are you prepared to do your homework? Do you have the necessary self-discipline and determination? Are you really motivated? Are you prepared to work on your speech and

related problems such as stress and self-image? Are you prepared to increase your knowledge of the defect so that you can apply the different strategies in a flexible way that applies to your circumstances and needs? And most important of all: **do you have the ability and courage to change?** In the next chapter I will discuss some ways in which your life may need to change.

Experts have given a great deal of thought to factors that may favour a patient at the onset of therapy. I name a few:

1. Low stress levels, ie good resistance against stress.
2. Weak vocal cord spasms.
3. Speech fears and learned stuttering behaviour which have not yet become well established. The older the patient, the more deep-seated the fears and the stuttering tend to be.
4. A good self-image. The shy, withdrawn and sensitive person may be less able to resist tension and stress.
5. Openness about stuttering as opposed to regarding the disorder as a private and secret matter. Social skills may also play a role. A person with many social skills may find interacting with others easier and less stressful.

6. Emotional self-control. The tension levels of an excessively emotional person tend to rise very rapidly.

7. Time, energy, motivation and perseverance.

There are numerous different treatments for stuttering, and although I briefly discuss a few in a later chapter, I have not attempted to treat all of them comprehensively – that would require a separate book, and qualified speech experts would do it more justice than I ever could. I would prefer to focus on the Passive Airflow approach of Dr Martin Schwartz, of the Medical Centre of New York University. Many people including myself have benefited from this approach. I am convinced that Schwartz's work in this area is a breakthrough and an example of a modern, sophisticated and comprehensive treatment procedure.

It is a fact that the Passive Airflow approach have already helped many people. I include a few of the comments made in an opinion poll amongst members of the self-help groups I was involved with for many years:

Everything has improved. I don't have as many feared words as I used to and I don't avoid them either. My first thought in conversation used to be: 'Will I get stuck?' Now it's: 'Did I use the airflow to help me speak?' I used to find ordering food in restaurants very difficult. Nowadays I don't even think that I could stutter. I order for everybody. Life is much easier.

It was different eighteen months ago. I couldn't read aloud from a book. I couldn't tell strangers my first name. I managed, but only because I word-substituted all the time and used all kinds of

mannerisms ... I'm more relaxed than before. I feel at ease with people. I'm not one hundred per cent, but I'm improving ... It's a situational improvement. I speak in far more situations than before. Recently I waited in a post office queue and started talking to someone behind me, and later even to the desk clerk – while others stood by and listened. I would never have done something like that before. **(Robin, 44, a sales manager)**

The airflow technique has all the answers - except one: It's not a quick fix. People want a pill for every ache and pain, and we want one for stuttering. Practising to speak correctly takes a lot of time and effort - you get nothing for free. I don't practise, but I know that I can get out of a block with the airflow technique. You have more control over your speech. **(Dieuwke, 38, pharmacist and mother of four)**

The airflow approach is very logical and provides a long-term strategy to confront stuttering. It addresses both the psychological and physiological components. It gives you an understanding of stuttering, and on this basis you can confront it. Speaking on the telephone and going to the doctor are no more feared situations. **(Ed, 20, student)**

I learned to use the airflow technique in 1986, and since then my speech has improved by sixty to seventy per cent ... Telephones don't scare me anymore. Of all the methods I've tried, this is the only one for adult stutterers. It provides a physical foothold, a starting point from where you can gradually improve your speech. **(Johnnie, 59, superintendent in the public service)**

Now, two and a half years after the workshop, my speech is much better and my speaking confidence has improved ... I am much better off now than I ever was before ... **(Bruce, 40, computer programmer)**

I went down the same road as any other stutterer – always

looking for but never finding the miracle cure that would break my chains. But in His wonderful way God answered my prayers. He didn't cure my speech disability, but guided me to a technique I could use to speak fluently. I will always be a stutterer, but with hard work I have managed to control the laryngospasm and the accompanying struggle behaviour.

After practising for hundreds of hours, going to numerous self-help meetings and almost giving up hope, I have become quite fluent. I still have difficult days when my tension is too high even for the airflow, but I'm much better than before. (**Frank, a public servant**)

It is important to keep in mind that these results were obtained in spite of the virtual absence of proper treatment and follow-up facilities – in fact some of the above comments are from people who haven't attended any airflow workshop; they were taught within our self-help group.

A criticism which has been levelled against fluency techniques such as airflow is that they tend to neglect the psychological aspects of stuttering. I have tried to rectify this by adding a few chapters on psychological aids such as positive thinking and self-assertion. Conversations with stutterers have indicated time and again that these aids have helped many people.

Before we focus on the airflow approach, however, we have to consider the problem (or rather the challenge) of change.

THE PROBLEM OF CHANGE

Habits begin as spiderwebs, and become cables. (Spanish saying)

The individual who has been stuttering for many years and wishes to change, faces some formidable opposition:

* **Conditioned speech fears.** Through the years he has learned to react with fear to certain situations, words, sounds, etc. Unfortunately fears acquired at an early stage can become very ingrained. Such fears increase tension on his vocal cords, resulting in stuttering.

* **Conditioned struggle behaviour.** He has learned to

stutter in response to the 'freezing' of his vocal cords.

* **Learned stress patterns.** If you become tense in reaction to a specific situation, that stress reaction could in time become a habit.

* **Current tension and stress.** Stuttering is tension-related. Even where a person manages to overcome all his old fears, struggle behaviour and stress reactions, his vocal cords remain vulnerable to any **new** sources of tension to which he may be exposed.

* **A self-image that may have been affected by the disability.** As the years go by, stutterers tell themselves that they cannot speak fluently, that they are afraid of certain situations and that there are certain things they cannot do. Eventually their subconscious accepts these thoughts as fact.

The programme discussed in the next few chapters aims to address these problems. **In this chapter I would like to make the point that stuttering does not exist in a vacuum.** Changing one set of habits may set off a chain reaction with social and psychological implications.

Change and stress

Unfortunately change can by nature be stressful. From experts who study stress, we know that the major life changes such as marriage, divorce, moving house or a change in employment are rated as primary sources of stress. Changing deep-seated habits belongs in this category, and stutterers who want to improve their speech should keep this in mind. On the positive side it must be said that change-related stress is by nature temporary. In due course the mind adjusts to the change.

Change and self-image

Many stutterers, especially the older ones, may have to do something about their psychological make-up. Stuttering often becomes incorporated into the stutterer's self-image, in some cases to the extent that the person becomes dependent on the stuttering. Some use their stuttering, consciously or unconsciously, to gain sympathy or avoid difficult challenges. To them, stuttering serves a purpose. If you want to become more fluent, first ask yourself a very basic question: Do you **REALLY** want to stop stuttering?

The topic of self-image will be discussed in a later chapter.

Change and social relationships

The stutterer also has to realise that he may be handicapped as far as his social and general communication skills are concerned. A person with good communication skills may have had many years in which to master the art of communicating with others. A variety of communicative skills are at his disposal: his speech (including pausing and varying pitch, loudness and tempo), body language and eye contact. Many fluent speakers learn how to use these skills to increase the ease of making conversation, to deal with others and assert themselves in social situations.

Not surprisingly many stutterers fail to develop these skills and, as a result, become asocial or antisocial or suffer from social anxiety.

An additional challenge is the potential threat to existing interpersonal relationships posed by an improvement in the stutterer's speech. A wife whose stuttering husband has for years depended on her to assist him with his fluency problems, may feel threatened by his new independence. She may have

derived a sense of self-worth from his dependence on her. His boss, long used to 'that quiet chap who knew his place', may not know how to deal with the improving stutterer's emerging self-confidence. Stutterers who succeed in improving their fluency will have to approach their changing relationships with others tactfully and cautiously.

Improved self-assertion may also cause guilt feelings. Someone who previously failed to assert himself, may perceive his new self-confidence and self-assertion as socially unacceptable and aggressive. Hence his guilt. Stutterers on the road to improvement should realise that such feelings, while understandable, are not based on objective reality. Self-assertion will be discussed in a later chapter.

Change and success

The stutterer on the road to improvement typically experiences feelings of uncertainty and a lack of self-confidence. In order to change, one has to travel down unmarked routes, passing through unknown territory. This goes against our preference for trusted and familiar paths. Therefore change demands courage. Change is a risk. The fear of the unknown must be overcome.

One should also guard against unrealistic expectations. The stutterer must realise that improved speech will not solve all his life problems! Better fluency can make life a lot easier, but don't expect that new doors will open automatically just because you have improved your speech.

An insightful parallel can be drawn between the transition from being a helpless victim of stuttering to gaining some control over it, and gaining control over alcoholism:

1. As with stuttering, research indicates that some people may be more genetically predisposed to alcoholism than others.

2. Alcoholism as such holds no promise of a cure, only the possibility of control. This is also true of stuttering.
3. As with stuttering, the potential for control depends on one's personality.
4. The alcoholic, too, is subjected to social misconceptions and disapproval.
5. Similar to the stutterer, the alcoholic endures ongoing psychological and emotional damage.
6. He also tends to hide his problem. It is in the interests of both the stutterer and the alcoholic to openly admit to their problem and discuss it within a support group.
7. Alcoholics as well as stutterers may experience relapses – often because a period of success gives them a false sense of ease.
8. The stutterer, like the alcoholic, is subjected to ongoing social pressure: the stutterer has to resist the pressure to speak faster than he is able to; the alcoholic has to resist the pressure to drink socially.

People are creatures of habit. We like things as they are. We attain our sense of security in life from doing what we have always done. In order to preserve this security, we are even prepared to accept negative behaviour as part of our existence. Real, profound change is usually a painful process.

THE PASSIVE AIRFLOW TECHNIQUE

Light a candle and place it in front of the child's mouth. The child must breathe in and calmly let some of the air flow from his lips so that the candle flickers just a bit. Then he must begin to speak, softly and slowly. ---

(Traditional Japanese folk remedy for stuttering children, quoted by Schwartz and Carter, *Stop stuttering*)

As mentioned in previous chapters stuttering is, according to Prof Schwartz, caused by a 'locking' of the vocal cords due to tension. The vocal cords are an important link in the chain tension-laryngospasm-struggle behaviour (stuttering). In the past, therapists tended to focus only on the first and third link: tension and struggle behaviour. This resulted in a two-pronged attack: the attempted control of tension as well as of the struggle behaviour, with the emphasis falling on the latter.

Tension control, which included psychological treatment, did

alleviate the problem to some extent. However, the treatment of the struggle behaviour was not particularly successful since the second link, the laryngospasm, had not been identified. Treating the struggle behaviour amounted to treating the last phase of a well-established, conditioned reflex. But it was too late to neutralise this reflex; it had already become automatic and programmed.

We now know that we should focus our attack on the laryngospasm rather than the struggle behaviour – we have to prevent the locking of the vocal cords due to tension. Prof Schwartz developed the Passive Airflow Technique with this purpose in mind. Strictly speaking it combines several techniques.

The individuals studied by Schwartz prior to developing his technique included people who had outgrown their stuttering while young. According to him these children had **unconsciously** learned and applied some type of 'airflow technique'.

Schwartz does not claim that his therapy is completely 'new'. Elements of his technique have been applied by the Japanese for centuries, as indicated by the quotation introducing this chapter. And some therapists mentioned a spasm in the vocal cords as early as the nineteenth century. They advised stutterers to speak while exhaling, and to sigh passively. Schwartz used current knowledge about stuttering and stress to elaborate on and systematise the ideas of these older authorities.

Airflow is a fluency technique to prevent the laryngospasm and the accompanying stuttering reflex. This technique allows you to open and relax your vocal cords before speaking. In this way stuttering is prevented without having to cure it. It is **not** a miracle cure and must be acquired and practised. The idea is that by mastering the approach step by step, the stutterer will gradually learn to apply it even when exposed to stressful

situations. Correct application of the technique not only prevents stuttering; it also prevents secondary struggle behaviour such as unnatural movements of the head, arms, etc., as the stuttering reflex is now addressed at its core.

The three components of the Passive Airflow Technique

1. Passive airflow

The first step is to activate the airflow. The stutterer learns to release a very slight, passive current of air from his mouth, almost like a sigh, immediately BEFORE speaking. This is aimed at opening the vocal cords prior to speech. As a result the possibility of a laryngospasm is reduced.

The airflow from the lips must be extremely passive, and not pushed or forced. The air should 'drift' and flow from the mouth. Hence the name airflow technique. It is NOT a stream of air; it should 'evaporate' from the mouth.

Note that the Passive Airflow Technique is not a breathing therapy. It is vocal cord therapy. Of course you have to breathe in to produce an airflow. But take care not to breathe in too deeply. That may produce a pushed flow.

2. Slowing down the first syllable

In addition it is necessary to slow down the first syllable of the first word of a sentence. If the first word has several syllables, at least the first two should be said at the slower rate. The aim is to reduce tension on the vocal cords. A high speaking tempo increases tension on the vocal cords and increases the possibility of laryngospasms.

If the first word has only one syllable, Prof Schwartz recommends prolonging it with a 'mental comma' following the word; with the rest of the sentence almost following as an afterthought. Say the first syllable as if it is the only syllable that has to be said.

If the first syllable of a sentence is slowed, the tendency will be to slow down the entire sentence, so further reducing vocal cord tension.

Remember: once you are into the sentence and your vocal cords vibrate (i.e. phonate), don't interrupt the phonation – keep on talking. The laryngospasm will not easily occur if the vocal cords are in vibration, but it may occur when you have to initiate sound after phonation has stopped.

Stutterers tend to speak too fast. This fast speech is partly the cause and partly the result of their problem. Many stutterers want to have their say as quickly as possible. They feel that the sooner it's out, the less chance of a block. In reality the exact opposite happens: the faster they speak, the higher the tension on the vocal cords. The stutterer has to learn to slow down his speech. **SLOWER – BUT NOT TOO SLOW – SPEECH IS AN IMPORTANT ASPECT OF THE AIRFLOW APPROACH.**

This 'slowed first syllables' approach is in some ways similar to the 'slow speech' approach well known in eg. British stuttering circles.

3. The 'intent to rest'

Part of the function of the airflow method is to distract the speaker's attention away from the feared word. It is thus also to some extent a distraction technique. To distract attention from the feared word, the brain must receive a new message. This

new message is 'rest', or 'relax'. In this way the brain is prevented from 'thinking about tension' when saying the word, the laryngospasm is not activated, the vocal cords remain open and the feared word can be said. This is the psychological aspect of the airflow component – its most difficult component, but effective where the stutterer suffers from severe word fear.

The intent to rest is a mental trick that can be learned. Your mouth and throat will always function according to your intent; and if you are intent on flowing, resting and slowing down the first syllables, your vocal cords will not contract.

PRACTISE the intent to rest by sitting in a comfortable chair and relaxing your entire body and mind while you allow the air to flow passively from your mouth. Empty your head of all thoughts as the air flows.

So let's combine these three components as follows: You breathe in (but not too deeply). Then allow a very slight flow of air to pass through your lips as you 'think rest', relaxing your body and mind as much as possible. Then speak, slowing down the first syllable(s). This procedure can be represented as follows:

[Flow] 'When, are you leaving? [Flow] Not, today. [Flow] On,ly on Thursday when the holiday starts. [Flow] I'll, go by train.'

Speaking like this will require practice before it SOUNDS natural to the listener. It must also LOOK natural – don't stare like a robot! Use a mirror to monitor your posture; move your hands, head and eyes freely and naturally. Take note of how others use body language when they speak, and imitate it.

In real life, practised airflowing creates the impression of a controlled speaker who thinks before he speaks – not an impulsive person, but relaxed and self-confident.

Low energy speech

Low energy speech is an additional aid for those days or situations when you are extremely tense. It is a style of speech that should be used only in emergencies, since it isn't practical to use it all the time. It is also an aid for those stutterers with very high tension levels.

Low energy speech is **SOFT**, with **MINIMAL MOVEMENT OF THE SPEECH ORGANS**. Stutterers should practise it every day. Try to speak softly with minimal movement of the tongue and lips, but without becoming inaudible.

The reason for the effectiveness of low energy speech is that it exerts much less tension on the speech organs. It is a powerful weapon when combined with the airflow technique. This type of speech is related to the 'light contacts' approach taught by speech therapists.

Some stutterers tend to compensate for their poor speech by speaking too loudly. They want to ensure that the words they manage to say reach the listener.

Low tone of voice

Once again a low tone of voice is not an essential feature of the airflow technique – continuous use of a low tone of voice when speaking is unnatural and impractical. Nevertheless it can be very useful in emergencies, the reason being that the lower the tone of voice, the less the tension on the vocal cords.

Tone of voice may also serve as an important indication of base-level tension, as people tend to raise their tone when tense. Before making a telephone call, the speaker could for example

practise his call by first recording it (eg. on his cell phone or a digital / analogue recorder). If the actual telephone conversation is also recorded and the recordings are compared, he will probably discover that his tone of voice was much higher during the actual telephone call. The reason would be his higher tension level during the actual call.

Variation in the need for technique

The airflow is obviously very demanding. Using it all the time requires a lot of effort on the speaker's part. Though the ideal would be to use it as much as possible and to extend your use of it, in 'real life' it is not necessary to make full use of it – much will depend on the particular situation and one's current base-level tension. Actual use of the technique may be represented as follows, with base-level tension abbreviated as BLT:

- | | |
|-----------------|--|
| BLT = very low: | No technique needed |
| BLT = low: | Slowed first syllable OR passive airflow |
| BLT = average: | Slowed first syllable AND passive airflow |
| BLT = high: | Slowed first syllable AND passive airflow, PLUS intent to rest AND low energy speech |

Base-level tension and speech tension

In a previous chapter, **base-level tension** was described as the total sum of tension on the vocal cords when the person is not speaking and has no intention of doing so. **Speech tension** is

the additional amount of tension that is required for speech. Speech tension is therefore always added to base-level tension. If a stutterer has a high base-level tension and then begins to speak, he is subjected to his combined base-level tension and speech tension. As a consequence he may exceed his threshold and stutter (see Figure 1 in the chapter 'A Possible Cause of Stuttering').

The effect of the Passive Airflow technique is limited to speech tension. When the technique is used correctly it reduces speech tension to the level of base-level tension – without however reducing base-level tension itself.

In theory this means that, with correct application of this vocal cord technique, you have a weapon that will allow you to speak fluently even with high base-level tension. According to Prof Schwartz, intensive training in proper vocal cord control makes fluent speech possible, even in stressful situations where the rest of your body is very tense. It is a fact that the principle of differential relaxation enables one part of the muscular system to relax while other parts remain active.

In real life, however, high base-level tension limits the margin within which the stutterer can apply his technique successfully. The higher the base-level tension, the more difficult it becomes to use the technique correctly. This illustrates **the importance of combining the technique with stress control** (for a lower base-level tension) and explains why the technique on its own sometimes fails in highly stressful situations. That's why I've also included a chapter on stress management. First, however, let's look at learning the airflow technique.

LEARNING THE TECHNIQUE

Knowing what to do and having the technique immediately available are two different things. Having the technique available means you have practised it sufficiently. --- Martin Schwartz, *Stop stuttering*

The best way to learn the Passive Airflow Technique is to be instructed by a trained person in an intensive group workshop; by a speech therapist qualified to teach the method; or by experienced members within an airflow self-help group. Check out my introductory YouTube video demonstrating the technique which you can watch by clicking [HERE](#).

Tools needed

The airflow from your mouth should be evaluated regularly to ensure that you're doing it right. The following can be used to

evaluate it:

- The cheapest evaluation tool is a rubber tube, approximately 50 cm long and 1 cm in diameter, of the type which can usually be bought at a hardware shop or similar dealer. Cut the tube to a convenient length so that one open end fits into your ear while the other open end is held against your lips. You will hear the flow of air from your lips clearly enough to evaluate it.
- Even better is to use an old cassette recorder with a **hand-held** microphone – built-in microphones are inadequate. Cheaper microphones are more suitable than expensive ones for picking up the characteristic ‘flutter’ sound (see below) of the airflow. Headphones also come in handy for listening to and evaluating the flow whilst speaking and recording your speech.
- Other options are to use the sound recorder of your cell phone, or other digital recorders.

The basics

A basic learning session begins with theoretical discussions of stuttering, stress, the vocal cords, scanning, distraction behaviour, avoidances and airflow; followed by practical learning of the technique and exercises.

The instructor begins by demonstrating the airflow. Initially she uses it to demonstrate **that it sounds quite normal** speaking this way. Then she intentionally exaggerates the airflow, demonstrating how it should **NOT** be done. All this is recorded

and played back so that everybody can listen to the correct technique.

Demonstrating the ‘flutter’

Subsequently the focus is on the quality of the airflow. Note that a particular type of passive airflow is required. Beware of merely blowing – the flow should not be pushed nor forced. When the correct type of airflow is produced through the rubber tube or recorded on tape, a characteristic sound called ‘**flutter**’ can be heard. An airflow that doesn’t produce the flutter effect may not open the vocal cords adequately.

Demonstrating the slowed first syllables

The next step is to demonstrate a few airflowed sentences, also slowing the first syllables (see the previous chapter for more information on slowed syllables). A recorded version of ‘The man hit the dog’ will sound like this: ‘(Flutter) The (brief pause) man hit the dog.’

A sentence starting with a multi-syllabic word will sound like this: ‘(Flutter) Ac-tual-ly, I don’t know.’

Demonstrating the intent to rest

Subsequently the instructor explains and demonstrates the ‘intent to rest’ (see the previous chapter), which should accompany the passive flow of air through the lips.

Try it yourself!

Attendees now get the opportunity to try it for themselves. Each sentence is recorded and played back so that they can hear if the flutter is passive enough and if the first syllables have been slowed. A pushed flutter indicates that the attendee was not intent on relaxing. Attendees try out the new technique until the instructor feels that they have mastered the basic concept.

Initially, speaking with airflow may produce a somewhat long airflow. As the airflow speaker improves his technique his flows should shorten.

During these exercises the following concepts are emphasised:

Pre-forming is one of the easiest mistakes made by novices. The airflow preceding each sentence has to be particularly passive, ie it has to 'drift' across the lips, virtually 'evaporating'. When this little current of air flows from the mouth, **THE MOUTH MUST BE IN A RELAXED AND NEUTRAL POSITION AND NOT MOVE**. If the mouth, lips and tongue are not in relaxed positions and move, it indicates that the sound is being anticipated. Instead of 'thinking rest', you are thinking of the (feared!) sound. The result may be contraction of the vocal cords and stuttering. This anticipation is known as pre-forming.

By watching your mouth and lips in a mirror when you practise the technique, you will be able to see if your mouth is relaxed. Moreover you can check in the mirror whether your application of

the technique looks natural. (It's a good idea to have mirrors in those places where you often experience difficulties, for example against the wall behind the telephone. You will be able to watch yourself as you speak and also notice any secondary stuttering behaviour such as facial contortions.)

Reapplication. In highly stressful situations you may need to apply the technique more than just at the beginning of a sentence. It may also be necessary to use it **within** a sentence and even within a multi-syllabic word. The attendee must practise applying the technique at the beginning and in the middle of sentences – preferably during a natural pause within the sentence.

Natural transition from flow to sound. The transition from airflow to sound production must be smooth and flowing. Take care not to end the flow just before saying the word, as it gives the vocal cords a chance to contract. The sound must 'grow' naturally from the flow.

Prof Schwartz illustrates the correct usage of airflow with a motion of the hand: a vertical downward movement suggests the airflow; a smooth turning movement in a horizontal direction suggests the ensuing speech.

Home exercises

The purpose of home exercises is to establish airflow as a habit, so that it becomes second nature. This requires time and energy. Those who are serious about mastering the technique are advised not to take on any new hobbies for some time. Mastering the airflow way of speaking demands daily practice – ideally for at least one hour per day.

Practising the technique should itself become habit. Airflow speakers could set aside a specific time for their daily practices, for example immediately after breakfast, 15 minutes before commencing work at the office, during lunch hour, etc.

Schwartz advises making the daily practices as much a part of your routine as brushing your teeth. On a subconscious level we tend to take brushing our teeth for granted, to the extent that failure to do so in the morning feels 'strange'. In the same way even the experienced airflow speaker should prepare himself each morning for the day's speaking requirements by practising for about 5 minutes.

Initially it is not recommended that you attempt to do your daily exercises in one go. Rather spread them over two or even three sessions per day. The concentration demanded can be exhausting. Forcing yourself to persevere regardless of how you feel serves no purpose. Rather stop, and continue when you feel up to it. Quality is more important than quantity – but quantity is also important.

During this stage the ideal would be to keep in touch with a therapist or support group, since it's very easy to practise incorrectly and acquire bad airflow habits. Doing an exercise wrongly, for example by unconsciously forcing the flow, is simply a waste of time.

The following exercises should be incorporated into a daily exercise programme, and should preferably also be part of a self-help group agenda:

Comparison exercise (two minutes). This exercises the quality (passivity!) of the airflow. The airflow speaker sits comfortably in a chair, holds his microphone almost against his mouth and breathes easily through his lips without speaking. He tries to 'think rest' whilst flowing out, to keep his mouth and tongue in a

neutral position and to obtain the most passive, relaxed and smooth flow possible. Afterwards he listens to the flutter on the recording. It should sound passive and unforced.

He now repeats the exercise, this time saying a word (any word) during the airflow. Subsequently the two recordings are compared. The flutter in the first recording will probably be more relaxed – no pre-forming was possible. The purpose of this exercise is to get the second recording to sound as passive as the first.

The comparison exercise is an important and very basic exercise and an excellent way to begin the day's practices.

Reading exercise (twenty minutes, preferably divided into two ten-minute sessions). The reading exercise is a way of reinforcing the airflow habit into one's subconscious. Take a magazine or newspaper and mark every fourth word in the text with a pencil, so dividing the text into sections of four words each. Now read it aloud and apply the technique at every pencil mark. Record one minute of this exercise for evaluation.

During playback, listen critically: Was the flow passive? Did you slow the first syllables?

Description exercise (twenty minutes, preferably divided into two sessions of ten minutes each). With this exercise, the airflow speaker learns how to combine the application of the technique with the **formulation of his thoughts** during free conversation. Using the technique, he describes something or somebody aloud. Short sentences are best. He could, for example, turn the sound of the television down and describe what he sees on the screen. He uses the technique at the beginning of every sentence, and also within the sentence if required. Again he records one minute for evaluation. As he gradually masters the reading exercise, the description exercise should increase in importance.

Relaxation exercise (twenty minutes. See the chapter ‘Stress Management’).

Practising the intent to rest

PRACTISE the intent to rest by sitting in a comfortable chair and relaxing your entire body and mind while you allow the air to flow passively from your mouth. Empty your head of all thoughts as the air flows.

Variations to counter monotony

Try to keep the exercises from becoming monotonous. The description exercise can, for example, be interchanged with two other exercises, ie the alphabet and interview exercises:

Alphabet exercise. The airflow speaker generates short sentences, each starting with the next letter of the alphabet, eg ‘Adam was the first man’, ‘Babies cry a lot’, ‘Chrome is a metal’, etc.

During self-help group meetings (see the ‘Maintenance’ chapter), alphabet exercises will have a slightly different format. Person A thinks of a word that begins with an ‘a’ and says it aloud. Person B on his left applies the technique to make a sentence starting with that word, then thinks of a word that begins with a ‘b’. And so they continue, one after the other. This is a valuable exercise for countering avoidance.

Interview exercise. The airflow speaker uses the technique to ask, and then answer his own questions.

‘Nickel and dime’ exercise. Every day has its empty moments: when you bath, wait in the traffic, etc. Such moments are perfect for practising a few perfect airflow sentences. Be critical – be on

your guard for pre-forming, etc. Look in the mirror, if needs be, to prevent pre-forming.

These exercises can be combined with positive self-motivation by saying airflowed sentences such as the following by means of the technique: 'I'm improving my technique', 'The technique is improving my speech', 'When I use the technique I speak much better'. (Try to start each sentence with a new sound so that you can practise all the sounds.)

'Nickel and dime' exercises don't always have to be done aloud. You can merely let the air escape and move your mouth, tongue, etc AS IF you are saying the words. Don't forget the 'intent to rest'. A businessman due to deliver a speech within minutes can benefit from these exercises by using that time to sit with his hand in front of his mouth, quietly practising the sentences (and technique!) he is about to say. To others it will look as if he is just thinking. Prepare for all new situations by first doing similar concealed nickel and dime exercises.

Mass exercise. These exercises **eliminate word fear** – feared words or sounds. Make a list of your most problematic words and practise them all the time, using the technique. Use a dictionary if the b-sound, for example, poses great problems. Turn to the pages listing the words beginning with 'b' and read one new page every day. Ensure that you make full use of the technique with every word, and include the 'intent to rest' component.

Special reading exercise to counter preforming. The aim of this special exercise is to prevent pre-forming. Read only the first four words on every page of a magazine/book. Don't look at the words too long before reading them (pre-forming is only possible if you anticipate the words that have to be said). Inhale slightly, let some air flow out as you 'think rest', quickly glance at the words and start your reading by slowing down the first syllable.

Then turn to the next page.

The power of conditioning and association

Try doing the exercises in different rooms. In this way one learns to apply the technique in different places. Association and conditioning play an important role in speech therapy. If you do your exercises in the same place for six months, your speech may ultimately be quite good when speaking in that particular room, but not elsewhere.

Airflow speakers can use this association factor to their advantage. A child who experiences particular problems with class reading, could practise after school in the classroom. His subconscious will gradually begin to associate the room with the airflow technique, making it much easier to apply the technique successfully when he eventually has to read aloud in class. The same applies to students, lecturers, preachers, office workers and others who usually have to do their talking in a specific room or hall. Follow the rule of trying to exercise in the place where most of your problems occur.

Don't run before you can walk!

The above exercises will help you to acquire a thorough and basic understanding of the Passive Airflow Technique in a relaxed and controlled environment such as your room. The next step would be to apply the technique in actual conversations with others. This application is discussed in the next chapter.

Remember: you can't run before you know how to crawl!
Don't try to use the airflow technique in the presence of others if you can't use it alone in your own room – in actual stress situations your conditioned stuttering reflexes will simply take over and you will stutter ... and become discouraged. If there is

the slightest imperfection in technique, any stress will exaggerate it, which may lead to stuttering.

A question you may ask yourself is: will you have to apply the technique all the time for the rest of your life? As was mentioned in the previous chapter, using the technique depends on the amount of stress experienced in a particular situation. Consequently one will use all the components of the technique in highly stressful situations, whereas it won't be necessary to do so in relaxed situations.

However, this rule does not apply to airflow beginners. They should focus on making the technique a well-established habit, and to do that will require that they always try to make full use of the technique for at least the first six months, even if they do not need it.

I personally find that if I make frequent use of the technique when I don't need it, I'm that much better at using it when I do need it. This is the case even after many years of airflying.

To conclude: Remember that fluency is not necessarily an indication that the technique is being applied correctly! Fluency could be due to low base-level tension. Someone practising at home may be fluent because of low base-level tension rather than a good technique. You need an external measure to determine whether you are using the technique properly – the cassette recorder or rubber tube will always indicate whether you are using the technique correctly or not.

APPLYING THE TECHNIQUE IN REAL LIFE

Stuttering is like a flea bite. You know you shouldn't scratch it, because it will become infected; you also know you should use the airflow rather than stutter. But it's so much easier just to stutter, or to scratch where it itches. Having a successful technique is one thing; to get yourself to actually use it, is a different matter entirely. --- Robin, 44, sales manager

It's not difficult to learn a new speech technique, even though it requires a lot of effort. The real challenge is to apply the technique in real-life speaking situations, when it is easy for your conditioned reflexes and fears to simply take over.

Even so I believe that there is a narrow little path that can lead you out of the world of stuttering. This road wanders between the abyss of despondency down below and the clouds of impatience up above.

The golden rule is to successfully apply the technique at levels of low stress until you have overcome your tension and fear, and then to advance gradually to more difficult stress levels. This

principle will become apparent when the various hierarchies are discussed.

Put another way: the idea is to use the strategy of gradual, step-by-step stress desensitisation to overcome your situational fears and stresses. The result is increased speaking confidence and lower base-level tension in these situations.

To understand this, one needs to understand feared or stressful speaking situations. Situational fears and stresses may be acquired over many years, and each type of situation is unique. Someone for whom a telephone does not pose a problem, may experience intense difficulties when ordering food in a restaurant. A stutterer who finds speaking easy while maintaining eye contact, may find telephone conversations a huge problem. Because of this it would be incorrect for a stutterer, who has managed to conquer shop situations, to assume that he will automatically now also be able to speak fluently over the telephone, or when making a speech. Each situation has to be dealt with individually.

It may be difficult to face a stressful situation for the first time, even when using a fluency technique. Therefore the best approach is hierarchical (step by step) – the stutterer initially uses the technique only at lower levels of stress within that situation, so that it is relatively easy to really test and apply his new speaking technique. Success at this low level tends to lead to speaking confidence and fluency, but only at this level. The airflow speaker continues to use his technique at this level until he achieves sustained fluency. Only then is he ready to advance to a more difficult situational level. (This type of approach is sometimes used in the treatment of other fears, eg phobias – lift phobia, claustrophobia, etc.)

Note that this approach exerts no pressure on the airflow speaker to face feared situations regardless of the tension involved. Higher levels of difficulty are only attempted when the

airflow speaker feels up to them.

Ideally a therapist would guide the airflow speaker through the different steps. The therapist should develop each hierarchy according to the specific needs of the particular individual. We who stutter tend to be impatient. We want to reach the highest level of the hierarchy before the lower levels have been mastered. Consequently we begin to stutter at a particular level, feel frustrated and reject the fluency technique. The therapist's responsibility is to eliminate these frustrations.

At this stage it will benefit the airflow speaker to join a self-help or support group for people who stutter. Such support is discussed in the next chapter. Right now I would like to discuss a fundamental and well-known principle in the treatment of stuttering, ie openness, or self-advertising as it is called nowadays.

Self-advertising

The person who stutters (abbreviated as PWS) - perhaps a more acceptable (albeit politically correct) phrase than the rather negative word 'stutterer', which reduces the fullness of a human being exclusively in terms of a speech defect – should be prepared to discuss his problem with others, explaining the possible cause of the reflexes and the treatment.

In this way he will be able to get rid of many guilt feelings that have been accumulating over the years and increased his base-level tension. Though many PWS find such openness difficult, those who attempt it will be surprised by the interest shown by fluent speakers. Often the listener will share his own unique problems with you! The non-stuttering public loves 'winners', success stories and people who actively do something to overcome their problems.

The spin-offs can be surprising. Prof Schwartz told us a story

about one of his clients who implemented the command to discuss his treatment with others in a very special way. He would go to nightclubs and tell women about his experiences as a recovering stutterer. It apparently worked wonders. The women hung on his (non-stuttering) lips and he often took his company home ...

With open discussion the PWS will also encourage greater understanding for stuttering amongst the general public.

It is very important to inform one's family, especially parents, about the possible cause and treatment of the defect. Parents often experience intense feelings of guilt because of their child's stuttering. They wonder if they were inadequate in some way - in teaching the child to speak, or in not taking him to a therapist in time. Some of the older theories of stuttering attribute substantial responsibility for the cause of the disorder to the PWS's parents. Parents should realise that the problem is inborn as well as acquired and stress-related. They are not to blame.

Always remember that stuttering is not a disgrace nor a sin! There is no reason to feel guilty about it.

More openness can be achieved by doing the so-called Education and Demonstration Exercises. The airflow speaker should demonstrate his fluency technique whenever possible to others and explain the theory of stuttering and airflow to fluent speakers. All family members, friends, classmates and colleagues should be educated. This also creates opportunities to demonstrate the technique. Don't be shy to repeat these things to the same person – people tend to forget what stuttering entails.

If applying for a job and being interviewed, you should briefly explain the disorder at the beginning of the interview and demonstrate your technique. The same applies to oral examinations. Those who explain themselves will most probably

experience an immediate lowering of their base-level tension and a substantial improvement in their speech.

An alternative form of education and demonstration that can be used in situations where explaining the technique would be inappropriate, is to prepare the listener for the fact that you will be speaking slowly (since slow speech makes the technique much easier to apply). You could for example say:

‘Let’s talk about this calmly and slowly.’

or

‘This is a complicated matter, so I’m going to discuss it slowly and carefully.’

or

‘I don’t want to become tongue-twisted, so I’m going to speak slowly.’

You get the idea? You may want to devise your own, similar sentences to prepare the listener. Note that the word ‘slowly’ occurs in all three sentences above. This prepares the listener for your slow speech.

At his workshops Schwartz gave each attendee a lapel button with the wording: ‘I am an expert on stuttering – ask me any question.’ Attendees were encouraged to wear this button whenever possible, and at least for one hour per day. In fact some people found that they hardly stuttered when wearing the button, if only because it introduced them as people who stutter, thereby reducing their tension levels.

Exercises for using the technique in real life

The following exercises are specifically aimed at helping you use the technique in real-life situations. Remember this important rule: Practise those situations which you find difficult – don't waste your time with situations you have already mastered.

At this stage less time should be spent on basic exercises such as the Reading Exercises (see previous chapter). Focus on the following:

Target Person Exercise

Every day you should choose somebody you want to or have to speak to, eg a café owner, a colleague, a friend, etc. Decide to use the technique only once during your conversation, at the beginning of a sentence. If it works, gradually try to use the technique more than once in the course of the conversation. Record details of the conversation in the Practice Report (see next chapter).

The Target Person Exercise is extremely important and effective and builds a bridge between fluency in a controlled situation and applying the technique in everyday life.

Intensive Interval Exercise

Choose a short period of time (two or three minutes) during office hours, school, a party, etc in which you make a point of using the technique all the time. Anyone who talks to you during this time becomes a Target Person (see the previous exercise). If you have a digital watch, use its hourly alarm signal to remind you of Intensive Intervals.

Ideally the intensive periods should become longer, with more people becoming Target Persons. Eventually these distinctions will no longer be made and the technique will be used in every conversation.

Appointing a monitor

The monitor is someone appointed by you to ensure that you use the technique. The more monitors, the better. A monitor can be your spouse, family member, friend, colleague, etc. It is important that you train the monitor and show him the technique. A good monitor realises his value for the PWS and strictly adheres to the task at hand. He should not hesitate to indicate to the airflow speaker when he fails to use the technique and stutters.

Reading Exercise in the presence of one or more people (eg the monitor)

Toughening Exercise

This exercise, usually done within a self-help group, teaches you to resist speaking pressure. A fellow airflow speaker, therapist or anybody else peppers the airflow speaker with questions aimed at exerting as much pressure on him as possible. The airflow speaker should: i) remain cool ii) wait a second iii) inhale slightly and iv) answer the question with the aid of the technique, ie slowly and with the required airflow. The answer should be a complete sentence and be recorded for evaluation. The questioner should make a point of occasionally interrupting the speaker, who then stops immediately and pauses briefly before answering with the aid of the technique.

Reverse Toughening Exercise

Similar to the ordinary Toughening Exercise, but with the difference that it is now the turn of the airflow speaker to ask the questions, and to interrupt any answers with new questions.

These Toughening Exercises are useful preparations for actual social conversations where people usually interrupt one another all the time.

In a self-help group, Toughening Exercises tend to degenerate into playing the fool, so keep the questions serious! Participants could pretend that the airflow speaker is applying for a job or being questioned by the police, a public prosecutor or a magistrate/judge.

Role-playing Exercise

Also best done in a self-help group or with a monitor or therapist. The airflow speaker pretends to be in a restaurant, making full use of the technique to place his order.

Other roles suitable for role-playing include ordering food from a busy air hostess; explaining a problem to an impatient shop assistant; an interview with your boss; a conversation with a stranger who has lost his way; an argument with an aggressive traffic officer, policeman or neighbour; a conversation with a foreign customs official who hardly speaks English; a conversation at a noisy party – you want to introduce your wife or girlfriend to the others; testifying in court; apologising to your dentist for being late for your appointment, etc. Alternatively read an excerpt from a short play.

Specific situations – hierarchies

Let's now consider the step-by-step mastery of specific situations. Remember that you have to master all feelings of stress and fear inherent in one step before proceeding to the next step.

In this respect there are similarities with the world of sport. A novice golfer who wants to become a champion would not tackle the most difficult courses without preparation. He first practises with friends; he practises holding the golf club and hitting the ball on a flat surface. He doesn't try to hit the ball into the hole from the bunker because he knows he isn't ready for this. Neither will he enter a major event – he knows that the presence of

spectators will make him tense. Only as a skilled player will he have the self-confidence to play in front of large crowds without being distracted by all the attention.

Developing a skill requires time and effort, and is a gradual process. This principle is obvious, yet many PWS expect immediate success in the most difficult of situations!

It also makes sense to lower your expectations at times and occasionally return to an easier level which you have already mastered and where you can speak with ease. This could become necessary if you temporarily stop progressing – if you persist in trying to make progress, it will only cause stress. Sports people are very conscious of this. A weightlifter will sometimes revert to lifting lighter weights. A boxer showing signs of strain will select easier opponents before returning to new challenges.

The telephone

1. Lie down, or sit in a comfortable chair. Close your eyes, relax and breathe calmly. Place your recorder's microphone against your lips and record your airflow flutter. Evaluate until you hear the correct flow: soft and passive.
2. Sit next to a telephone. Get used to its presence. Only proceed to the next step once you have lost all fear or stress in its presence.
3. Lift the receiver and get used to this feeling.
4. Dial a toll-free number. Sit back comfortably, even lie down if possible, and close your eyes. Return the receiver without speaking. Repeat this every day until you lose any fears of dialling.

5. Dial another toll-free number. As soon as someone answers, exhale calmly without speaking. Return the receiver. Repeat several times and record the airflow. If you don't hear a passive airflow, repeat until it can be heard on the recording.

6. Breathe calmly and phone another number. If someone answers, exhale calmly, think 'rest' and softly say the word 'may'. Record it. Return the receiver. (Don't worry or feel guilty about inconveniencing the listener. You've had your share of problems with telephones, and others have had their share of causing you problems with telephones. Now it's their turn to be a little inconvenienced! It is in your interest to do this exercise. Most people would anyway be sympathetic if they knew they were helping you with your exercises.)

7. Evaluate the passive airflow and the slow first syllable. If you haven't applied the technique correctly, repeat the exercise. If your technique is satisfactory, continue with the next step.

8. Dial another number and say a short sentence starting with the word 'may', eg 'May I speak to Mr Simon?' Record and evaluate. Repeat if you did not apply the technique correctly. Listen to your tone of voice. Was it too high? Decide to use a lower tone next time. If you are satisfied with your technique and if you've done the exercise lying down, do the exercise in a normal sitting position.

9. Repeat such telephone calls for twenty minutes each day. Record and evaluate yourself. Use longer sentences and different words.

10. Now use the Yellow Pages until you master these calls. Next, proceed to the smalls in the classified section of the newspaper, private calls and business calls.

11. Continue with the telephone exercises until all telephone-related stress has disappeared.

Instead of using toll-free numbers, you can begin by phoning your therapist, monitor, fellow PWS, friend, family member, etc.

It is very important to speak **softer** during telephone conversations. Some people speak too loud on the telephone, probably because the listener is physically distant. In fact the microphone of most telephones are highly sensitive. If the connection is bad, however, it helps to keep your lips as close to the mike as possible.

Before making a difficult telephone call, it may help to record yourself as you say your sentences into a dead receiver. In fact **all calls that may cause problems should be practised in advance** if possible.

Telephones can be used for a variety of exercises. They can be of special benefit to those living in rural areas far from other PWS or therapists, and can be used to phone these people for daily reading, description, toughening and other exercises.

Severe telephone fear / stress can be overcome by doing all reading and other exercises into a dead receiver. In this way one gets used to the telephone's presence and gradually associates it with the technique.

The following telephone exercise will help you to resist communication stress (the pressure to be heard and understood). PWS usually find it difficult to respond to remarks such as 'Sorry, I can't hear you!', 'Speak up, please!', 'What?', etc. These problems can be dealt with in the following way:

1. Dial a toll-free number. When someone answers, be inaudible or mumble on purpose, but use your technique.
2. When the other person says 'Sorry, I can't hear you!', use the technique again, but speak unclearly.

3. When the person repeats his complaint, speak audibly – still using the technique. In this way you will learn to resist this type of pressure and stress. This exercise puts YOU in control of what is heard. This feeling of control is very beneficial for PWS.

Ordering in a restaurant

1. First use role-playing (see above) to practise this situation. Let your monitor / therapist / fellow PWS act as a ‘waiter’. Record to assess if the technique was used.

2. Go to a restaurant – preferably with your monitor or therapist – and order something simple. Use the following strategy: Make eye contact with the waiter, lower your eyes to the menu, use the technique (in particular ‘thinking rest’), slowly say the first syllables and only resume eye contact with the waiter once you are already speaking. Contrary to common wisdom in stuttering circles, lowering your eyes is sometimes necessary because maintaining eye contact could distract your attention from the technique.

3. Try more complicated orders, gradually without your monitor.

4. Eventually try to engage the waiter in conversation.

5. The final step is to eat out with friends or family and to order on their behalf.

Public speaking and making speeches

‘Public speaking’ means conversation with more than one listener. The highest level of this hierarchy is making a speech in front of a large audience. The following strategy will be useful in these situations:

1. When in a lift with a friend, make a point of speaking just loudly enough for others to hear you. Or speak loudly enough so that the driver can hear you if you and a friend take a taxi. Use your technique. This, too, is public speaking.

2. If you want to address a group, **start with small groups**, perhaps at work. Practise the speech in advance. Decide exactly what you want to say and study the subject to eliminate the stress of uncertainty. Try practising in front of friends or family. Gradually increase the number of people listening to you. Record the speech and evaluate the extent to which you used the technique. Repeat the exercise until your technique is perfect. Try practising in the actual hall/room where you will be speaking.

3. If you are an advanced technique-assisted speaker, you should join a public speaking society such as Toastmasters. Your first speech should be about stuttering and your technique, and should include a demonstration of your technique.

At work

1. Demonstrate your technique at work – especially to your boss, if possible – and show how you use recordings during your exercises.

2. Appoint one or two monitors at work.

3. Make labels with the letters SFS (Slow First Syllable), LES (Low Energy Speech) and PFSS (Passive Flow, Softly and Slowly) and paste them onto your telephone and desk. Practise your technique on the way to work.

4. Do your ‘nickel and dime’ exercises (see the previous chapter) at every opportunity. Record and evaluate.

Introducing yourself and saying your name

1. Lie down comfortably. Imagine introducing yourself to different people.
2. Practise aloud, record and evaluate until your technique is perfect.
3. Practise with friends or family; introduce them to one another. Record, evaluate and practise until your technique is perfect.
4. Choose situations where introductions are not really expected, eg when speaking to bank clerks and tellers, and introduce yourself to them.
5. If you have already mastered the telephone exercises, dial a number, for example in the Yellow Pages, and say a short sentence (including an introduction) that you have practised when your call is answered. Practise until your technique is perfect.
6. Continue with this exercise until all related stress has disappeared.
7. If you have problems with **saying your name** (or any other particular word or sound), you should devote four focused days to eliminate this problem. Use the technique to say your name for one hour per day (and remember to 'think rest'). Vary the exercise with full sentences, eg 'My name is (name)'. Four thousand applications – one thousand per day for four days – should remove much or all of the word stress associated with your name. This is called Mass Practice (see the previous chapter for more info on Mass Practice).

I personally found this exercise, and Mass Practice in general, to work very well. I actually took some days off from work just to practise saying my name for hours at a time. It was one of the

best investments I ever made in my life. One's name is a symbol of yourself; if you can't say it, it really damages your self-esteem, so it pays to work on this.

Shopping

1. Practise a shopping conversation in advance with a therapist, monitor, friend or family. Record and evaluate.
2. Let your therapist / monitor etc assume the role of an impatient shop assistant. They should speak rapidly, so putting pressure on you. Your aim is to remain calm and continue using the technique.
3. Accompany your therapist / monitor etc to a shop. Talk only to your monitor, but aloud. Continue until you are confident that your technique is perfect.
4. Let your monitor talk to the shop assistant. Join in with a question. Repeat until your technique is perfect.
5. The next step is to INITIATE a conversation with an assistant. Practise this before you do it.
6. Then go shopping without your monitor and start a conversation. Use a standard sentence, eg 'When does this shop close?' Ask this question to about ten people. Avoid eye contact at this stage. If you experience problems, practise at home with your recorder and evaluate.
7. If you are successful, try other questions such as: 'Where is the men's section?' Continue to ask different questions in different shops until all stress disappears.

Asking directions

1. Practise asking questions such as: 'Excuse me, could you please tell me where the post office is?' while alone and record them for evaluation.
2. Practise this in front of your therapist, friends, family, monitor, etc. Record and evaluate.
3. Practise a question, go to a shop and ask the question to a staff member. Focus on the airflow, not the question.
4. Ask the same question at different shops until you have perfected your technique.
5. Now ask DIFFERENT questions at DIFFERENT shops.
6. Practise until all stress related to this situation has disappeared.

Eventually you can develop your own stress desensitisation steps to overcome specific problems and situations.

Applying the Technique in Real Life

Stuttering is like a flea bite. You know you shouldn't scratch it, because it will become infected; you also know you should use the airflow rather than stutter. But it's so much easier just to stutter, or to scratch where it itches. Having a successful technique is one thing; to get yourself to actually use it, is a different matter entirely. --- Robin, 44, sales manager

It's not difficult to learn a new speech technique, even though it requires a lot of effort. The real challenge is to apply the technique in real-life speaking situations, when it is easy for your conditioned reflexes and fears to simply take over.

Even so I believe that there is a narrow little path that can lead you out of the world of stuttering. This road wanders between the abyss of despondency down below and the clouds of impatience up above.

The golden rule is to successfully apply the technique at levels of low stress until you have overcome your tension and fear, and then to advance gradually to more difficult stress levels. This

principle will become apparent when the various hierarchies are discussed.

Put another way: the idea is to use the strategy of gradual, step-by-step stress desensitisation to overcome your situational fears and stresses. The result is increased speaking confidence and lower base-level tension in these situations.

To understand this, one needs to understand feared or stressful speaking situations. Situational fears and stresses may be acquired over many years, and each type of situation is unique. Someone for whom a telephone does not pose a problem, may experience intense difficulties when ordering food in a restaurant. A stutterer who finds speaking easy while maintaining eye contact, may find telephone conversations a huge problem. Because of this it would be incorrect for a stutterer, who has managed to conquer shop situations, to assume that he will automatically now also be able to speak fluently over the telephone, or when making a speech. Each situation has to be dealt with individually.

It may be difficult to face a stressful situation for the first time, even when using a fluency technique. Therefore the best approach is hierarchical (step by step) – the stutterer initially uses the technique only at lower levels of stress within that situation, so that it is relatively easy to really test and apply his new speaking technique. Success at this low level tends to lead to speaking confidence and fluency, but only at this level. The airflow speaker continues to use his technique at this level until he achieves sustained fluency. Only then is he ready to advance to a more difficult situational level. (This type of approach is sometimes used in the treatment of other fears, eg phobias – lift phobia, claustrophobia, etc.)

Note that this approach exerts no pressure on the airflow speaker to face feared situations regardless of the tension involved. Higher levels of difficulty are only attempted when the

airflow speaker feels up to them.

Ideally a therapist would guide the airflow speaker through the different steps. The therapist should develop each hierarchy according to the specific needs of the particular individual. We who stutter tend to be impatient. We want to reach the highest level of the hierarchy before the lower levels have been mastered. Consequently we begin to stutter at a particular level, feel frustrated and reject the fluency technique. The therapist's responsibility is to eliminate these frustrations.

At this stage it will benefit the airflow speaker to join a self-help or support group for people who stutter. Such support is discussed in the next chapter. Right now I would like to discuss a fundamental and well-known principle in the treatment of stuttering, ie openness, or self-advertising as it is called nowadays.

Self-advertising

The person who stutters (abbreviated as PWS) - perhaps a more acceptable (albeit politically correct) phrase than the rather negative word 'stutterer', which reduces the fullness of a human being exclusively in terms of a speech defect – should be prepared to discuss his problem with others, explaining the possible cause of the reflexes and the treatment.

In this way he will be able to get rid of many guilt feelings that have been accumulating over the years and increased his base-level tension. Though many PWS find such openness difficult, those who attempt it will be surprised by the interest shown by fluent speakers. Often the listener will share his own unique problems with you! The non-stuttering public loves 'winners', success stories and people who actively do something to overcome their problems.

The spin-offs can be surprising. Prof Schwartz told us a story

about one of his clients who implemented the command to discuss his treatment with others in a very special way. He would go to nightclubs and tell women about his experiences as a recovering stutterer. It apparently worked wonders. The women hung on his (non-stuttering) lips and he often took his company home ...

With open discussion the PWS will also encourage greater understanding for stuttering amongst the general public.

It is very important to inform one's family, especially parents, about the possible cause and treatment of the defect. Parents often experience intense feelings of guilt because of their child's stuttering. They wonder if they were inadequate in some way - in teaching the child to speak, or in not taking him to a therapist in time. Some of the older theories of stuttering attribute substantial responsibility for the cause of the disorder to the PWS's parents. Parents should realise that the problem is inborn as well as acquired and stress-related. They are not to blame.

Always remember that stuttering is not a disgrace nor a sin! There is no reason to feel guilty about it.

More openness can be achieved by doing the so-called Education and Demonstration Exercises. The airflow speaker should demonstrate his fluency technique whenever possible to others and explain the theory of stuttering and airflow to fluent speakers. All family members, friends, classmates and colleagues should be educated. This also creates opportunities to demonstrate the technique. Don't be shy to repeat these things to the same person – people tend to forget what stuttering entails.

If applying for a job and being interviewed, you should briefly explain the disorder at the beginning of the interview and demonstrate your technique. The same applies to oral examinations. Those who explain themselves will most probably

experience an immediate lowering of their base-level tension and a substantial improvement in their speech.

An alternative form of education and demonstration that can be used in situations where explaining the technique would be inappropriate, is to prepare the listener for the fact that you will be speaking slowly (since slow speech makes the technique much easier to apply). You could for example say:

‘Let’s talk about this calmly and slowly.’

or

‘This is a complicated matter, so I’m going to discuss it slowly and carefully.’

or

‘I don’t want to become tongue-twisted, so I’m going to speak slowly.’

You get the idea? You may want to devise your own, similar sentences to prepare the listener. Note that the word ‘slowly’ occurs in all three sentences above. This prepares the listener for your slow speech.

At his workshops Schwartz gave each attendee a lapel button with the wording: ‘I am an expert on stuttering – ask me any question.’ Attendees were encouraged to wear this button whenever possible, and at least for one hour per day. In fact some people found that they hardly stuttered when wearing the button, if only because it introduced them as people who stutter, thereby reducing their tension levels.

Exercises for using the technique in real life

The following exercises are specifically aimed at helping you use the technique in real-life situations. Remember this important rule: Practise those situations which you find difficult – don't waste your time with situations you have already mastered.

At this stage less time should be spent on basic exercises such as the Reading Exercises (see previous chapter). Focus on the following:

Target Person Exercise

Every day you should choose somebody you want to or have to speak to, eg a café owner, a colleague, a friend, etc. Decide to use the technique only once during your conversation, at the beginning of a sentence. If it works, gradually try to use the technique more than once in the course of the conversation. Record details of the conversation in the Practice Report (see next chapter).

The Target Person Exercise is extremely important and effective and builds a bridge between fluency in a controlled situation and applying the technique in everyday life.

Intensive Interval Exercise

Choose a short period of time (two or three minutes) during office hours, school, a party, etc in which you make a point of using the technique all the time. Anyone who talks to you during this time becomes a Target Person (see the previous exercise). If you have a digital watch, use its hourly alarm signal to remind you of Intensive Intervals.

Ideally the intensive periods should become longer, with more people becoming Target Persons. Eventually these distinctions will no longer be made and the technique will be used in every conversation.

Appointing a monitor

The monitor is someone appointed by you to ensure that you use the technique. The more monitors, the better. A monitor can be your spouse, family member, friend, colleague, etc. It is important that you train the monitor and show him the technique. A good monitor realises his value for the PWS and strictly adheres to the task at hand. He should not hesitate to indicate to the airflow speaker when he fails to use the technique and stutters.

Reading Exercise in the presence of one or more people (eg the monitor)

Toughening Exercise

This exercise, usually done within a self-help group, teaches you to resist speaking pressure. A fellow airflow speaker, therapist or anybody else peppers the airflow speaker with questions aimed at exerting as much pressure on him as possible. The airflow speaker should: i) remain cool ii) wait a second iii) inhale slightly and iv) answer the question with the aid of the technique, ie slowly and with the required airflow. The answer should be a complete sentence and be recorded for evaluation. The questioner should make a point of occasionally interrupting the speaker, who then stops immediately and pauses briefly before answering with the aid of the technique.

Reverse Toughening Exercise

Similar to the ordinary Toughening Exercise, but with the difference that it is now the turn of the airflow speaker to ask the questions, and to interrupt any answers with new questions.

These Toughening Exercises are useful preparations for actual social conversations where people usually interrupt one another all the time.

In a self-help group, Toughening Exercises tend to degenerate into playing the fool, so keep the questions serious! Participants could pretend that the airflow speaker is applying for a job or being questioned by the police, a public prosecutor or a magistrate/judge.

Role-playing Exercise

Also best done in a self-help group or with a monitor or therapist. The airflow speaker pretends to be in a restaurant, making full use of the technique to place his order.

Other roles suitable for role-playing include ordering food from a busy air hostess; explaining a problem to an impatient shop assistant; an interview with your boss; a conversation with a stranger who has lost his way; an argument with an aggressive traffic officer, policeman or neighbour; a conversation with a foreign customs official who hardly speaks English; a conversation at a noisy party – you want to introduce your wife or girlfriend to the others; testifying in court; apologising to your dentist for being late for your appointment, etc. Alternatively read an excerpt from a short play.

Specific situations – hierarchies

Let's now consider the step-by-step mastery of specific situations. Remember that you have to master all feelings of stress and fear inherent in one step before proceeding to the next step.

In this respect there are similarities with the world of sport. A novice golfer who wants to become a champion would not tackle the most difficult courses without preparation. He first practises with friends; he practises holding the golf club and hitting the ball on a flat surface. He doesn't try to hit the ball into the hole from the bunker because he knows he isn't ready for this. Neither will he enter a major event – he knows that the presence of

spectators will make him tense. Only as a skilled player will he have the self-confidence to play in front of large crowds without being distracted by all the attention.

Developing a skill requires time and effort, and is a gradual process. This principle is obvious, yet many PWS expect immediate success in the most difficult of situations!

It also makes sense to lower your expectations at times and occasionally return to an easier level which you have already mastered and where you can speak with ease. This could become necessary if you temporarily stop progressing – if you persist in trying to make progress, it will only cause stress. Sports people are very conscious of this. A weightlifter will sometimes revert to lifting lighter weights. A boxer showing signs of strain will select easier opponents before returning to new challenges.

The telephone

1. Lie down, or sit in a comfortable chair. Close your eyes, relax and breathe calmly. Place your recorder's microphone against your lips and record your airflow flutter. Evaluate until you hear the correct flow: soft and passive.
2. Sit next to a telephone. Get used to its presence. Only proceed to the next step once you have lost all fear or stress in its presence.
3. Lift the receiver and get used to this feeling.
4. Dial a toll-free number. Sit back comfortably, even lie down if possible, and close your eyes. Return the receiver without speaking. Repeat this every day until you lose any fears of dialling.

5. Dial another toll-free number. As soon as someone answers, exhale calmly without speaking. Return the receiver. Repeat several times and record the airflow. If you don't hear a passive airflow, repeat until it can be heard on the recording.

6. Breathe calmly and phone another number. If someone answers, exhale calmly, think 'rest' and softly say the word 'may'. Record it. Return the receiver. (Don't worry or feel guilty about inconveniencing the listener. You've had your share of problems with telephones, and others have had their share of causing you problems with telephones. Now it's their turn to be a little inconvenienced! It is in your interest to do this exercise. Most people would anyway be sympathetic if they knew they were helping you with your exercises.)

7. Evaluate the passive airflow and the slow first syllable. If you haven't applied the technique correctly, repeat the exercise. If your technique is satisfactory, continue with the next step.

8. Dial another number and say a short sentence starting with the word 'may', eg 'May I speak to Mr Simon?' Record and evaluate. Repeat if you did not apply the technique correctly. Listen to your tone of voice. Was it too high? Decide to use a lower tone next time. If you are satisfied with your technique and if you've done the exercise lying down, do the exercise in a normal sitting position.

9. Repeat such telephone calls for twenty minutes each day. Record and evaluate yourself. Use longer sentences and different words.

10. Now use the Yellow Pages until you master these calls. Next, proceed to the smalls in the classified section of the newspaper, private calls and business calls.

11. Continue with the telephone exercises until all telephone-related stress has disappeared.

Instead of using toll-free numbers, you can begin by phoning your therapist, monitor, fellow PWS, friend, family member, etc.

It is very important to speak **softer** during telephone conversations. Some people speak too loud on the telephone, probably because the listener is physically distant. In fact the microphone of most telephones are highly sensitive. If the connection is bad, however, it helps to keep your lips as close to the mike as possible.

Before making a difficult telephone call, it may help to record yourself as you say your sentences into a dead receiver. In fact **all calls that may cause problems should be practised in advance** if possible.

Telephones can be used for a variety of exercises. They can be of special benefit to those living in rural areas far from other PWS or therapists, and can be used to phone these people for daily reading, description, toughening and other exercises.

Severe telephone fear / stress can be overcome by doing all reading and other exercises into a dead receiver. In this way one gets used to the telephone's presence and gradually associates it with the technique.

The following telephone exercise will help you to resist communication stress (the pressure to be heard and understood). PWS usually find it difficult to respond to remarks such as 'Sorry, I can't hear you!', 'Speak up, please!', 'What?', etc. These problems can be dealt with in the following way:

1. Dial a toll-free number. When someone answers, be inaudible or mumble on purpose, but use your technique.
2. When the other person says 'Sorry, I can't hear you!', use the technique again, but speak unclearly.

3. When the person repeats his complaint, speak audibly – still using the technique. In this way you will learn to resist this type of pressure and stress. This exercise puts YOU in control of what is heard. This feeling of control is very beneficial for PWS.

Ordering in a restaurant

1. First use role-playing (see above) to practise this situation. Let your monitor / therapist / fellow PWS act as a ‘waiter’. Record to assess if the technique was used.

2. Go to a restaurant – preferably with your monitor or therapist – and order something simple. Use the following strategy: Make eye contact with the waiter, lower your eyes to the menu, use the technique (in particular ‘thinking rest’), slowly say the first syllables and only resume eye contact with the waiter once you are already speaking. Contrary to common wisdom in stuttering circles, lowering your eyes is sometimes necessary because maintaining eye contact could distract your attention from the technique.

3. Try more complicated orders, gradually without your monitor.

4. Eventually try to engage the waiter in conversation.

5. The final step is to eat out with friends or family and to order on their behalf.

Public speaking and making speeches

‘Public speaking’ means conversation with more than one listener. The highest level of this hierarchy is making a speech in front of a large audience. The following strategy will be useful in these situations:

1. When in a lift with a friend, make a point of speaking just loudly enough for others to hear you. Or speak loudly enough so that the driver can hear you if you and a friend take a taxi. Use your technique. This, too, is public speaking.

2. If you want to address a group, **start with small groups**, perhaps at work. Practise the speech in advance. Decide exactly what you want to say and study the subject to eliminate the stress of uncertainty. Try practising in front of friends or family. Gradually increase the number of people listening to you. Record the speech and evaluate the extent to which you used the technique. Repeat the exercise until your technique is perfect. Try practising in the actual hall/room where you will be speaking.

3. If you are an advanced technique-assisted speaker, you should join a public speaking society such as Toastmasters. Your first speech should be about stuttering and your technique, and should include a demonstration of your technique.

At work

1. Demonstrate your technique at work – especially to your boss, if possible – and show how you use recordings during your exercises.

2. Appoint one or two monitors at work.

3. Make labels with the letters SFS (Slow First Syllable), LES (Low Energy Speech) and PFSS (Passive Flow, Softly and Slowly) and paste them onto your telephone and desk. Practise your technique on the way to work.

4. Do your ‘nickel and dime’ exercises (see the previous chapter) at every opportunity. Record and evaluate.

Introducing yourself and saying your name

1. Lie down comfortably. Imagine introducing yourself to different people.
2. Practise aloud, record and evaluate until your technique is perfect.
3. Practise with friends or family; introduce them to one another. Record, evaluate and practise until your technique is perfect.
4. Choose situations where introductions are not really expected, eg when speaking to bank clerks and tellers, and introduce yourself to them.
5. If you have already mastered the telephone exercises, dial a number, for example in the Yellow Pages, and say a short sentence (including an introduction) that you have practised when your call is answered. Practise until your technique is perfect.
6. Continue with this exercise until all related stress has disappeared.
7. If you have problems with **saying your name** (or any other particular word or sound), you should devote four focused days to eliminate this problem. Use the technique to say your name for one hour per day (and remember to 'think rest'). Vary the exercise with full sentences, eg 'My name is (name)'. Four thousand applications – one thousand per day for four days – should remove much or all of the word stress associated with your name. This is called Mass Practice (see the previous chapter for more info on Mass Practice).

I personally found this exercise, and Mass Practice in general, to work very well. I actually took some days off from work just to practise saying my name for hours at a time. It was one of the

best investments I ever made in my life. One's name is a symbol of yourself; if you can't say it, it really damages your self-esteem, so it pays to work on this.

Shopping

1. Practise a shopping conversation in advance with a therapist, monitor, friend or family. Record and evaluate.
2. Let your therapist / monitor etc assume the role of an impatient shop assistant. They should speak rapidly, so putting pressure on you. Your aim is to remain calm and continue using the technique.
3. Accompany your therapist / monitor etc to a shop. Talk only to your monitor, but aloud. Continue until you are confident that your technique is perfect.
4. Let your monitor talk to the shop assistant. Join in with a question. Repeat until your technique is perfect.
5. The next step is to INITIATE a conversation with an assistant. Practise this before you do it.
6. Then go shopping without your monitor and start a conversation. Use a standard sentence, eg 'When does this shop close?' Ask this question to about ten people. Avoid eye contact at this stage. If you experience problems, practise at home with your recorder and evaluate.
7. If you are successful, try other questions such as: 'Where is the men's section?' Continue to ask different questions in different shops until all stress disappears.

Asking directions

1. Practise asking questions such as: 'Excuse me, could you please tell me where the post office is?' while alone and record them for evaluation.
2. Practise this in front of your therapist, friends, family, monitor, etc. Record and evaluate.
3. Practise a question, go to a shop and ask the question to a staff member. Focus on the airflow, not the question.
4. Ask the same question at different shops until you have perfected your technique.
5. Now ask DIFFERENT questions at DIFFERENT shops.
6. Practise until all stress related to this situation has disappeared.

Eventually you can develop your own stress desensitisation steps to overcome specific problems and situations.

MAINTENANCE

When one learns something new, when one forms a new habit, definite physical-chemical changes occur in the brain that are the expressions of learning. These changes develop slowly ... clients must not frustrate themselves during this learning period since frustration serves merely to raise base-level tension and works directly against achieving goals. --- Dr Martin Schwartz, *Stop Stuttering*

In the previous two chapters, guidelines were presented for the gradual and systematic elimination of situational and other types of stress. Unfortunately life is not that systematic and logical. The programme as set out in the previous chapters did not address the problem many stutterers may have with their self-image. Moreover struggle behaviour and speech fears may be deep-seated and tenacious. The daily tension and stress to which most people are subject can easily reactivate these old behaviour patterns – and this is especially true if the new behaviour, ie the new speech technique, is not reinforced and maintained. This results in relapses and despondency ...

Resisting the relapse

Schwartz has identified two significant causes of relapses:

- 1) the subconscious reaction of the self-image, and
- 2) failure to practise regularly and maintain the newly acquired fluency.

1. Subconscious reactions

Schwartz has provided an explanation for the higher tension and irrational anxiety a PWS may experience after a period of fluency. In his view the PWS has a subconscious image of himself as a stutterer. If the stuttering stops for long enough, it is as if the subconscious becomes 'worried'; it receives a message that the status quo is changing.

The subconscious then tries to restore the status quo by increasing base-level tension (see the chapter 'A Possible Cause of Stuttering' for an explanation of base-level tension). This higher base-level tension has a twofold effect: renewed stuttering, plus a disruption of the newly acquired fluent behaviour. (The neutralisation of newly acquired behaviour through stress is a well-known psychological principle.) As a result the PWS resumes his stuttering and the subconscious is 'reassured'. This subconscious reaction is often responsible for the many relapses demoralising both client and speech pathologist.

Different techniques can be used to change the subconscious in a more gradual manner, so minimising psychologically-based relapses. Some techniques are discussed in the chapter 'The Power of Visualisation'. It is also worthwhile doing something about your self-image – see the 'Self-image' chapter for this. Stress management (see the next chapter) may also be useful in minimising any subconscious reactions.

In addition to these strategies it may be necessary to find other

means of support, such as counselling. Schwartz, for instance, provides his clients with a CD containing inter alia hypnotic messages they can listen to as they relax in the bath or before going to sleep. Additional relaxation exercises and affirmations on the CD are aimed at gradually reassuring the subconscious that all is well.

Remember: The subconscious reaction is an indication that you are on the right track – the subconscious stutterer within you has taken note of the progress and desperately attempts to restore the previous state of affairs.

You might say: ‘This is fine in theory, but what must I do in real life on those ‘bad days’ when my stress levels are very high?’ Schwartz recommends the following:

1. Do a relaxation exercise every morning and evening (see the next chapter).
2. Use Low Energy Speech (see the chapter ‘The Passive Airflow Technique’).
3. Get in touch with a fellow airflow speaker or therapist.
4. Don’t be discouraged! Stuttering is stress-related. Therefore an increase in stress can affect your speech. But such relapses don’t have to be devastating or permanent. A good night’s rest may be all you need to reduce your stress. Relapses do not mean that the effect of ALL your practising has been neutralised.
5. Accept that some days will be exceptionally stressful. Try to speak as little as possible when you feel very stressed. Some conversations and telephone calls can be left for another day – rather do something about your high base-level tension.

2. Failure to practise and maintain fluency

As mentioned before, Schwartz attributes relapses to two causes. The first cause is the subconscious reaction. The second is failure to practise and to maintain and reinforce fluency.

A PWS enrolled in a good therapy programme usually finds that initially his speech shows a drastic improvement. His relaxation exercises and correct application of a fluency technique combine to lower his base-level tension and improve his fluency. Too often the PWS then believes himself 'cured' and stops doing all the things he should be doing: technique practices, relaxation exercises, keeping in touch with the therapist and a support group, etc.

For a while he manages quite well, 'riding' on his initial success and his lowered tension levels. Then, as his base-level tension increases and his technique deteriorates, his speech falters. Suddenly one day he finds himself stuttering badly. He tries to use his technique, but it 'doesn't work' – the truth being that he hasn't been using it correctly for some time. Now his base-level tension soars and his speech is at its worst ever. On top of this he has lost contact with his therapist and support group, and is too embarrassed to get in touch with them and admit defeat ...

Beware of this trap! The golden rule is: **DON'T BE FOOLED BY FLUENCY**. Fluency is NOT always an indication of progress – remember the effect of low base-level tension. Continue to reinforce and perfect your fluency technique. Evaluate your technique as you progress. Keep on doing the exercises described in the previous chapters. Focus on those that apply to your specific problem areas. Try to work on your speech every day – preferably in the morning. The following guidelines may be of help:

Analyse your mistakes and identify the underlying type of stress

Analyse any situation in which you experience problems.

Imagine, for example, that your car breaks down on your way to an important meeting. You try to phone from your cell phone, but last night you forgot to recharge the flat battery. You walk to the nearest shop to make a call. It's quite far, on top of a hill, and by the time you get there you are exhausted. You phone your new boss, who is actually German-speaking and whose English is not perfect, from the old-fashioned coin-operated telephone inside the shop to explain that you will be late for the meeting. It will have to be a snappy explanation; neither you nor the café owner has enough change for more than a single, brief call ...

This situation would probably cause speaking problems for you. However, let's analyse the different types of stress impacting on your speech:

1. Situational stress (telephone calls may be difficult for you).
2. Authority figure stress (talking to your boss who wields power over you).
3. Exhaustion stress (from the long walk up the hill).
4. Uncertainty and communicative stress (your boss's poor English and your lack of knowledge of German increases the possibility of misunderstandings).
5. External stress factors (you are upset about your car and about being late).
6. Speed stress (the lack of time may force you to speak too fast).
7. Word stress (if you have to say feared words).

Having analysed the situation, you can now do something about it so as to prevent similar problems in future:

1. Tackle **telephone stress** by following the telephone hierarchy

(see the chapter 'Applying the Technique in Real Life').

2. Reduce **authority figure stress** and **uncertainty stress** by explaining the technique to your boss as soon as possible, and make him a Target Person (see the chapter mentioned in the previous paragraph for an explanation of 'Target Person'). Practise conversations with him in advance.

3. Reduce **exhaustion, external** and **speed stress**, for example by using role-playing (within a self-help group or with your speech pathologist / monitor / fellow PWS) to prepare for such situations.

4. Reduce **word stress**, for example by using Nickel and Dime and Mass Exercises (see the chapter 'Learning the Technique') to eliminate your feared words.

Approach challenges in stages

It's better to identify a series of realistic, attainable goals for the immediate future, rather than a vague ideal of complete recovery. For example: decide to use your technique consistently when speaking for the next thirty minutes.

Develop a fluency-enhancing lifestyle

A fluency technique is more than a speech aid – it should be part of a lifestyle. Self-help groups for PWS play an important role in this lifestyle. By attending meetings and keeping in touch with fellow PWS, you will constantly be reminded to use your technique.

An electronic wristwatch that signals every hour can also serve as a regular reminder to practise your fluency technique by doing Nickel and Dime Exercises (see the chapter 'Learning the Technique').

At the same time **the technique should not become an obsession – it should be part of a holistic approach.** Mere technique is insufficient – also work on stress management and psychological self-improvement to cope with stuttering. Guard against exaggerated speech control. Too much speech control serves no purpose. You will lose all spontaneity and merely increase your base-level tension.

In terms of lifestyle it would seem that people who stutter can participate in sport – but should avoid weightlifting. Weightlifters hold their breath while lifting weights, and when you hold your breath, your vocal cords close. So by lifting weights as a sport you develop your vocal cord muscles and their ability to lock the vocal cords – which would obviously contribute to the stress-induced vocal cord closures of a person who stutters.

Aim for a balanced lifestyle and a problem-solving approach.

Over-emotionality and self-created problems may be luxuries that the PWS cannot afford. The resultant stress will immediately be reflected in his speech. It is as if the disorder forces one to live decently – naturally it would have been preferable to have a choice in these matters!

Establish comfortable eye contact

Comfortable eye contact is important, but should not be exaggerated. Don't stare - avert your glance occasionally. Comfortable eye contact contributes to interpersonal communication and helps overcome shyness.

Eye contact, however, should not overshadow technique. If eye contact distracts your attention from using your technique, look at the listener's nose and not his eyes. (Test this - look at somebody's eyes, then at his nose, and ask him if he notices the

difference.) Schwartz suggests that you only maintain eye contact while speaking – during inhaling and airflow you should concentrate on your technique. In summary: look at the listener's nose while inhaling and doing airflow, and shift your glance to his eyes as soon as you begin to speak.

Enter into a contract

This is a motivational strategy. You sign a contract with your monitor in terms of which you will pay him a small amount of money each time you fail to use the technique and stutter. The amount should be sufficient to motivate both parties. The contract should initially be valid for three-minute periods at a time. Beginners should engage in one such session per day.

This strategy doesn't work for everybody. Some people find it counterproductive – the thought of losing money increases their stress and distracts their attention from their technique.

Don't fight your way out of a block

A PWS having a block tends to 'fight' his way out of it – with unpleasant results. You need to learn to stop your struggle behaviour and apply your technique as best as you can as soon as you experience a block. Don't go back to words that have already been said.

Once you start using the technique regularly, you will notice that your blocks are less severe than before. Every little bit helps. Even a poor technique is better than no technique at all.

After a block, immediately try to say the relevant word correctly by using your technique. This sends a message to your subconscious that you are able to say the word after all.

Exhale through your mouth

Always exhale through your mouth, even when not speaking. This will make you more aware of the airflow from your mouth.

One eventually becomes very conscious of the air pressure in the mouth. High air pressure in the mouth indicates that airflow is inadequate. You will also become aware of excessive tension in the jaw and face.

Stay in the ‘flow groove’

The airflow speaker who has managed to apply the technique a number of times consecutively or even for a number of days will notice a remarkable improvement in his speech and a tendency to use the technique consistently. He is in what is called the ‘flow groove’. You should try to stay in the flow groove for as long as possible. This fluency may, however, induce over-optimism, faster speech and sloppy technique. Should this happen you will soon be out of the flow groove and back in the ‘stutter groove’. (Higher base-level tension may also force you out of the flow groove.)

Airflow treatment is characterised by a continuous shifting between the stutter groove and the flow groove. Don’t be discouraged if you continually find yourself back in the stutter groove. Just keep on practising – and try to stay in the flow groove for as long as possible.

Advanced airflow speakers should practise the technique for five minutes every morning to get into the flow groove. I find these quick early-morning workouts indispensable. If somebody phones me before my morning practice, my speech tends to be poor. Early-morning practising also serves as a ‘warming-up’ of the vocal cords. The vocal cords need to ‘warm up’ before functioning optimally. Singers know this, and also do warming-up exercises before singing.

Control your emotions

If you let your emotions get the better of you, you may forget to use the technique. Therefore the airflow speaker should make an attempt to control his emotions.

Distinguish between word stress and situational stress

It is possible to distinguish between the word-stress PWS, ie someone with severe word stress, who consequently stutters on most or all words regardless of the situation, and the situational PWS whose defect is dependent on the specific situation. Though this distinction is somewhat artificial, it helps to put stuttering in perspective.

A case comes to mind of a PWS in my self-help group who had a severe 'internal' stutter and extreme word-stress problems. He immediately benefited from the airflow technique – because without it he would not have been able to say a single word. The extent of the disorder necessitated applying the technique with almost every word.

Due to his somewhat exaggerated use of the technique his speech was extremely slow (which also sounded rather unnatural) during the first months. But he didn't allow others to rush him – they had no choice but to remain patient. The very slow speech was, however, much more manageable than the stutter. Gradually his word stress decreased, and the tempo of his speech increased. His consistent use of the technique and resultant excessively slow speech had been a transitional stage in the gradual process of reducing his word stress.

Situational PWS may find it more difficult to use the technique consistently than word-stress PWS. This is because the situational PWS already possesses some areas of fluency. This

reduces the need to apply the technique consistently. Situational PWS who have mastered the basic airflow technique should pay special attention to the stress hierarchies discussed in the previous chapter.

Multiple reapplication

In previous chapters it was mentioned that it may not be enough to just apply the airflow technique at the start of a sentence. It may also be necessary to apply it again WITHIN a sentence, or even between syllables within a long word. This is called 'reapplication'.

In some extremely stressful situations, however, reapplication may also fail to prevent a block or to neutralise fear of a specific word or sound. The solution is to try 'multiple reapplication'.

A multiple reapplication simply means using the technique as many times as necessary for fluent pronunciation of a word or sound. The airflow speaker persists with reapplications until stress in the vocal cords is sufficiently reduced.

Naturally there are disadvantages to multiple reapplications. The pauses needed for multiple reapplication may give unthinking fluent speakers an opportunity to interrupt you. However, as an airflow speaker you have a few tricks up your sleeve to prevent this from happening. Try to say the sound in a softer voice and use Low Energy Speech. If your speech slows down, pauses in your conversation will not be that obvious. And if you manage to say the word fluently after two or three reapplications it will give your self-confidence a tremendous boost.

External support

IT IS VERY DIFFICULT TO GET BETTER ALONE – so look to others for support. Support comes from three sources: monitors,

speech therapists / pathologists, and self-help / support groups.

MONITORS were discussed in the previous chapter. THERAPISTS can provide follow-up sessions or, preferably, refresher workshops.

SELF-HELP / SUPPORT GROUPS provide the third source of support. Group meetings should be held regularly and should include exercises. The following is an example of minutes taken at a meeting of my self-help group:

Minutes of the meeting held at: (address and telephone number) on (date) at 19:30

Present: (list of names)

Apologies: (list of names)

1. **Opening the meeting.** The chairman opens the meeting. He welcomes family members, friends and the two speech pathologists present as observers and points out that participation in the meeting's exercises and activities is always optional. During the meeting, speakers may only speak with the aid of the technique.

Arrangements are made for the next meeting to be held at the same time in two weeks. The chairman will be (name).

2. **Introductory speech.** The chairman delivers an introductory speech (three minutes). (This should be an inspiring speech, starting the evening off on a positive note.)

Subject: Speed stress. The chairman compares people who pressurise the slow speaker into speaking faster, to a rushed motorist behind you who wants to pass you. You are already driving at the maximum speed on a single-lane road, however, and cannot move over. The car behind wants you to accelerate, but if you give in to his pressure you may be caught by the speed

camera ahead. One has to learn to resist such pressure.

Similarly the airflow speaker must learn to control his conversational speed regardless of the pressure from others to speak faster. Resist the feeling that there is a time limit on your speaking turn. Let them wait! PWS tend to worry that they will bore or inconvenience the listener. You have a right to speak slowly! Many fluent speakers also speak slowly. If the other person is in a hurry, IT'S NOT YOUR PROBLEM. You will find that if you speak slowly, others will tend to relax as well. Do not allow someone else to determine the tempo of the conversation.

3. **Reading exercise** – two minutes each (unprepared). Participants read much better than at the previous meeting, although a tendency to read too fast persists. The exercise was recorded and the quality of the members' airflow evaluated.

4. **Individual reports** – limited to four minutes each. Participants get an opportunity to report on their speech in the two weeks preceding the meeting. The reports are recorded for evaluation at home. Discussion: Some deterioration in your speech is to be expected if you are writing exams. The importance of doing more relaxation exercises to counter stress while writing exams is emphasised.

5. **Toughening exercises** (see previous chapter) - three rounds each.

6. **Telling jokes**. Two participants told prepared jokes. Even though their stress increased when saying the punchline, they managed well.

7. **Telephone exercises**. The chairman gave two volunteers pieces of paper with the name and telephone number of a restaurant and a squash club respectively. Both notes also contained a short sentence. The sentences, which had to be read aloud word-for-word to prevent avoidances, were: 'How

much are the pizzas?’ and ‘Do you allow non-members to play squash at your club?’

The two members attempted the exercise. Each had to read his sentence aloud to those present, then read it over a dead telephone and finally make the actual call. The calls were to be recorded.

Both excelled at the task. Member A had an initial problem with the word ‘much’, but his reapplication was successful and he pronounced the word correctly.

8. **Tea and social get-together** after the meeting.

Selecting club officials

To ensure that the group is run democratically, the position of the **chairman** alternates. The chairman is responsible for planning and controlling the meeting. He should guard against long ‘philosophical’ discussions (the ‘philosophy’ of stuttering and the technique can be discussed afterwards during tea). He should also vary the exercises to prevent monotony. Use a variety of role-playing exercises and think of new exercises.

The **secretary** is responsible for newsletters or minutes and acts as public relations officer, for example by answering public enquiries and issuing information pamphlets. Publicity is essential to attract new members, and can be had by writing letters and articles for newspapers, creating a blog or website, having the club’s telephone number entered in the telephone directory, contacting radio and TV stations, etc.

A senior member should be appointed as a **training officer** to educate and demonstrate the technique to new members.

A **treasurer** could be appointed to collect membership fees to cover any expenses.

Example of a practice report (to be completed by the airflow speaker)

The airflow speaker can use the practice report for his own benefit, or include it with recordings of airflow practices which are handed to the therapist on a regular basis for evaluation:

Practice Report for the two-weekly period from _____ to

Name: _____

Address: _____

Telephone number: (home) _____ (office) _____

General remarks about speech during the previous two weeks:

Any problem situations? What happened? Eg telephone conversation, public speaking, restaurant, shop, stranger, authority figure, etc. (Also mention type of conversation and name of listener.)

What caused your block(s)? (Tick as applicable.)

Pushed flow

No flow

- Pre-forming
- Not slowing first syllable
- Thinking of the feared word instead of 'rest'
- No reapplication
- Too loud

Evaluate your recorded exercises: (A = perfect; B = good (some mistakes); C = average (many mistakes); D = poor (mostly mistakes)).

Did you do Target Person and Intensive Interval Exercises every day? YES / NO

To whom did you explain and demonstrate the technique during the past two weeks? (Name 5 people.)

I practised for an average of () minutes per day.

I use the technique () % of all speaking time in everyday situations and with a success rate of () % when I use it.

Difficult words: Name the difficult words/sounds that caused specific problems:

Have you practised these words / sounds with the Mass Exercise since becoming aware of these problems? Yes / No

Did you attend a group meeting (if available) during the past two weeks? Yes / No

How many relaxation exercises did you do in this period?()

Did you do 'Nickel and Dime' exercises? Yes / No

Did you phone a fellow airflow speaker every day? Yes / No

Additional comments or questions: _____

Progress, management and ‘cure’

What constitutes progress? It varies from one person to the next. The number of feared words or sounds decreases, the duration and frequency of periods of fluency increase, or base-level tension decreases to the extent that general speech improves. Facing a feared situation for the first time also indicates progress. Or else your mental word scanner becomes less active and sensitive, there are fewer avoidances or distraction behaviour, or blocks decrease in severity. Progress also includes psychological benefits such as increased speaking confidence. Think of progress in a specific situation, not as immediate and total cure.

But what does ‘cure’ really mean? Don’t judge a person on his externally fluent speech. Some people never stutter because they avoid difficult situations - but live in constant fear of being ‘exposed’ as a person who stutters ... According to Schwartz, **the test for a true cure resides in the speaker, not the listener.** A PWS is only cured if he considers himself to be a former stutterer. A cured stutterer has truly conquered all his speech fears and no longer regards his speech as a hindrance.

Killing the zombies

It is difficult to overcome fears acquired at an early age. And even when you think that they have been conquered, they may rise as if from the grave – like zombies in a horror movie. So make sure that they are really dead! This requires courage and persistent confrontation with these fears. Getting rid of all speech fears can take years.

It may happen that a fear isn't really conquered, instead turning into an aversion. Eg. someone who was terrified of water as a child may in due course learn to swim when he needs to, but without ever genuinely enjoying it.

This implies that you shouldn't rest on your laurels if you successfully used the step by step method (see the previous chapter) to acquire eg telephone skills. Continue to use the telephone as often as possible, phoning as many people as possible, for all kinds of reasons. If you don't, it could be only too easy for your old fears to revive themselves.

The advanced airflow speaker

The advanced airflow speaker has eliminated a variety of speech-related stresses, and uses his technique to manage those situations and words which he still finds difficult. It is at his disposal as an alternative way of speaking, and has become an indispensable aid. On reaching this stage, many airflow speakers seem to feel that they have recovered sufficiently – they have learned to manage their most difficult problem situations. They may still stutter occasionally, particularly when in stress, but it is no longer the distressing defect it once was.

The limitations of a fluency technique

For many people, a fluency technique is not the answer, or not the only answer. The drawbacks of a fluency technique are:

- It may FEEL artificial, even if it sounds completely natural to others
- It robs you of spontaneity
- It requires **MUCH PRACTISING** to apply correctly, apply in real life and maintain it
- It's **difficult to apply in high stress situations**
- It only addresses the physical stuttering and not the

psychological side of stuttering.

Because of this we will also consider other issues, such as self-image, as it may not be sufficient to merely speak fluently. For many PWS it may also be necessary to **change the stutterer within you**. When travelling on the road to fluency, you must take your subconscious with you. But first we have to consider stress management – an essential component of stuttering control.

STRESS MANAGEMENT

Rule No 1: Don't sweat the small stuff. Rule No 2: it's ALL small stuff. And if you can't fight and you can't flee, flow. --- Robert Eliot, a cardiologist at the University of Nebraska

Stuttering is to a large extent stress-related. It therefore follows that the person who stutters will have to manage his tension levels in order to increase his control over his speech.

Note the words 'to a large extent' in the previous paragraph. Stress doesn't 'cause' stuttering. If that were true, there would hardly be any fluent speakers around. In order to understand the effect of stress on stuttering, one has to differentiate between GENERAL and LOCAL tension. Stuttering is caused by excessive LOCAL tension on the vocal cords of that part of the population whose cords are ultra sensitive to tension.

If the difference between general and local tension is kept in mind, it follows that you may stutter even though you do not feel very stressed. This happens because the local tension on your vocal cords - your 'speech tension', as Dr Schwartz calls it - has exceeded your speaking **threshold**, while your general tension levels - 'base-level tension', as it is called by Schwartz - are quite low.

Conversely, you may not stutter even when you are in high stress. This would be the case where your speech tension is below your threshold, whereas your base-level tension is quite high. **Please** refer to the very important Figure 1 in the chapter 'A Possible Cause of Stuttering' which clearly explains the relationship between speech tension, base-level tension and threshold.

Though speech tension and base-level tension are different concepts, they impact on one another. If you are stuttering badly, it may increase your general stress levels; and if you are under stress, it will most probably also make your speech worse because the margin of fluency between your speech tension and base-level tension reduces.

In the previous four chapters we looked at a speech technique which reduces speech tension. In this chapter, the focus will be on ways to reduce base-level tension.

What is tension?

We all know what being tense feels like – those clammy palms as you await your turn to do an oral examination, the accelerated pulse rate, the lump in the throat ... We have several names for these responses: 'nerves', pressure, excitement, panic, stress, tension. But what exactly IS tension?

Canadian biologist Hans Selye, the world-renowned authority on tension, has described tension as **the rate at which we live at a given moment**. All living beings are subject to a measure of tension, and any intense experience – whether pleasant or not – temporarily increases that tension. This means that in terms of tension, a painful blow and a passionate kiss can have the same effect.

Fight or flight

Tension is often the result of the body's response to a real or perceived **THREAT**. This 'fight or flight' response, as it is also known, is a mechanism which is activated to release the additional energy required to counter the threat.

Prehistoric man could survive a threat by either fighting or fleeing. Both options require a lot of energy. The 'fight or flight' response serves to activate a complicated biochemical process in which chemicals such as adrenaline are released. This causes blood sugar levels to rise and metabolic processes to speed up – a chain reaction leading to an increase in pulse rate, blood pressure and muscular activity. This last feature is of special significance for people who stutter (PWS). **An increase in muscular activity may also affect the vocal cord muscles.**

The fact is that we no longer live in prehistoric times. Every day people encounter problems that can't be solved by fighting or running away the way our predecessors used to. Nowadays threats come in many different guises: a rush-hour traffic jam when you are late for an appointment; unemployment; a difficult love affair; or the death of a loved one. However our bodies respond to these threats in the same primitive manner, accelerating the pulse rate and releasing energy. At the same time our bodies cannot use that energy in the way it was meant to be used - we don't ram into the car in front of us when we are

caught in a traffic jam, and most of us don't resort to violent crime when we lose our jobs.

Chronic stress

If these fight-or-flight responses occur frequently, the ensuing tension may become chronic and cumulative. **Too much tension causes stress**, which in turn can cause physiological as well as psychological problems. We know that an excess amount of tension can influence the PWS's speech; but stress is also implicated in many other ailments and psychological conditions such as depression, anxiety and feelings of hopelessness and helplessness.

Threat and change

Threat, real or imagined, is an important factor in stress. **CHANGE can also be perceived as a threat.** Change involves unfamiliarity and uncertainty, the underlying question being: 'Will I be able to cope with the new situation?' This explains why tension may arise not only from new circumstances such as marriage, moving to a new city or accepting a new job, but also from less defined transitions such as social, political or demographic change.

To understand stuttering one has to understand the nature of stress. Only then does it become clear why an authority figure can induce tension in many PWS as well as fluent speakers: an authority figure represents a potential or actual threat. The authority figure wields power which can be used to your disadvantage.

Uncontrolled tension can devastate the PWS's speaking ability, and even the best fluency technique in the world may not be of much help if one's base-level tension (see the chapter 'A

Possible Cause of Stuttering' for an explanation of this term) is excessive.

This also applies to people who, in addition to stuttering, also have severe social, psychological or other problems that keep their base-level tension so high that speech treatment is of no use. They should first attend to their underlying, stress-inducing problems. According to Dr Martin Schwartz, base-level tension contributes up to 70% of vocal cord tension, whereas speech tension contributes 30%. This shows the importance of stress management for people who stutter.

Subconscious stress – the case of the unhappy husband

Stress sometimes manifests itself subconsciously. The person may not be aware of how high his base-level tension is. PWS should therefore study their own stress patterns. If you want to manage your stress, you first have to be able to recognise it.

Schwartz used an interesting case to illustrate how the subconscious can diverge from conscious experience:

A young married client of his was devoted to his wife. The feeling was not mutual; she was always criticising and reprimanding him about one thing or another. In spite of this he always praised her whenever he could – he was hopelessly in love with her and blind to her shortcomings. He did not benefit at all from Schwartz's airflow therapy. One day his wife told him that she had been involved in a relationship with another man for the past year and wanted a divorce.

The poor husband was deeply distressed, shocked and bewildered – and never stuttered again! Schwartz explains this as follows: In his subconscious the patient was well aware of his marital problems, although he consciously denied it. His unhappy

marriage maintained his high base-level tension, but when his wife left, it dropped substantially. The result: a profoundly unhappy, but fluent speaker!

Spontaneous (but infrequent) cures such as this which seem to result from a sudden, lasting drop in base-level tension have also been reported by others:

A pensioner told how he was cured after watching a TV programme in which a recovered stutterer described his experiences. According to his own explanation, the pensioner identified himself with the recovered stutterer to such an extent that he himself was cured. (P Faber, *Achtergronden van stotteren en spreekangst*, 1979)

Stress is relative

Also remember that stress is to some extent relative and subjective. An individual may find a particular situation stressful, whereas somebody else does not experience stress at all in similar circumstances. It all depends on the individual's personality, experiences, value system, etc.

'Bad days' and stress

Base-level tension can rise inexplicably. Such normal variations in tension – which tend to impact on a PWS's fluency – could have several causes, eg subconscious processes. Some experts explain that even the weather, humidity, temperature, age and the day of the week can affect tension. Eg. office workers have reported feeling more tense on a Wednesday than a Friday (before the weekend!).

Your immediate environment can also affect your tension. Many people attribute stress to the rushed nature of city life, but it has

been established that even country life, which is supposed to be so peaceful, causes far more stress than previously believed. The comparative lack of recreational facilities such as cinemas etc in the countryside is part of the reason for this phenomenon.

‘Good’ tension

Tension isn’t necessarily inherently harmful. Some amount of tension is normal. It provides the energy we need to tackle new challenges. Without it, life would be dreary and aimless. The goal should therefore be to control and not eliminate tension. Fortunately much research has already been done in finding ways to control stress, some of which are discussed below. These strategies should become part of your stress management toolbox. Use this toolbox in a flexible way according to your circumstances

Strategies to counter stress

Identify the cause of the stress

In some cases it would be appropriate to first establish the **cause** of the stress, before working on the speech dysfluency to which it is linked.

The stuttering self-help group of which I was a member was once approached by a young female student with a severe stutter. It became quite obvious that she was under a lot of stress. What was not known at the time was that she was experiencing terrible problems at home – including sexual abuse by her father. Naturally these underlying problems had to be addressed before anything could be done about her stutter.

Get control of your life

People who feel in **control** of a situation or of their lives in general seem to be less susceptible to stress. This feeling often goes hand in hand with the knowledge that help will be available if needed. People with a network of family or friends have the security of knowing where to find support when they need it. Such social support can play an important role in resisting stress.

A positive and flexible attitude

Living presents us with many challenges that have to be faced one after the other. Coping with each individual problem requires a flexible approach and mastery of a variety of life skills.

Acceptance, relativism and humour

Sometimes it is better to take a tolerant or fatalistic view of a situation, or to accept the problem, perhaps in terms of religious beliefs.

Research has shown that deeply religious people are less susceptible to stress. They do not take all their problems to heart. They see things in perspective and reconcile themselves with a higher will.

There are also times when it's better to see the funny side of life instead of taking it all too seriously. When under stress, always ask yourself: Is this really important enough to worry about?

The answers to this question will depend on your value system, ie what you consider important in life. In this context let me describe a view of success which I value. Success is not

necessarily determined by your money or career. A successful person is part of the world's solution, instead of its problems; somebody who does something towards making the world a better place. Neither is success limited to major achievements; success can also mean making the most of just another routine day.

Type B behaviour

Experts distinguish between two types of behaviour, ie Type A and Type B.

Type A behaviour is characterised by the tendency to want to do too much in the available time, whereas Type B people have a more relaxed attitude. Try to rid yourself of Type A behaviour by, for instance, slowing down your meals, conversations, driving or reading. Stop if you find yourself rushing through essential but monotonous routine activities.

Frequent holidays / leave days, entertainment and other recreational activities

But watch out for the type of holiday that only increases tension because of long distances travelled, family conflicts, etc.

Diet and vitamins

Beware of the excessive use of coffee and tea (both contain caffeine), sugar (especially refined sugar), chocolates and carbonated soft drinks. Consider switching to the decaffeinated versions, or to herb teas. It is important to adhere to these restrictions: the above-mentioned substances tend to increase base-level tension significantly.

Prof Schwartz recommends a daily vitamin and mineral supplement to reduce tension. The supplement consists of vitamin B complex, vitamin C (prepared from rose hip) and dolomite tablets (calcium and magnesium). These substances have a mildly calming effect. Take the daily dosage in consultation with your doctor.

These supplements do not work for everybody – but some have reported significant improvement in their fluency as a result.

A healthy lifestyle: adequate sleep, sport and exercise

Adequate sleep allows the nervous system to recover, and physical activity absorbs the excess energy released by the fight-or-flight stress response. Just keep in mind that highly competitive sport can actually increase tension!

Relaxation techniques

A wide selection of relaxation techniques is available today, and numerous books have been written on how to use them. People don't always respond in the same way to relaxation techniques, and you should look for one that works for you.

The body appears to be capable of a natural relaxation response that is in many ways the reverse of the stress response. This relaxation response can be produced in different ways, including progressive muscle relaxation exercises, 'Eastern' meditation techniques (where you focus on a specific word or sentence with the aim of relaxing the mind), bio-feedback, massage and rhythmic breathing.

Prof Schwartz recommends what he calls the **Bathtub Exercise**. It's a combination of relaxation exercises done in the bath, and combines psychological 'focused mind' relaxation with progressive muscle relaxation and the relaxing effect of the warm water:

Get into a hot bath, lie down and make yourself comfortable, perhaps by placing a small towel so that it supports your head and neck. (PS this exercise can also be done in bed.) Ensure that the lighting is subdued, eg light a candle. (Make arrangements to ensure that you are not disturbed. You could also use earplugs to eliminate noise.) Hold your breath to the count of eight and gently exhale through your nose. Continue breathing easily through your nose, and every time you breathe out, focus all your attention on a single thought: 'Relax'.

You will soon feel far more relaxed. Don't worry if other thoughts interfere with your concentration on the word 'relax'. However, try your best to focus on this word.

Now you can move on to the different parts of your body. Start with your feet. Every time you exhale, think: 'Relax my feet', 'Relax my calves', and continue in this way until your entire body is relaxed. Finally try to achieve a state of complete mental and physical rest, and to find an internal centre of peace, a 'room of silence' deep within yourself.

At the end of the exercise, try to 'wake up' step by step. Slowly count to five and with each count, think about another part of your body waking up. (This is a shortened version of the Schwartz Bathtub Exercise.)

A full stomach inhibits the relaxation response, so do this exercise before eating! If you have enough time, you should follow this relaxation exercise with visualisation or a series of affirmations (see the chapter 'The Power of Visualisation') as you lie in the bath.

Deconditioning

Most stress has been learned, and can therefore be unlearned. If you always get tense when in a shop (even when not speaking), you can try to weaken this conditioned response, ultimately eliminating it. Deconditioning techniques exist to tackle this, eg. purposely delaying the moment when your tension will increase – see the section on conditioning and deconditioning in the chapter 'Some Other Techniques and Approaches'.

Knowledge and awareness

Knowing yourself and your environment will help you to avoid stress. Knowledge is like a road map with which you can anticipate probable future twists and turns. For example, someone who is asked to deliver a speech, should prepare that speech so well that he has complete understanding of the subject matter. In this way he will, in his own mind, become an authority figure, with a psychological advantage over his audience. Being well prepared will give him added confidence and reduce the so-called 'stress of uncertainty'. Also learn to identify the first signs of localised tension early enough to do something about it. A stiff jaw or teeth-clenching indicates a build-up of facial tension – neutralise it by slackening and relaxing your jaw.

Managing stress in the workplace

Use the following strategies to manage or avoid stress in the workplace:

Prioritise

When you have so much work that you don't know where to begin, prioritise and complete the tasks one by one, instead of trying to do everything at once.

Vary your workload

Try to get a balance between challenging and routine work. Too much of either causes stress.

Avoid unpleasant results

Cover yourself by following the correct procedures; keep others informed of your position; develop contingency plans and create 'escape routes' in case things go wrong.

Time, duties and responsibilities

If possible, **organise** your available time and delegate and divide your duties and responsibilities.

A last word on stress and stuttering

Stress control does have its limits for the PWS. Used in isolation it is of limited help in managing stuttering. Combined with a fluency technique, however, it is a powerful weapon in lowering your base-level tension to below your stuttering threshold, so that you can apply your fluency technique successfully.

You may well ask, 'But how is stress control linked to the psychological side of stuttering and its management?' From the

information in this chapter it should be clear that the **psyche and the issue of stress are inextricably intertwined**. In the following chapters, therefore, the focus will be on psychological ways of dealing with stuttering, **the ultimate aim always being to reduce general tension as well as localised vocal cord tension**.

Firstly, however, let's look at a much neglected aspect of stuttering, namely the actual, physical forming of speech sounds. It is so much easier to apply a fluency technique if you know what your speech organs are doing when you stutter, and what those organs **SHOULD** be doing in order to speak more fluently.

HOW SPEECH SOUNDS ARE FORMED

Try to decide what you do that is different from normal speech and interferes with it. --- (Renée Byrne, *Let's talk about stammering*)

Knowledge of speech sounds and how they are formed should be of great benefit to the PWS who wants to improve his speech. Too often the PWS is a victim of the disorder as well as of his ignorance of it. He sees himself as a helpless puppet, controlled by something more powerful than himself.

Better knowledge of stuttering will show him that stuttering is not something that **HAPPENS** to him – it's something he **DOES**. This deprives the disorder of much of its mystique. His emotional distress will be replaced by an awareness that his speech organs are incorrectly positioned and move excessively. With this awareness he has taken a step on the path to better control. Knowledge of speech sounds will also enable him to use a speech technique such as the Passive Airflow Technique more adequately.

Keep in mind that it's not always easy to identify the sound on which stuttering occurs. A PWS who uncontrollably prolongs the s-sound in the word 'sale' may think that he has problems with the s-sound, while the block actually occurs with the a-sound. Since he is unable to say the a-sound, he repeats the s-sound.

Sound formation

When a person breathes without speaking, air is inhaled through the nose and/or mouth to the lungs and then exhaled. When a person speaks, the air moves from the lungs through the vocal slit between the vocal cords. The vocal cord muscles contract and the vocal slit narrows. Variations in air pressure cause the vocal cords to vibrate, producing sound waves which we hear as sound. Additional changes in the nature of the sound are produced by the position of speech organs such as the tongue and lips.

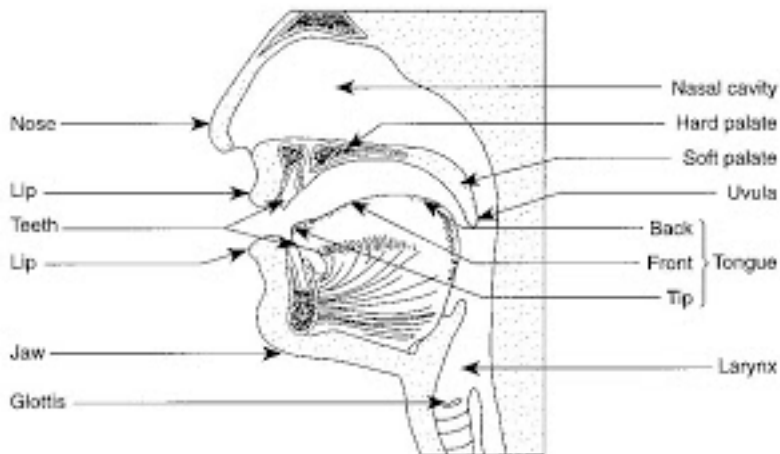


Figure 6: Cross-section of the oral cavity.

The process described above occurs during the pronunciation of the so-called **VOICED** sounds. A sound is voiced if the vocal cords vibrate during sound formation. Vowels such as 'a', 'i', 'o', 'u' and 'e' are voiced and formed by the tongue, lips, etc in different positions. Some consonants, eg 'd', 'b', 'l', 'm', 'n', and 'z' are also voiced.

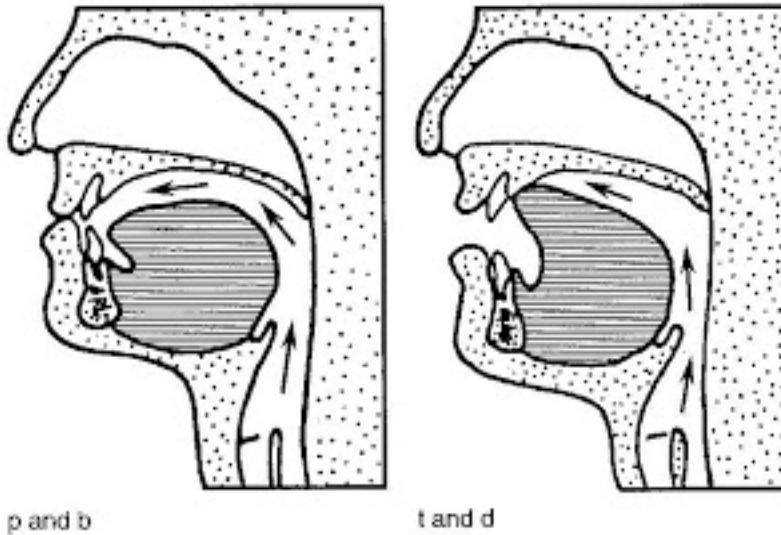
It's easy to establish if a sound is voiced. Place your fingertips against your Adam's apple (the external part of the larynx). If the sound is voiced, you will feel a slight vibration as you pronounce it.

VOICELESS sounds are shaped **WITHOUT** vocal cord vibration. Only the position of the tongue and lips play a role, eg 'p', 't', 'k', 'f' and 's'.

The voiced b-sound

When the b-sound is pronounced, the air passage is blocked by the **LIPS**, which increases air pressure behind the lips. By opening the lips, the air is released and at the same time the vocal cords come closer together and vibrate. The sudden release of 'sound-waved' air from the lips produces a small 'explosion' of air which is heard as the voiced b-sound.

Figure 7: The formation of different sounds.

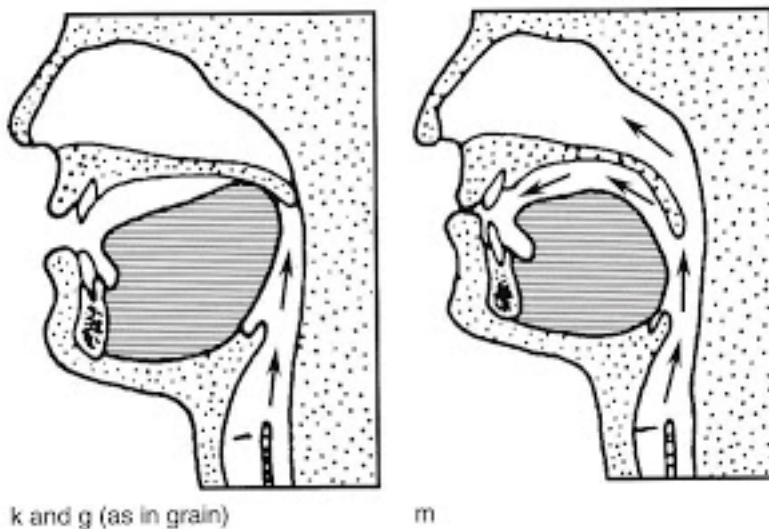


The voiced d-sound

The tip of the tongue moves to a position just behind the upper front teeth, so that the TONGUE blocks the air passage, causing air pressure to build up behind it. The vocal cords come closer together and vibrate, and at the same time a quick lowering of the tongue releases the blocked, sound-waved air. As in the case of the b-sound, this release of pressurised air produces an explosion-like effect which is heard as the voiced d-sound.

The voiced g-sound

Pronunciation of the g-sound as in 'grain' involves pressing the back part of the tongue against the SOFT PALATE. The air passage is blocked, the tongue moves away and releases the blocked air, and at the same time the vocal cords come closer together and vibrate, creating the characteristic voiced g-sound.



The unvoiced p-, t- and k-sounds

The b, d and g-sounds as mentioned above are voiced. Their

unvoiced opposite numbers are the p, t and k-sounds. These three sounds are pronounced like the b, d and g-sounds respectively, but without vocal cord vibration.

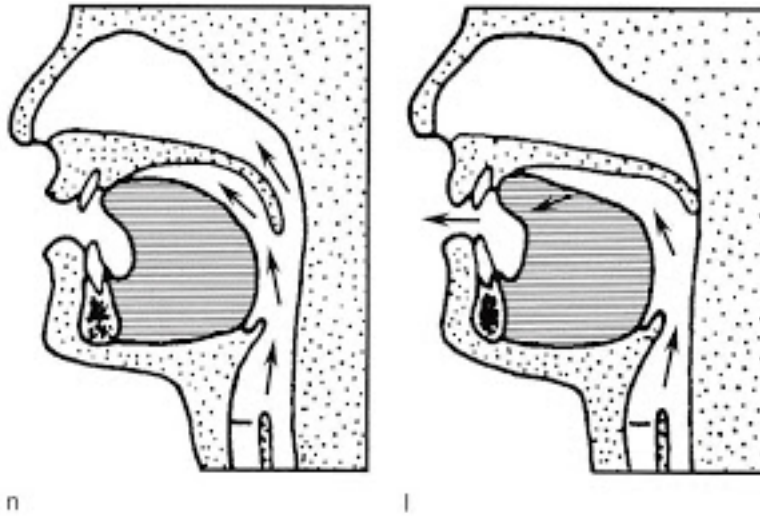
The voiced m- and n-sounds

When pronouncing the m and n-sounds, the vocal cords come closer together and vibrate, and the waved air is allowed to escape through the NOSE. In the case of the m, the lips remain closed; with the n the lips are open but the air is obstructed by the teeth as well as the tongue.

The voiced l-sound

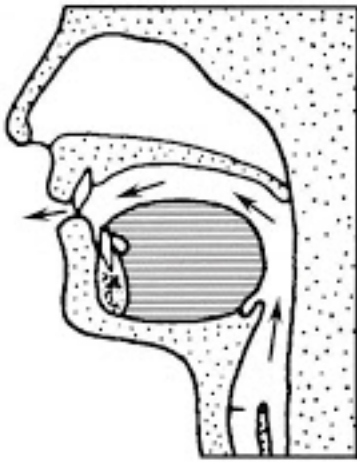
The l-sound (as in 'lion') is shaped by letting the vocal cords come closer together so that they vibrate, and at the same time the tongue is placed against the palate without blocking the air passage completely – the waved air moves past the sides of the tongue.

Figure 7 (continued): The formation of different sounds.



The unvoiced f and the voiced v-sounds

With the f- (as in 'funny') and v-sound (as in 'very') the speech tract is narrowed so that the exhaled, pressurised air escaping from the lips produces audible sound. Note that in the case of the f, the vocal cords remain wide open and do not vibrate. In the case of the v-sound, however, the vocal cords do come closer together and vibrate, producing waved, voiced air.

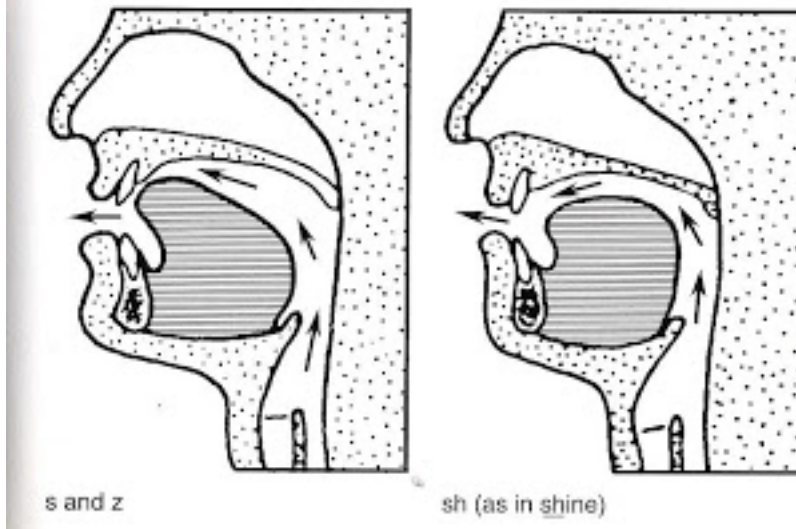


f and v (as in very)



th

Figure 7 (continued): The formation of different sounds.



The voiced y-sound

The y as in 'young' is produced by contracting and vibrating the vocal cords and lifting the entire body of the tongue towards the front of the hard palate, with the tip of the tongue pointing downwards so that it presses against the lower teeth. The edges of the surface of the tongue press against the upper molars and the sides of the palate so that the air current passes across the entire width of the tongue with an audible sound, almost like the sh-sound in 'shine'.

The voiced h-sound

When the h-sound is said, for example in 'heavy', the vocal cords are drawn together closely and vibrate, and the waved air is forcefully pushed through.

The voiced r-sound

The r-sound is made by springy up-and-down movements of the tongue which obstruct the outgoing air, producing a trilling sound. The trilling of the tongue against the teeth, gums or palate causes a series of tiny 'explosions' of air that are heard as sound. At the same time the vocal cords contract and vibrate. This is a rather sophisticated and difficult sound to produce.

The different positions assumed by the speech organs for each sound transform the oral cavity in a variety of ways, adding to each sound's characteristic nature and resonance. During ordinary speech the succession of different sounds occurs at high speed. For more details on sound formation, consult an introductory linguistics or phonetics textbook.

Experiment with this information. Look at yourself in a mirror as you pronounce the different sounds; use your fingers to feel the movement of your tongue and lips as you say the different sounds. Press your fingers against your Adam's apple and say a few voiced sounds. Do you feel the slight vibration against your fingertips?

Establish what you do wrong when

you stutter

With this additional information on sound formation, you will be able to view your stuttering behaviour in a different perspective. You should now study your stuttering by looking at yourself in a mirror and / or recording yourself.

Try to establish what it is that you do wrong. Compare your stuttering behaviour with the normal pronunciation of sounds (as described in the preceding paragraphs). You will notice that during stuttering you do far more than is required to pronounce that specific sound. Those excessive movements also generate a lot of additional tension and energy, so increasing the tension on the vocal cords. Try to eliminate those excessive movements. Return to the chapter 'The Passive Airflow Technique' and re-read the section on Low Energy Speech.

Don't pre-form!

If you try to use the Passive Airflow Technique, you will soon discover that **pre-forming** (see the chapter 'Learning the Technique') is a major problem. For instance, a person with the surname Morris may pre-form the m-sound before saying his surname. Instead of allowing the airflow preceding the word to be effective by keeping his lips in a slightly open, neutral and relaxed position, he presses his lips together tightly in anticipation of the m-sound. No wonder he has a problem with his surname! It is easier to prevent pre-forming if you know something about speech sound formation.

This applies to all your problem sounds. For instance, if you find the l-sound (as in 'lion') difficult, try to establish what you do when you stutter on it. Is your tongue in a relaxed, neutral position, allowing the air to flow before you say the sound, or is your tongue already moving up towards your palate before you

start to speak? If the latter applies, you are pre-forming the sound and may stutter on it when you say it.

The aim of this chapter was to increase your awareness of speech sound formation. This knowledge and awareness should make fluency techniques, such as the Passive Airflow Technique, easier to use and your speech easier to control.

SELF-IMAGE

To change from the consciousness of a stutterer, with all that that entails on both physical and emotional levels, to that of a nonstutterer, is to touch the bedrock of one's being. --- Dr Grady Carter, co-author of Stop stuttering

Stuttering, for most sufferers, is not merely a physical problem, as we saw in the previous chapters. Eventually stuttering tends to inflict psychological damage as well, especially to the self-image.

This does not apply to all people who stutter (PWS), however. Some PWS have loads of confidence and an excellent self-image. In many cases these lucky individuals do not mind stuttering and do not care what others think of them. They would probably not be the likely readers of this book. I take my hat off to them and hope to learn from them. For other PWS, please read on:

Developing a bad self-image due to stuttering

Psychology teaches us that self-image is to a large extent the product of **your perceptions of the way others react to you**. If somebody is positive about you, eg praising your appearance or

behaviour, it improves your self-image. Unfortunately the PWS often gets a negative reaction from his audience. This starts at an early age, with parents either expressing their concern or disapproval directly, or indicating it with their body language. It continues as he grows older when other children tease him, or when unsuspecting listeners are taken aback by his struggle behaviour – even if they only show it by looking the other way when he speaks. In time such social disapproval may lead to intense shyness and feelings of inferiority and guilt.

As the child grows older he becomes increasingly aware of the contrast between himself and other children. He experiences problems when using the telephone, buying something at the café or reading and speaking in class – other children do not. **These problems impact on the natural development of his self-confidence, which is part of his self-image.**

What is self-image?

Self-image is the image one has of oneself; one's opinion of oneself, to some extent represented as visual images. This image is stored in your subconscious and forms part of your subconscious 'programming'. A child with a good self-image believes that others like him; he has a sense of his own worth. Such a child can relax with others and has the self-confidence to take risks. A child with a poor self-image feels unpopular and worthless. He may become quiet and withdrawn, or else compensate and become a 'clown'. A poor self-image can in general have a negative effect on one's behaviour and achievements and set in motion a vicious circle. Research has in fact shown that most people – including fluent speakers – have an inadequate self-image.

We dare not underestimate the extent to which the self-image influences our daily life. Psychologists report that the self-image

affects virtually every aspect of life, and that many psychological and physiological problems have their origin in a poor self-image.

If the opinions of others influence your self-image, it follows that one's social and job status become part of the picture: the way your immediate family, colleagues and employer see you will have a significant effect on your self-image.

The adult PWS tends to have a stutterer's self-image, and see himself as a 'stutterer', often even as a social outcast; someone who is, to a lesser or greater extent, limited in what he can do.

As his poor self-image is fed by the disorder, one would expect that, should the individual's fluency improve, his self-image would automatically follow and get better. That's not at all a foregone conclusion. Consider the story of Susan, aged 28 years and overweight. Her case was discussed in a women's magazine:

The case of the overweight programmer

Susan was a computer programmer and very unhappy about her obesity. She had attractive features, but felt that her weight severely limited her social life. One day she decided to get rid of her problem once and for all. By combining a crash diet with other dietary aids she soon acquired a slender figure – as well as the attention of some male admirers. Her friends all praised her beautiful appearance. This went on for six months, and in this time she managed to suppress her desire to overeat.

Eventually, however, she resumed her former eating habits, and regained her previous weight within weeks. She concluded her story by saying that she now accepts that she will always be overweight. She added that the beautiful woman courted by all

those men was not really her. 'I felt so strange all the time. And the men's reactions irritated me – it was as if they only noticed my body, and not my personality. I have come to terms with my body. This is how I was made, and this is how people will have to accept me.'

The consulting psychologist commented that although Susan had treated the cause of her problems by losing weight, she had neglected to change her self-image. She still had an image of herself as ugly, overweight and unattractive to men. When she lost weight, her poor self-image was faced by a new reality with which it was incompatible. The influence of her self-image was so powerful that she had to change reality – the fact of her slender body – to overcome her internal conflicts. Maintaining her old self-image was easier than accepting the reality of change. Susan did not realise that the self-image exists on both a conscious and subconscious level, that the subconscious also determines behaviour and that the conscious desire to change behaviour may not be enough.

'But this isn't me!'

In the same way the PWS may find it difficult to really come to terms with his new fluency achieved with the aid of a fluency technique. A typical anecdote was told by a member of my old Johannesburg stuttering self-help group: One day he participated in a business discussion around a conference table. As he started delivering a flawless speech with the aid of his speech technique, a thought suddenly flashed through him: But this isn't me! He lost his composure, forgot to use the technique and began to stutter. This unpleasant experience was the beginning of a long-lasting relapse.

The solution is obvious: If you REALLY want to be more fluent, you may need to change your self-image in general, and

in particular you may need to rethink the old, negative stutterer's self-image – and rather **start working toward a positive self-image of yourself as a slow, but fluent, speaker**. It may not be enough for the PWS to attend to his speech. If he really wants to get better, he may also need to address the scared child stutterer hiding deep inside him, terrified of speech and of any change in the status quo. This is a long-term process which may take years.

Self-image CAN change

Fortunately for us, our self-image is not fixed in concrete – it can change. In the short term, self-image undergoes natural changes from one day to the next. We all have days when we feel good or bad about ourselves. Everyday thoughts and experiences influence our self-esteem. People with a good self-image are in fact often those who are able to come to terms with and neutralise those everyday negative experiences and thoughts.

You ARE what you THINK

Long-term improvement of the self-image, however, is also possible. Unfortunately, so is long-term deterioration. If your employer constantly criticises you, your self-image could deteriorate accordingly. A series of successes could achieve the opposite effect. In a similar way your self-image may pay the price if you always refer to yourself as a 'stutterer', so over-emphasising this fact, or if you live in constant fear of the telephone. **YOU ARE WHAT YOU THINK**. The PWS has to learn to monitor his thoughts as well as his speech. He should listen to his internal stream of consciousness and manage negative thoughts.

Poor self-image impacts on tension levels

The PWS also needs to become aware of the effect of a poor self-image on his base-level tension. Everyday living teems with threats for the person with a poor self-image – and threats cause stress (see the chapter ‘Stress Management’). Many PWS report that their speech is worse on days when they feel unhappy with themselves. If you can manage to feel better about yourself, it will improve your ability to cope with stress, making it easier to maintain your base-level tension below your stutter threshold.

How to improve your self-image

Renewed self-appreciation

Every person possesses unique skills, knowledge or qualities with which he can make a unique contribution. Make a list of your good and bad qualities. Emphasise talents and abilities that distinguish you from others. Reflect on your good points. Could it be that you have in the past perhaps neglected these points, and instead emphasised your weaknesses?

Resolve to pay more attention to your good qualities. Emphasise your achievements. Make a point of accepting compliments and praise. If you are praised, gratefully accept this; **NEVER** dismiss it or react as if you don’t deserve it. Instead say: ‘Thanks, I appreciate it.’

At the same time also examine your shortcomings; accept that they exist, that you plan to do something about them and that nobody is perfect. A good self-image is not the same as being arrogant; it rather reflects a refusal to underestimate yourself and a realistic awareness of your good and bad points.

Values - the uniqueness and equality of human beings

Each human being is a unique and irreplaceable part of the wealth and variety of the universe. As a person and citizen of a country you are moreover equal to all other citizens. In terms of temporal human values, a person can be judged 'wealthier', 'prettier' or 'more intelligent' than others, but in terms of spiritual values these concepts are irrelevant.

A concept such as self-image is closely related to philosophy and religion; these fields of study, too, seek an answer to the question 'What is man?' You will find that adherence to a meaningful religious or philosophical system will go a long way towards helping you value yourself.

Be your own best friend

Don't be too hard on yourself. Learn to treat and even spoil yourself. The biblical exhortation to love others as you love yourself reflects the truth that love of others is impossible without a measure of self-love.

Get rid of destructive habits

Nothing will harm your self-image as much as bad habits that destroy your self-respect. Alcohol or drug abuse, sexual behaviour about which you feel ashamed, etc can devastate your self-image.

Improve your body image

Your image of your body is part of your general self-image. You are doing yourself a disservice if you see yourself as physically 'ugly', 'too fat', etc. If you can't or don't want to lose weight, you could improve your body image in many other ways, eg by being neat and dressing well. It may be well worth your while to spend some money on clothes. (For the ladies: a good excuse to go shopping!)

See yourself as a slow speaker

Though the word 'stutterer' is in general use, and also widely used by people who stutter, those who are serious about improving their fluency may need to reconsider using this word to describe themselves.

It could be argued that 'stutterer' or 'stammerer' has negative and misleading connotations. Linguistically these words reduce the fullness and complexity of a human being merely in terms of a speech disorder. Surely even the most severe PWS is much more than that?

By seeing yourself as a 'stutterer', you may be reinforcing your self-image as a stutterer, thereby perpetuating the stutter itself. Depending on whether you use a fluency technique, it may be better to see yourself in more positive terms as an 'airflow speaker', 'fluency technique speaker' or 'slow speaker'. If you are a person who stutters in certain circumstances only, you should see yourself as 'a fluent speaker who occasionally stutters', rather than as a stutterer who is occasionally fluent.

If you stutter consistently irrespective of the situation, you could still see yourself as a 'slow speaker', thereby under-emphasising the stutter. Remember: **you are what you think.**

Tough-mindedness

Get rid of the idea of yourself as one of life's helpless victims. Start seeing yourself as a person with a tough personality, someone able to cope with life, a fundamentally strong individual who won't give up easily. By developing tough-mindedness you will have better protection against the various types of tension affecting your speech.

Emphasise fluent speech

And last but not least: rather emphasise your triumphs of fluent speech than your stuttering.

The following three chapters will take a look at aspects related to the improvement of self-image.

A POSITIVE BALANCE

*For me to leave the negatively structured stuttering world in which I grew up and move into an awareness of a world where my only limitations were self-imposed, was frightening in its concept and awesome in its nature. Yet the more I positively participated in my life, the more effortless my application of the technique became. My stuttering atrophied from disuse and died a silent death. --- Dr Grady Carter, co-author of *Stop stuttering**

The topic of positive thinking occasionally elicits the following reaction: 'It's just another superficial craze from popular psychology for people who live in a fool's paradise and can't face reality. Life is tough. Positive thinking is a way of denying reality.'

People who think like this do not understand what is meant by the disciplined life skill called positive thinking. A positive person recognises the negative aspects of life and accepts that life isn't always easy – but **he refuses to over-emphasise the negative**. He realises that life is complicated and wonderful, that there is more good than bad, and that life is worth living.

A matter of balance

Positive thinking is a form of mental discipline – and a philosophical quest for balance. The positive thinker believes that the positive in life neutralises and overwhelms the negative. The positive, however, makes less of an impression on the

human mind because the negative tends to be more dramatic. This creates the false impression that the negative is the stronger force.

A second point to remember is that negative experiences often turn out to have been long-term blessings with the benefit of hindsight. A setback that feels like the end of the world may have a positive outcome. We have all had such experiences. A student who fails a subject may realise that his interests or strengths lie elsewhere. A husband or wife may be devastated by divorce, only to find real happiness in a subsequent relationship. The positive thinker is aware of life's paradoxes, and has trained himself to notice them.

'Why me?'

Let's consider the issue of physical handicaps and disorders such as stuttering. Surely most handicapped and disabled persons have asked themselves: 'Why me? My life would have been so different without this problem! Other people are so privileged, they are not aware of their advantage. Why must I suffer like this? What purpose does it serve?'

These are ancient and difficult questions, and have been answered in various ways:

1. Happiness is relative

It has been said that it is not really possible for a healthy person, even if blessed with an excellent imagination, to put himself in the shoes of a less fortunate person, as they live in different worlds. Non-disabled persons will never quite understand what a disability feels like and consequently tend not to appreciate their health: they take it for granted – but may instead be overwhelmed and made miserable by problems which to the

disabled appear insignificant. As a result every person, whether disabled or not, has his share of unhappiness and frustration in life. Happiness is to a large extent relative and subjective.

2. A reminder to the community

A second answer is that disorders, sicknesses etc. serve to remind the community of how precious health is and how it should never be taken for granted.

3. A road to spiritual maturity

Yet another answer is that disorders such as stuttering can lead to spiritual maturity. This, of course, does not imply that physically healthy people are incapable of spiritual growth. I can only say that I have had close contact with fellow PWS for many years through self-help clubs and that I was struck by their gentleness, humility, balance, politeness, maturity and lack of self-pity in the face of communication difficulties which were often severe. These people who, in different circumstances, may have been motivated by money, status or power, were forced to seek happiness in other, and perhaps better, spheres of life. Considered from this point of view, it becomes possible to see a positive side to a disorder such as stuttering.

As human beings we have all been given a hand of cards. Some of those cards are promising; others less so. Some players have on the whole received better cards than others. In the card game of life, however, the winner is not the player with the best hand at the end, but he who has used his hand to the best of his ability.

Stuttering can be a devastating communication disorder, but much will depend on the way we manage this challenge. We can either be dragged down by it – or use it as a vehicle for character building.

Positive thinking and stuttering

Positive thinking holds special benefits for the PWS. In the first place it apparently improves one's ability to manage stress, and secondly it contributes towards successful application of fluency techniques.

Being positive reduces tension

Some people apparently flourish when under stress. It has been found that these people often include exceptional achievers – top businessmen, leading politicians, etc. Additional research has identified what these people have in common: all are extremely positive thinkers, driven by an inexhaustible belief in themselves and their resources, who turn any setback into an opportunity. This indicates that the PWS who acquires a positive attitude will be better equipped to cope with stress.

Being positive helps in using fluency techniques

Positive thinking also impacts on the use of fluency techniques. Say for instance that you are a PWS sitting in an office. Suddenly the telephone rings. What are the first thoughts that pop into your mind as you lift the receiver? The negative thinker could be thinking the following: 'I'm having problems with my speech today', 'I would rather not answer the telephone' or 'The person who's phoning represents a threat'. Such negative learned responses immediately increase your base-level tension.

Rather try to replace a negative attitude with the following type of positive response: 'My speech technique really works', 'I'm going to show the listener and myself what I'm capable of doing', 'I'm

going to use the technique to the best of my ability', 'I'm going to speak slowly and softly this time', 'I'm not going to allow the other person to control the tempo of the conversation'.

PWS tend to be negative. Due to the nature of the defect the PWS sees the bad side of things. You remember your dramatic blocks, not the times you spoke fluently. Emphasise your fluency, not your blocks. Consider the possibility of success. If you are using a fluency technique, don't be too hard on yourself if you forget to use it – focus instead on the times when you used it successfully.

If you want to be a positive thinker, bear in mind the following principles:

The danger posed by feelings of guilt

Try to get rid of guilt feelings. Guilt tends to confine and limit one's personality and breeds fear and self-doubt. Guilt is like an additional, useless burden you have to drag along with you. It prevents you from growing and developing to your highest potential. We have all done things we are not proud of – at some stage we have to stop feeling guilty, forgive ourselves and wipe the slate clean.

Stop thinking about your failures

Once the words 'I can't' find a foothold in your subconscious, they will limit your potential for as long as you live. Monitor your thought stream. Remember: a way of thinking can become a habit in much the same way as a pattern of behaviour can. Identify and neutralise negative thoughts such as hate, resentment, fear and selfishness. Also don't allow other people's negative thinking to send you off course – their negativity is

THEIR problem, not yours.

Six months after attending Prof Schwartz's basic workshop for PWS in the 1980s I attended his refresher workshop. The first thing he asked us was: 'How is your speech?' Immediately everybody started to complain about their problems and relapses. It was as if a small storm of resentment and disillusionment had broken out around Schwartz's head. He quietly listened to all the complaints and problems, then calmly asked: 'Has your speech IMPROVED since the first workshop?'

His question caught us off balance. Everybody had to admit that there had been SOME progress – maybe not spectacular, maybe not what we had expected, but, yes, in some ways we had made progress ... Afterwards I often thought about our reaction. How typical – instead of noting our progress, we preferred to emphasise our problems!

A positive attitude towards others

Negativity is the easy way out. It's so easy to be negative about others, to expect little from life, to think of yourself as a loser and others as a threat. Nobody is perfect – in your dealings with others, look for their good qualities. Try to learn something from others rather than focusing on their weak points.

Pleasure, joy and delight

The positive thinker has learnt to acknowledge the value of joy. He is also aware of **the power of expectation** – he **experiences** joy because he **expects** it. Try to expect at least one pleasant surprise every day.

There is much reason for being happy. Life abounds with riches. We are surrounded by beauty, energy and goodness – not only

within nature, but also in man. This realisation is a necessary ingredient to a positive attitude. If current fashionable thinking clashes with such an outlook, it does not negate it. The writer Albert Camus described the modern age as ‘the age of anxiety’. But does this mean that each and every one has to be swept away by the prevailing anxiety and cynicism of the times?

The following technique can be used to enhance one’s appreciation of pleasure and joy: At the end of every day, draw up a list of all the joyful things and events you experienced – everything that was positive or that made you happy. Every sentence should begin with ‘I’.

The relativity of problems and crises

It is easy to lose perspective if a problem overwhelms you. People tend to be engulfed by their problems, and forget about the marvellous world outside – a world waiting to be discovered.

Many problems can be managed by relativising them, ie by comparing the problems with other people’s problems. Honest comparison will usually reveal just how little one has to complain about ... As for stuttering: true as it is that stuttering is an underestimated and neglected communication disorder, it pales by comparison with various other defects, let alone with the major setbacks and catastrophes of history – disease, war, starvation, etc.

It may well be that one tends to forget that all problems are relative because it is such a simple and fundamental truth. We use our imagination to our disadvantage, and make mountains out of molehills. We catastrophise minor threats or conflicts, and unnecessarily stress ourselves in the process.

Crisis management

In his best-seller book *Psycho-cybernetics*, Dr Maxwell Maltz describes the best way to manage a crisis: **confront it aggressively and actively** without losing sight of your objective, instead of reacting defensively. This means using the ‘fight’ instead of the ‘flight’ response so that additional energy can be released to enable you to cope.

Another point to bear in mind is that **excitement** should not be confused with **fear**. Many people mistake a feeling of excitement – which is normal in a crisis, and is the result of adrenalin produced by the fight/flight response – for fear. The next step is to regard this ‘fear’ as additional proof of their inferiority. In fact this excitement is a natural response which provides additional emotional energy to cope with the crisis. You have a choice: either to convert this energy into real fear by activating the ‘fear and flight’ response – or to channelise it into courage.

A few positive thinking techniques

The ‘scales’ method

With this method you train yourself to think positively. Picture your mind as a scale with two baskets – a positive and negative basket containing positive and negative thoughts respectively. Got it? Now, the next time you catch yourself with a negative or fearful thought, think of and consider its positive equivalent. In your mind you put this positive equivalent in the ‘positive’ basket of the scales. The aim of this simple technique, which should become a habit, is to prevent the sum of your negative thoughts from exceeding the sum of your positive thoughts. A negative imbalance may lead to depression.

The seven-day mental diet

Another method is the so-called 'seven-day mental diet'. The idea is to monitor your words and thoughts, starting at a specific time and continuing for seven days. During these seven days you are not supposed to make a single negative comment. This will train you in the art of mental discipline.

Crucial times of day for positive thinking are those minutes just before you drift off into sleep and just after waking up. These are core moments for accessing your subconscious, which is extraordinarily open and receptive to input during those moments. If you fill those minutes with positive, happy thoughts, it will be reflected in your state of mind in the following day.

* * * * *

Positive thinking is more than just a psychological aid. It is a fundamental attitude to life, a life skill and a powerful weapon against depression. It represents an ideal which may sometimes be out of reach, but of which you should never lose sight. It is a technique which can be learned and turned into a habit.

Positive thinking is a challenging and character-shaping approach. It's good, common sense. Though popular writers such as Norman Vincent Peale have promoted this principle for many years, recent and more scientific research confirms the importance of a positive attitude for psychological and physical health, creativity and career success. It is an indispensable attitude for anyone, and especially those with an impediment such as stuttering who wish to overcome the inevitable setbacks they face in living and in speaking.

ASSERTING YOUR PERSONAL RIGHTS

Stuttering is really an interpersonal problem, not a speech problem. The tension that is part of certain relationships is 'fatal' for the stutterer. --- Robin, a 44-year-old sales manager

It was said in the chapter on 'The Problem of Change' that people who stutter (PWS) are at a disadvantage in terms of social and communication skills. In this chapter we will consider this issue in more detail.

The misconceptions

There are several misconceptions about self-assertion. Some people wrongly think that it is an inborn feature of one's character. In fact it is a communication skill which can be learned.

A second important misconception equates it with aggression. Experts, however, distinguish between 1) self-assertion, 2) aggression, and 3) non-assertion.

Self-assertion

Self-assertion has been described as **standing up for one's**

personal rights and **expressing thoughts, feelings and opinions** in a **direct, honest and appropriate** manner which does not interfere with the rights of others. It allows you to behave in accordance with your personal rights (more about this later) while respecting the rights of others; it allows you to express your opinion and to accept responsibility for it, as you allow others to express theirs. It is a positive and constructive attitude. In conflict situations **the focus is on the problem** and not the personalities, either that of the speaker or the listener.

Aggression

Aggression entails directly standing up for personal rights and expressing thoughts, feelings and opinions in a way which is usually **inappropriate** and often dishonest, and which **always interferes with the rights of others. The focus is on the other person**, not on yourself. It is a negative and destructive attitude. In conflict situations it disregards the problem and emphasises personality differences in the search for a potential scapegoat.

Non-assertion

Non-assertion entails the violation of your personal rights by **failing to express** your honest thoughts, feelings and opinions, with the result that you allow others to harm you. One of the personal rights is the right to express yourself, ie to reveal your thoughts, feelings and opinions. By failing to exercise this right you allow others to regard you as a doormat, take you for granted and treat you with disrespect. The person who stutters tends not to express himself, with the unfortunate result that his rights are often infringed, so diminishing his self-image.

Personal rights

What are the ‘personal rights’ mentioned above? These are rights that ensue from being human; they are natural rights to which every human being is entitled regardless of his or her social status, race, etc. Some of these rights are fundamental human rights, eg the right to express yourself, and are recognised as such in legal systems all over the world. A few personal rights are mentioned below.

The right to express your thoughts, feelings and opinions

Even though you stutter, you have the same right as everybody else to speak and reveal your thoughts. You have the right to be part of the speech community. It also means that you have the right to inform others of your speech problem, and that others must take it into consideration. You also have the right to be emotional – eg angry or sad – and to express these emotions.

The right to speak slowly

Above all you have the right to speak slowly. Don’t lose your cool every time you encounter a rushed speaker!

When two people are having a conversation they tend to influence each other’s speaking style. Eg. a PWS having a telephone conversation with a very fast speaker may feel pressurised to increase his own speaking rate – usually to the detriment of his speech. He needs to learn to resist this pressure.

This is how Prof Martin Schwartz explained it during a workshop: ‘Why must you be the victim of every fast-talking meathead that comes your way? Why sacrifice yourself daily to a fast-speaking world? Be in control! It is true that you will be under pressure for

the rest of your life to speed up – but it is possible to learn to withstand this pressure ...’

If the speaker has a right to speak slowly, it also means that the listener is obliged to listen calmly and patiently – one of the principles of jurisprudence is that where one party has a right, the other party has an obligation. If the listener responds negatively to your speech, it’s not **your** fault – and it shouldn’t be your problem. It is **HIS** problem. If he’s impatient, then **HE** is the one who is rude and transgressing the rules of the speaking community.

The right to make mistakes and to fail

Making mistakes is part of being human. Nobody is perfect. Being too hard on yourself will only harm your self-image. Accepting your own human fallibility will also make you more tolerant toward other people and their mistakes. Accepting the right to fail enables a person to try new things and take risks. If, after having internalised this right, you do fail in whatever you have tried to do, it won’t have an effect on your self-image, the reason being that your psychological system can now cope with fallibility.

Many people feel that by exercising this right they will abandon all standards and make too many mistakes. This attitude is typical of a modern tendency of strictness towards oneself for fear of losing control – of allowing ‘the monster within’ to escape. This attitude ignores the basic principle of pedagogy that children learn to walk through encouragement and support rather than by means of threats and punishment. Making mistakes is part of the learning process. Be gentle with yourself; be your own best friend. We all have an inner child who needs to be encouraged and pampered.

The right to stutter

The PWS has the right to stutter, and should get rid of all feelings of guilt about his speech. It is after all not his fault that he stutters. Stuttering is a speech and communication disorder affecting many people. Moreover, nobody speaks perfectly all the time. Let the listener wait – most of what is said is not urgent anyway. If they want to engage in a conversation with you, they will have to be patient.

The right not to stutter and to succeed

Although the PWS has the right to stutter, he also has the right not to stutter. He has the right to speak fluently, to manage the disorder and to gradually overcome it.

Many people have difficulty coping with the possibility of success. Success is always accompanied by new responsibilities. People, yourself included, will expect more. Some may be jealous. As a result, many fear success. These fears have to be faced, and can be conquered. Conquering your fears is easier if you believe in your right to succeed.

The right not to assert yourself

You do not have to assert yourself all the time. The individual who invariably insists on his rights will in all probability be a very difficult person! Exaggerating your rights amounts to aggression. The ideal is that you will develop the ability to CHOOSE whether to assert yourself or not, depending on the circumstances.

The right not to speak

This is an extension of the right not to assert yourself. It means that you do not have to speak if that is what you prefer. It is your choice whether you speak or choose not to. A distinction has to be made here between the pressure exerted on you to speak, and your freedom to choose to speak or keep quiet. **The point is that you always have a choice whether to speak or not,** regardless of the extent to which others pressurise you to speak. PWS should be aware of this distinction.

Too many people respond automatically to a question – they answer immediately. The PWS has to learn not to answer immediately, but to create a pause between the question and the answer; a pause in which he can formulate his thoughts and apply a speech technique. One should actually try to acquire the unhurried manner of speech of certain American Indian tribes (see the chapter ‘Background and Misconceptions’).

You have many more rights than those mentioned above. Each person can draw up his own list of personal rights and claim it as his own – provided of course that they stay within reason and do not infringe the rights of others. Here are some examples: the right to ask a favour, the right to be treated with respect, the right to privacy, to say no, to refuse a drink, to do nothing, to say that you don’t understand something, etc.

Body language

Communication experts point out that between 70% and 90% of interpersonal communication is non-verbal. Tone and inflection of voice, speech rate, eye contact, body posture, hand gestures and facial expression all play a part in communication. An apologetic attitude can cause untold harm to one’s self-image. Clothes and personal appearance are also part of body language. Three types of body language can be distinguished: self-

asserting body language, aggressive body language and non-assertive body language.

Self-assertive body language:

Comfortable, direct eye contact

Open body attitude, limited body movements

Erect posture

Straight shoulders

Sincere voice

Appropriate distance from the listener

Hand gestures that emphasise words

Aggressive body language:

Direct eye contact leading to an 'eye confrontation'

Closed body posture

Bored appearance

A sarcastic tone of voice, or too soft or too loud

Standing too close to the listener and invading his personal space

Fists, hands on hips, pointing finger

Non-assertive body language:

Averted glance

Inappropriate smiling

Hanging shoulders

Voice too soft and difficult to hear, or complaining tone

Fidgeting/playing with hair/jewellery, wringing hands

Setting goals

Set yourself a few life goals. Establish where you are heading – and decide whether this is really where you want to be. If not, decide where you want to go, and who you want to be. Write these objectives down – so verbalising them and making them concrete. A life without goals is like a ship without a rudder. You have to know where you are heading, but you should also be flexible and prepared to reach your goal via an unforeseen detour. It may even become necessary to adapt your goals en route.

Keep in mind that your goals should be realistic and attainable. Unattainable goals lead to failure and frustration.

There are many courses available these days for people who want to improve their assertion and communication skills. PWS should find such courses a great help, especially where they have already acquired a speaking technique and are able to apply it to some extent.

THE POWER OF VISUALIZATION

*Everything that has ever been created or invented was first an idea in someone's mind – it was visualized before coming into existence. --- Beverley Hare, in her book *Be Assertive**

Visualization and affirmation are two techniques that can change the subconscious in order to reach a specific goal. As self-help methods similar to positive thinking and self-assertion, these techniques are used to help people manage their lives better. Numerous drinkers, smokers, compulsive eaters and people with other problems have used these methods to their advantage. These techniques are being used increasingly as part of holistic approaches, even in the management of diseases such as cancer and Aids.

Visualisation

In positive visualisation, the imagination is used to overcome a specific problem. The imagination possesses remarkable suggestive power. Some experts believe that the subconscious, which apparently retains all experiences in its computer-like memory, is unable to distinguish between actual and imagined experiences.

This implies that if a person who stutters (PWS) dreads making a

difficult telephone call, becomes agitated and in his mind's eye 'sees' himself stutter, he is 'programming' himself to fail in advance. As far as his subconscious is concerned, he has stuttered in that very situation even before making the call – the subconscious cannot distinguish between flights of imagination and actual experience.

This process, however, can be reversed. Instead of 'seeing' yourself stutter, make a conscious effort to see yourself speaking slowly and in a relaxed manner. Visualisation is based on this principle. The objective is always to construct 'mental images' of situations in which you are successful. This prepares your subconscious for success. These mental images have a tendency to become reality.

An important principle of visualisation is that the images that you create in your imagination should be as realistic as possible. They have to be as true to life as your imagination allows. This means that a person who has problems with telephone calls in his office should do more than visualise himself sitting in his office. He should also visualise the exact texture of his desk, of the pictures on the wall, the window and the carpet. The image must be as accurate and detailed as possible.

Provide a soundtrack!

Your mental image should not be limited to visual features – provide it with a soundtrack! Construct an image that includes all the usual background noises – the hustle and bustle of your colleagues, the hum of the air-conditioning, paper rustling and even telephones ringing.

Also try to involve your other senses. Feel the texture of the desk and the telephone. Smell the perfume of the female colleague who passed your desk a moment ago ... Keep in mind that the most life-like image will make the strongest impression on the

subconscious.

An additional step is to let your imagination become completely immersed in the situation to the extent that you even visualise your feelings. Imagine feeling confident in yourself and your speech, being in control, being successful and satisfied.

Now construct images of yourself as being relaxed and self-confident in a variety of situations as you use your speaking technique in a calm and controlled manner. Merely seeing yourself 'not stuttering' may not be enough – rather visualise yourself as being relaxed and using your speech technique in a perfect manner.

Visualise the future – but also the past. Recall your past episodes of fluency and what speaking fluently looked and felt like. After all, self-confidence grows out of memories of past successes.

Don't force your mind to change

Visualisation can be difficult. You should not force your mind to change if your subconscious resists. In his best-seller *Psycho-cybernetics*, Dr Maxwell Maltz describes three steps that should be followed if your mind resists positive visualisation:

1. Play with the idea of complete and inevitable success, without believing that it is actually possible.
2. Next, think about the POSSIBILITY of success.
3. Now visualise the success.

Visualisation is not an artificial technique. We all visualise in our daily lives – we just don't realise it. Unfortunately we often use it

to our detriment. For example, if you don't like attending office meetings, you will, before going to an important meeting, in all probability create negative images – seeing yourself sitting there uncomfortably or unhappy as the meeting drags on. It should then come as no surprise that you do feel uncomfortable or unhappy as soon as the meeting starts!

Try to be relaxed and comfortable before attempting visualisation and affirmations (see below). For example, do it after a relaxation exercise. Also remember that visualisation becomes easier if done regularly. Creating clear and sharp images may at first be difficult, but as you master the technique your skill will improve.

As a powerful additional tool in managing stuttering, visualisation is closely related to positive thinking. Those who attempt it will not be disappointed. Visualisation, of course, serves many purposes beyond assisting with speech. Improve your self-image, for example, by always 'seeing' yourself as the person you want to be. Visualisation is also useful in acquiring personal skills such as self-assertion.

Many books have been written on the subject of visualisation. Consult your library or bookshop.

Affirmation

As with visualisation, this is a method for 'reprogramming' the subconscious. It should be preceded by a relaxation session to enter into a relaxed state. According to experts the initial relaxation before doing the affirmations is important, since the subconscious is more receptive when the mind is in a relaxed state.

Once you are completely relaxed, read a number of prepared

statements. Prof Schwartz has provided ten statements which should be read three times after doing the so-called Bathtub Exercise, which is very relaxing (see the chapter 'Stress Management'). These statements should be read every day of the first month in which his programme is followed:

- 1. My self-confidence is increasing day by day.**
- 2. My speech technique is getting better day by day.**
- 3. Every time I use the technique, my self-confidence increases.**
- 4. Every time I use my technique, it makes me feel better.**
- 5. Every day I look forward to using my technique.**
- 6. My speech technique is becoming more natural.**
- 7. My ability to relax is improving day by day.**
- 8. My self-confidence is increasing day by day.**
- 9. Every day I enjoy my exercises more and more.**
- 10. Before (phoning someone, seeing my boss, speaking aloud in class, etc – complete as you wish) I tell myself to relax, and I then feel just as I feel now and my speech technique is more perfect than ever before.**

These statements can be read aloud, or memorised and said aloud. You can also add your own statements that relate to your specific problems. You could, for example, read statements aimed at positive thinking, self-assertion or relaxation.

The subconscious backlash – and how to manage it

As mentioned before, the purpose of affirmations is to bring about change on a level deeper than conscious awareness. Take the example of the reader who reads this book's chapter on positive thinking, agrees with its arguments on a conscious level and is briefly inspired by its message, only to discard it after a while, convinced that it does not work for him. What has happened is that those ideas were not allowed to gain a foothold in his subconscious. Affirmations come into play here. They give these ideas a chance to take root in your subconscious.

The principle of affirmation entails that the negative information fed into your subconscious 'computer' in the course of many years is replaced with positive input. Yet again this is no easy task. Many people find the technique extremely successful, but only for a few days, after which they experience a backlash that leaves them even worse off than before.

Subconscious reactions were discussed in the chapter on 'Maintenance'. This is how Beverley Hare puts it in her book *Be Assertive* (p 133):

When you feed the positive information into your mind it initially works because you are working on the superficial level of the mind. As you continue with the affirmation, the new positive information seeps through the deeper levels of the mind – to the unconscious. In the unconscious reside beliefs about ourselves that we do not know even exist. The positive information meets the negative beliefs and forces them out into awareness. They do not come into awareness merely as intellectual ideas; there are feelings attached to them. This is the reason for the discomfort and the feeling that things seem worse than ever.

The solution then is to persevere, accepting relapses and

expecting a zigzag pattern of progress rather than a dramatic miracle.

CHANGE THROUGH ACCEPTANCE

Grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to distinguish between the two.--- Traditional prayer

There is another tool the person who stutters can add to his arsenal in the management of stuttering: a measure of acceptance.

At a glance this statement seems paradoxical. Many people feel that the only way to change is to actively and aggressively resist the unwanted behaviour. One of the principles of personal change, however, is that prior acceptance is more conducive to change than prior rejection. Going so far as to hate your stuttering is counterproductive, as you will be hating part of yourself, thereby engendering a lot of psychological stress and increasing the stutter.

An alcoholic who wants to do something about his drinking problem usually only commences real treatment once he has faced and accepted his problem. In a similar way the PWS should to some extent reconcile himself with the disorder. Come to terms with the person you are. Accept the totality of your feelings as an inseparable part of yourself.

Acceptance, of course, is not the same as resignation or acquiescence. Accepting your stutter does not mean abandoning your efforts to work toward improved fluency.

The extent to which you will need to accept your stuttering will depend on your individual circumstances. We should not lose sight of the fact that we are dealing with a partly stress-related disorder which may be firmly established through years of conditioning. The extent to which you will succeed in managing your stuttering depends on many factors, eg the availability of quality treatment, your personality, the severity and extent of your condition, sensitivity to stress and hard work. It is a sad fact that, for many people, the effective management of stuttering will remain an inaccessible ideal. For them, a large degree of acceptance is essential. Take care not to get lost in a never-ending, soul-destroying, life-long quest for the fantasy of complete fluency if this fluency happens to be out of reach due to circumstances beyond your control. Rather adjust your life according to your unique limitations.

An inherited sensitivity to stress

We are all subject to stress, and this may trip up the PWS without warning. We who stutter have stress-sensitive vocal cords, and these will probably always be a weak link for many of us. The desensitisation steps described in the chapter 'Applying the Technique in Real Life' will go a long way towards helping you cope in general – however these procedures require a great deal of time and effort. Accept your blocks if you stutter. If needs be, tell the listener about your speech problem. Refuse to be upset by blocks. Instead identify the particular type of stress involved: word/sound stress, situation stress, etc.

Keep your perspective

There is more to life than speaking well. Don't let speech and fluency become an obsession. Many people with far more

incapacitating disorders live productive and happy lives within their personal limits. True, stuttering is often underestimated – it can amount to a form of mutism for some people – but even mute people can find happiness.

Listener reaction – don't overreact!

Many PWS overreact in an excessively negative way to how they think the listener may respond. They see the listener as some kind of merciless judge who divides humanity into fluent speakers and people who stutter. All fluent speakers are acquitted – but woe betide him who fails to be fluent! He is surely damned forever.

This attitude places the PWS under much unnecessary pressure. Reality paints a different picture. People differ, and have different speaking styles. The PWS is so often very hard on himself. Stuttering may not exactly represent socially acceptable behaviour, but very often the speech of fluent people is also unacceptable – too soft, too loud, too fast, too drawn out, rude, hesitant, mumbling, too high, too low, etc. Yet, unlike the PWS, they are not overly apologetic and critical about their speech. Normal speakers who formulate their thoughts clearly and logically at all times are few and far between.

Listener response DOES pose a problem for the PWS, but this problem should not be blown out of all proportion. In most cases the listener soon notices the speaker's speech problem and listens patiently to what he has to say. Moreover, many listeners pay little attention to how others speak. They want to hear what is said, not how it is said.

Always keep in mind that, just like you, the listener is not a perfect person. Your problem may be stuttering – his or her problems may be far more severe.

SOME OTHER TECHNIQUES AND APPROACHES

*The correction of stuttering is a do-it-yourself project. Stuttering is **YOUR** problem. The expert can tell you what to do and how to do it, but **YOU** are the one who has to do it. --- Harold Starbuck, retired professor of speech pathology, New York*

This book emphasises vocal cord tension management for the control of stuttering, but other techniques and approaches may also benefit those who stutter. Like all stuttering approaches they all have their particular limitations. Consult a speech and language clinician or other relevant expert if you feel that you may benefit from one or more of these approaches. Some aspects of these approaches have already been incorporated in previous chapters of this book.

The treatment of stuttering comprises a vast and continually changing area of knowledge. What follows can therefore only be a lay summary, with a bias toward the view that stuttering is caused by tension-sensitive vocal cords.

First we have to look at the different structures that constitute therapy.

1. The structure of therapy

a. 'Speak more fluently' approaches

Many experts argue that modern stuttering therapy should consist of three phases: 1) **establishing fluency** in the speech clinic, eg by learning a fluency technique, 2) **transferring** this new fluency to actual situations in everyday life and 3) **maintaining** fluency to make it permanent.

This is also the structure used throughout this book, and many stuttering clinics, particularly those who favour fluency techniques, have adopted this phased approach.

Being taught a fluency technique is usually part of what is known as a 'speak more fluently' approach, also known as fluency-shaping. A 'speak more fluently' approach focuses on trying to get the PWS fluent – in contrast with the 'stutter more fluently' approach where the focus is on the stutter rather than on fluency. The 'stutter more fluently' approach is more psychological in nature, and the PWS is taught to stutter in a more relaxed and manageable manner.

b. 'Stutter more fluently' approaches

In contrast with the structured 3-phase treatment of stuttering mentioned above, other clinicians – particularly those who favour

a more psychological or a 'stutter more fluently' approach – prefer not to have a definite therapeutic structure. They rather emphasise counselling and the interpersonal clinician-client relationship.

Both of these contrasting approaches have merit, depending on the client's particular stutter and personality. For instance, some PWSs may just be interested in learning a speak-more-fluently technique to speak better, and may not need any psychological 'adjusting'; for others, stuttering may entail a huge emotional load to bear which aggravates stress, so contributing to the stutter. Obviously this would require a greater focus on counselling.

2. Breathing therapies

Breathing is a major part of speaking, and breathing techniques have been part of stuttering therapy for many years.

Costal breathing, also known as deep breathing, belly breathing or diaphragmatic breathing, is generally regarded as a healthier way to ingest oxygen. It is often used as part of therapy not only for stuttering, but also in the treatment of certain anxiety disorders. Costal breathing means breathing deeply by flexing one's diaphragm and expanding the stomach rather than the chest. It is also used in some yoga and meditation traditions. With practice it can become a standard way of breathing.

This type of breathing can reduce stress, the reason being that when we are stressed or angry, we tend to inhale and hold our breath as part of the 'fight or flight' response. Exhaling, however, signals to the body that the danger is past and that it can relax.

In stuttering circles, costal breathing has in recent times become identified with two fluency institutes, the **McGuire Programme** and **The Starfish Project**.

The **McGuire Programme** offers intensive courses for adults, run by people who themselves stutter or have stuttered. It was founded in 1994 and is active in several countries. Costal breathing as a fluency technique is a major part of their therapy, and the emphasis is also on hard and dedicated work on one's speech. It has been called a 'boot camp' for people who stutter, as the exercises are compared with sports training, the aim being to become accomplished at 'the sport of speaking'.

Other features of the course are mental disciplines such as self-acceptance, assertiveness, non-avoidance and how to handle relapses. Post-course support is excellent, with attendees welcomed back as often as they wish in order to continue working on their speech, and they are encouraged to get involved in helping new attendees.

The Starfish Project originated as an offshoot of the McGuire Programme and is based in the UK. It is in many aspects similar to McGuire and offers a 2,5-day intensive course for adults, focusing on costal breathing, desensitisation, avoidance reduction, phone work, positive thinking and transferring fluency from the workshop to the outside world.

As with McGuire, much emphasis is placed on post-course support via free follow-up courses, support meetings and a phone list of ex-course members who are willing to be phoned at any time to share problems and reinforce the costal breathing technique.

According to Starfish, they differ from McGuire in that their approach is non-invasive, i.e. without the element of coercion inherent in the McGuire 'boot camp' approach. So there is no

obligatory speech-making and the like. This is therefore a 'softer' approach compared to McGuire, though it should be noted that both the 'hard' and 'soft' approach could be of benefit, depending on the individual. Even so both courses are by their nature demanding, as adult stuttering can be a difficult nut to crack. Starfish, however, is less expensive than McGuire.

There can be no doubt that both these programmes have brought success and improved fluency for many stutterers, and this could be ascribed to the focus on hard and regular work, excellent post-course support, group intensive therapy and psychological assistance such as assertiveness training, etc.

3. Slow/prolonged speech

More popular in the UK than the US, this 'speak more fluently' approach has some features in common with the Passive Airflow technique. The emphasis is on slow speech, until fluency is achieved. The PWS may also be taught to pause during speech, as many PWSs tend to fear pauses, and tend to rush their speech.

An additional feature of this approach is its emphasis on prolonging sounds, especially vowels. Prolonging vowels reduces stuttering, the reason being that your vocal cords vibrate when saying vowels – and, as has been stated before in this book, the vocal cord spasm will usually not occur when the cords are already in a vibrating state.

When fluency is obtained in the clinic via the slow and/or prolonged speech, the speech tempo is gradually increased to that of normal speech. In a step-by-step manner the client is exposed to different degrees of difficulty. He may, for example, start with reading and once he can read fluently, progress to a more difficult level such as monologues and eventually dialogues. The final objective is to transfer this fluency to the world outside the speech clinic.

Benefits:

Slow speech can help the PWS in many ways – it reduces speed stress and provides more time during which one can formulate one's thoughts and apply speaking techniques.

Disadvantages:

Though slow speech is generally beneficial, exaggerated slow speech and too long pausing may have the result that the vocal cords cease to vibrate. Lack of vibration makes it easier for the vocal cords to lock. The end result, in a worst-case scenario, is a slow speaker experiencing a block after every pause.

4. Distraction treatments

Many PWSs are more fluent when they don't THINK about what they are going to say. This phenomenon has given rise to various therapies that use some form of DISTRACTION, to take the PWS's focus temporarily away from what he wants to say.

Distraction is in fact part and parcel of many techniques and approaches that are not usually classified as distraction techniques. For instance, the 'artificial stuttering' approach of Van Riper (see further down in this chapter) includes an element of distraction - when you stutter intentionally, the mind is momentarily distracted.

Disadvantage:

The problem with therapies based purely on distraction is that many clients, after experiencing some temporary, initial fluency due to the distraction, gradually become used to the distracting stimuli – so that they can once again concentrate fully on their stuttering!

Distraction devices of the past

For centuries PWSs have been using distraction techniques to improve their speech. According to tradition, one of the ways in which the great Greek orator Demosthenes rid himself of a speech defect which may have been stuttering was by speaking with **pebbles** in his mouth. The pebbles probably distracted his attention from stuttering, and / or forced him to speak slowly. Much of the later equipment used to treat stuttering is based on this age-old principle.

Strange oral devices such as a mouth-plate or other mouthpiece were sold to PWSs in the nineteenth century. These devices deliberately made it difficult to speak, and distracted the wearer to such an extent that they simply forgot to stutter. As can be expected these devices were impractical.

It has been known for some time that some people will not stutter if they cannot hear themselves speak. **Masking devices** such as the so-called 'Edinburgh masker' were based on this principle. This device consists of earphones attached to a small, portable electronic control unit. When activated manually, the device produces white noise in the earphones that prevents the speaker from hearing himself. An automatic version produces noise when the user begins to speak, and stops when the user stops speaking.

This device probably works through distraction, and / or by preventing you from hearing your own (poor) speech, in this way reducing the negative emotions (and increased tension) generated by stuttered speech.

Delayed auditory feedback (DAF) and frequency altered feedback (FAF) appliances

Interest in electronic appliances to manage stuttering has increased by leaps and bounds in recent decades, partly because modern technology has enabled these appliances to become very compact so that they can be worn on the person, very much like a hearing aid.

Bulky DAF / FAF devices have been used for many years by clinicians to treat PWSs. Newer, portable versions are now so small that they can be worn in or around the ear. They alter sound, so that you hear your voice at a slight time delay (DAF) and / or at a different pitch (FAF).

Of these gadgets, the **SpeechEasy** ([click here for the website](#)) has generated much publicity. The appliance changes the sound (including your speech) through DAF and / or FAF, creating a choral effect – in other words, it will sound as if you speak in unison with others. SpeechEasy is based on the principle that a PWS's speech usually improves when speaking in unison with other people. The SpeechEasy is expensive – in May 2010 the cost ranged from \$4100 to \$5100.

Other appliances include:

The **CasaFUTUREtech** devices - [click here for the website](#)

CasaFUTUREtech's Pocket Speech Lab (PSL) is of special interest in the context of this book, which focuses on the vocal cords as the core root of stuttering. The PSL provides, inter alia, feedback on the tension in your vocal cords. The appliance analyses your voice's pitch and volume and shows a red light on the control unit to indicate tense vocal folds.

Defstut - [click here for the website](#)

VoiceAmp - [click here for the website](#)

Benefits of these appliances:

- Some people do benefit from these devices to a lesser or greater degree.
- Apart from the distraction effect, these devices may also hold other benefits. Because of the delaying effect of DAF, the user tends to speak slower, which reduces speed stress on the vocal cords. There could also be psychological benefits – the user may feel more relaxed and confident wearing the device.

Disadvantages of these appliances:

- For many people, distractions have a temporary effect. After a while the wearer tends to get used to the distracting stimuli.
- These are not cures, but speech aids.
- They tend to be expensive.
- Silent blocks can be a problem, because you won't hear any sound to distract you. However, some of these devices have a masking function (white noise such as a hiss or buzz) which you can turn on manually to overcome the silent block.
- Noisy situations may make it hard to hear your voice, though some devices offer a noise reduction function.
- The field of stuttering management through electronic aids is wide-ranging and continually developing. For more info, go to the British Stammering Association's website which you will find [HERE](#).

DAF and FAF software

The devices discussed in the above section are, as mentioned, expensive. A cheaper option is to purchase DAF and FAF **software** which can be used on your PC, portable computer or cell phone:

ArtefactSoft – <http://www.artefactsoft.com/> Products include:

DAF software for the iPhone and iPod Touch

DAF/FAF for the iPAQ Pocket PC

DAF/FAF for handheld computers running Windows Mobile 5.0

DAF/FAF for Windows desktop PCs.

SpeechGym – [click HERE for their website](#) Offers DAF for desktop and pocket PCs.

FluencyPal – [click HERE for their website](#) Offers DAF for many types of cell phones.

5. Syllabic or rhythmic speech

Very popular during the 1960s, this fluency technique is now regarded by many clinicians as obsolete. Interestingly, however, Prof Mark Onslow of the Australian Stuttering Research Centre argued in 2007 that a subtle version thereof may still be of value for some PWSs.

For centuries it has been known that rhythmic speaking greatly improves the PWS's speech, eg 'I'm-go-ing-home-now-to-watch-T-V.'

In normal speech, only some syllables are emphasised. In the word 'MissisSIPpi', for example, only the uppercase, underlined section is stressed. This therapy teaches the PWS to stress EVERY single syllable. Sometimes he is also taught to accompany himself by tapping out the rhythm with a finger or foot. The unnatural rhythm distracts attention from feared words, and furthermore linguistic tension is reduced by eliminating the

natural accents in words and sentences.

The danger inherent in providing rhythmic accompaniment with a finger etc is that these movements may become involuntary, and incorporated into stuttering behaviour through conditioning. Rhythmic speech also sounds unnatural.

Clinicians of this school of thought sometimes used a metronome to help the PWS learn rhythmic speaking. Some PWSs also used an electronic PORTABLE metronome, resembling a hearing aid and emitting rhythmic signals. The user was supposed to speak in time with this rhythm. The signals served as a distraction device. The metronome was usually set at a slow tempo, which trained the user to reduce his speaking tempo, thereby eliminating speed stress.

Once the client managed to speak fluently with this technique, the clinician helped him to gradually increase his speaking tempo and to make use of normal accentuation.

6. Singing, tone and whisper therapy

Why do singing, whispering, or speaking with a strange accent or in a different tone sometimes improve a PWS's speech? According to Prof Martin Schwartz, the vocal cords open partially just before a person sings, whispers, etc. This reduces the likelihood that the vocal cords will lock. Under conditions of severe stress, however, the vocal cords may not open sufficiently, so that they lock.

Singing, whispering or a change of tone may also serve to distract the speaker's attention.

Some therapists provide tone therapy – the client learns to vary his tone of voice during speaking. The disadvantage of this technique is that it sounds unnatural – as if you are singing to

your listener! Speaking in a whisper is equally unnatural and impractical.

7. Conditioning

Operant conditioning

Many treatments include the principles of conditioning. Conditioning in stuttering therapy is based on the theory that stuttering is learned behaviour, and that it can therefore be unlearned. According to this approach, fluent speech can be reinforced by rewarding it in some way (eg through praise or encouragement), while stuttering behaviour can be weakened by disapproval or some form of 'punishment'. This form of conditioning is known as operant conditioning.

Operant conditioning in stuttering therapy – in other words, rewarding fluency and discouraging nonfluency – has generally had disappointing results where it was used as the main therapy, which is not surprising if you agree with the point of view advocated by Prof Martin Schwartz. According to Schwartz, the claim that stuttering is learned is only true up to a point. In his view the locking of the vocal cords itself is a non-learned, inherited sensitivity to stress, though this stress is often the result of learned tension and complicated by learned struggle behaviour. The non-learned component will not respond to conditioning – the learned components will.

Of greater value is INDIRECT reward and punishment. Undertaking a 'contract' with others to pay them every time you fail to use your speech technique (see the 'Maintenance' chapter) is an example of this.

Classical conditioning

Classical conditioning is a different form of conditioning.

Classical conditioning makes use of ASSOCIATION to teach new behaviour. The well-known experiment of the physiologist Pavlov is a prime example. Over a period of some days he fed a dog and simultaneously rang a bell. Eventually he found that the dog started salivating as soon as the bell rang, even if he did not give him any food. The dog responded to the bell as if it were food. He started associating the bell with food.

It would seem that both types of conditioning play an important role in much of stuttering behaviour (see the chapter 'A Possible Cause of Stuttering' where the role of conditioning in the development of the disorder is discussed).

In this context I cannot resist repeating an odd story I heard from an acquaintance who stutters. In his youth he was treated for his stuttering by a psychiatrist. The psychiatrist decided that the client needed to have something done about his poor speaking confidence. Subsequently the shrink identified an area in which the client had an abundance of confidence – his maleness and sexuality. He was in fact very fond of the opposite sex and never stuttered in the company of girls. A strategy was devised in which the client repeatedly had to read aloud, simultaneously and unobtrusively holding his penis via a trouser pocket – the idea was that he would learn to associate his positive feelings about his sexuality with his speech. The client was then instructed to unobtrusively hold his sexual organ every time he found himself in a difficult speaking situation! This treatment was unsuccessful ...

An example of classical conditioning as an aid is found in the chapter 'Learning the Technique', where the reader is encouraged to practise his fluency technique as far as possible within the place where he usually has difficulty speaking, eg. in the empty classroom after school. In this way he will begin to associate the technique with the classroom.

Unlearning secondary behaviours

It would appear that learned secondary struggle behaviour such as facial contortions, involuntary arm movements etc can indeed be unlearned (though this would not necessarily have an effect on the vocal-cord lock). Experts recommend the following procedure for overcoming learned secondary behaviour:

1. Identify the exact nature of the automatic behaviour and divide it into smaller components. This will make it easier to eliminate.
2. Start by changing and thus weakening the behaviour, rather than attempting to eliminate it all at once. For example, a person who cannot speak without first involuntarily moving his head towards the left, should try moving it to the right, or backwards or forwards.

It may also be possible to unlearn a learned stress response. A person who automatically becomes tense in shops, for instance, can weaken this learned stress response and gradually eliminate it by DELAYING the reaction – ie postponing for as long as possible the moment when his tension will rise. He could tell himself: ‘Yes, I know I’ll become tense, but not right away – only after the count of ten.’ (Compare this with the traditional advice of counting to ten before losing your temper.) This type of treatment can be of great use for PWSs.

It can be very difficult, however, to overcome learned, deep-seated speech fears. These fears may have a still-valid source: the punishing effect of the social embarrassment caused by stuttering. These fears feed on the PWS’s everyday experiences. For this reason it may be of help to use a fluency technique to attack these fears at their very origin – the stuttering itself.

8. Charles van Riper’s approach

Van Riper (1906-1994) was a very influential American stuttering

expert, and a PWS himself. His is one of the so-called 'stutter more fluently' approaches, also known as block modification. The client learns how to better control his stuttering rather than to be fluent. The emphasis is on stuttering, rather than fluent speech. Four phases can be distinguished:

1. Identification. Client and clinician make a detailed study of the actual stuttering behaviour: the precise nature of the struggling, avoidances and distractions. This demystifies the disorder and places it in a less emotional context. Van Riper rightly argued that the PWS has to know as much as possible about his own stuttering behaviour before he can do something about it.

2. Desensitisation. The aim in this phase is to reduce the PWS's speech fears and other negative feelings such as guilt and shame. The client is also encouraged to see the disorder in perspective, to be less hypersensitive about his speech and to accept his stuttering to some extent. He is trained to stay calm while stuttering, to maintain eye contact and to be open about his problem. He is also advised to stutter artificially on non-feared words – this allows him to be in control even as he stutters. This feeling of control can go a long way towards reducing speech fears.

3. Modification. The stuttering itself is treated in this stage. The PWS is taught to stutter more 'fluently'. Instead of developing insurmountable blocks that render all speech impossible, you are taught to stutter in an artificial and light way – to return to the easy, struggle-free stuttering typical of stuttering children. You may for example be taught to say 'c-c-cat', repeating the 'c' twice, instead of getting completely stuck on the 'c'. You are also taught ways to get rid of your unnatural starters, distractions and avoidances. For example, the habit to delay feared sounds by repeating an 'eh' sound, can be weakened and eventually eliminated by repeating sounds such as 'ooo' or 'ah'.

Additional aspects covered in this phase include preparatory sets

(ie preparing yourself for speech), 'pull-outs' (getting out of a block) and cancellations (what to do after having blocked) (read the book *Self-therapy for the Stutterer* mentioned in the 'Bibliography' chapter for a comprehensive discussion of these concepts).

4. Stabilisation. The aim in this phase is to make these new habits a permanent feature of the PWS's speech.

Disadvantages:

There is no doubt that many PWSs have benefited from Van Riper and his insistence on artificial stuttering – but it's not for everyone. Critics leaning toward the 'conditioning and learned behaviour' explanation of stuttering have in fact pointed out that artificial stuttering could reinforce the stuttering.

9. Joseph Sheehan's approach

Sheehan was another well-known American speech expert. Like Van Riper he also stuttered. He emphasised the psychological component of stuttering, and focused on the tendency PWSs have to hide their disorder. He argued that PWSs have to be open about their problem, confronting and accepting instead of denying it. For him, the main objective of therapy must be to reduce the PWS's numerous fears – fear of the way others will react to his speech, fear of stuttering and fear of silences occurring in his speech.

Sheehan compared stuttering to an iceberg. The visible and audible aspect of stuttering is like the part of the iceberg exposed above the water. Then there is the invisible, hidden part that poses the more dangerous threat: fears, feelings of shame, etc. The 'icebergs' of PWSs differ – some are more hidden than others.

Stuttering children often have highly visible icebergs, ie there is a lot of external stuttering, but little psychological harm. Years go by, the iceberg sinks down deeper into the sea, and it seems as if the child stutters less. This is an illusion. Much of the stuttering has merely disappeared beneath the surface, where the real damage is being done. According to Sheehan part of the aim of stuttering therapy should be to expose the hidden part of the iceberg so that it can melt, as it were, in the heat of the sun.

Sheehan represents the most extreme form of the 'stutter more fluently' approach. The client is encouraged to stutter as much as possible in other people's company, even in situations where he would not normally stutter.

Disadvantages:

As in the case of Van Riper's approach, some PWSs benefit from Sheehan's artificial stuttering, but again some PWSs find artificial stuttering to be unpleasant. The social embarrassment caused by excessive public stuttering could be an additional source of stress for some PWSs, thereby contributing to the stutter. Also the artificial stuttering may reinforce the problem.

10. Hypnotherapy

Clinical hypnosis is a state of deep relaxation and concentration brought about by suggestion. It should not be confused with what stage hypnotists do.

In clinical hypnotherapy, the client is awake and in control. A skilled hypnotherapist can use this state of relaxation to access the subconscious and 'reprogramme' issues such as, for example, shyness, stress, lack of confidence etc. via VISUALISATION (see also the chapter 'The Power of Visualisation'). At the end of therapy the hypnotherapist may teach the client self-hypnosis as a self-help technique in order to

build on the progress made.

There can be no doubt that INDIRECT anti-stuttering hypnosis of this nature can assist PWSs, as it can address the underlying stressors that contribute to stuttering. I have myself experienced clinical hypnotherapy focusing on stress reduction, and have as a result definitely improved my ability to manage stress.

Some PWSs speak more fluently while under hypnosis, probably due to lowered tension. This phenomenon has served as encouragement for opportunistic hypnotists to use DIRECT anti-stuttering hypnosis (eg 'As of now your speech will be fluent') to improve speech. Hypnotic suggestions of this nature usually have a temporary effect. Beware of hypnotists who claim to be able to cure stuttering!

In short, hypnotherapy can be a useful adjunct to stuttering therapy, but is for the great majority of stutterers not a cure (though a very few lucky individuals may perhaps experience a real cure because of greatly and permanently reduced stress levels through hypnosis).

11. Relaxation, yoga, meditation, biofeedback

It is a well-known fact that a PWS's speech improves when he is relaxed – though it is very difficult to rely on relaxation alone to control stuttering. For this reason clinicians usually use relaxation as an aid, and not as the main treatment. Yoga and meditation can also lower tension levels (see the 'Stress Management' chapter for more information).

Clinicians sometimes use biofeedback machines to train their clients to relax before and during speaking. These machines measure the degree of tension in specific parts of the body. In this way a person can learn to relax specific sets of muscles, eg

the muscles of the jaw and face, even if other muscles remain tense. Once again treatment of this nature may be of benefit in lowering tension and stress, thus reducing the severity of the stutter even though it may not eliminate the problem.

12. Medication

Some PWSs use **tranquillisers** to reduce their tension levels, for example before delivering a speech. This practice has many disadvantages: tranquillisers can affect the ability to concentrate; as a chemically-induced form of stress control the effect only lasts for as long as the medication is taken; there is a real risk of addiction. Vitamin and other supplements are relatively harmless and therefore preferable (see the 'Stress Management' chapter).

Any chemical substance having an anaesthetic effect on the nervous system can improve a person's speech temporarily. I have often found that eg. certain analgesics and flu medication reduce my tension and improve my speech. These medications slow one's mental processes, thereby reducing speech fears and anaesthetising the PWS's mental 'scanner'. The use of these substances to control stuttering is nevertheless impractical and unhealthy.

These days, the focus in stuttering research is very much on the brain, with many theories being expounded. According to some neurological theories, the disorder is the result of chemical imbalances in the brain. To correct this, drugs such as haloperidol have been prescribed for some PWSs. The results have been inconclusive. In addition a variety of side-effects have been observed. In more recent times there have also been experiments with clomipramine; and the latest tests with Pagoclone have resulted in much speculation. Don't hold your breath, however, while waiting for another miracle pill to solve all your stuttering problems ... a shortcut to fluency does not yet exist.

13. Psychotherapy

As far as SEVERE psychological disorders are concerned, PWSs as a whole do not suffer from these more than fluent speakers.

Many PWSs do, however, suffer from feelings of inferiority, bad self-image, lack of confidence, depression, neuroses, stress, anxiety, etc. This is usually the RESULT and not the main cause of their speech problems.

Fact is that anxiety, bad self-image, inferiority feelings etc. result in stress, which again leads to more stuttering, which results in more anxiety etc. So this is a vicious circle – see the chapter ‘A Possible Cause of Stuttering’ for more on the vicious circle of stuttering.

If the psychological side of stuttering results in more stuttering, it follows that the PWS can be helped not only by working on the stuttering itself, but also by addressing feelings of anxiety, inferiority, bad self-image etc. In other words, a holistic approach should be followed by working on all the aspects of stuttering, including the psychological side. That’s why I’ve included chapters on self-image etc.

Note that a small percentage of PWSs, in addition to their stuttering problem, have UNDERLYING psychological problems unrelated to stuttering, just like non-PWSs. Due to these underlying problems their base-level tension may remain exceedingly high, thus maintaining the stutter. Common sense dictates that these people should first have their psychological problems attended to before tackling their speech problem. Example:

The case of the shell-shocked soldier

A Dutch speech therapist discussed a case soon after World War Two when he treated a young soldier who had begun to stutter after a battle against the Germans. The soldier had previously consulted a female therapist and had several times felt the urge to talk about his combat experiences, but she would interrupt him, saying: "That is not what you are here for. Take the mirror and look into it. Now, with a round mouth say: 'Oh no don't go' and then, with a wide mouth: 'She is drinking tea'." The fact is that the young man had been devastated by the horrors he had witnessed. If ever there was an inappropriate treatment, this was it. Instead of being treated for his speech, the patient should have been given a chance to vent his feelings.

(P Faber, *Achtergronden van stotteren en spreekangst*, 1979).

Counselling

Psychological counselling may help to lower stress levels, for example by working on the client's self-image, social skills and ability to cope with specific life problems. The client is also granted opportunities to verbalise his feelings and gain new insight into his speech problem. With counselling he can also improve his adjustment to and acceptance of his disorder.

Counselling may, however, have limitations. In the past some treatments tended to rely exclusively on psychological counselling. Many experts now realise that such an approach could be inadequate and should be combined with teaching the client a fluency technique.

Psychoanalysis

Psychoanalysis is a type of psychotherapy that uses dream interpretation, hypnosis, free association and the like in an attempt to expose any traumatic experiences in the client's past. Research has found that most PWSs do not really benefit from

this, though those who are indeed traumatised might find it beneficial.

Personal Construct therapy

This is a modern approach in psychological stuttering therapy based on the theories of the American psychologist George Kelly. This treatment derives from the view that many PWSs find fluency to be a strange and unfamiliar experience. The theory is that many PWSs fail to maintain their fluency after being treated because they are socially and psychologically not equipped to cope with the new experiences that accompany fluency. They may want to be fluent, but they also fear the unfamiliar and even threatening world of fluency.

The aim of this approach is to initiate the PWS into the world of fluency and help him accept himself as a more fluent speaker.

14. Intensive courses

Nowadays many experts maintain that this is the best vehicle for offering therapy. Clients are treated as a group and exposed to intensive therapy on a continuous basis for a period ranging from days to weeks.

The interaction with other PWSs and the continuous attention to speech may have a dramatic effect, often resulting in a drastic drop in base-level tension, greatly improved fluency and euphoria. In many cases PWSs achieve fluency to such an extent during the course that they are able to make public speeches in front of large audiences and to participate in radio and TV discussions.

This effect tends to be temporary – as the client, having completed the course, again finds himself in the ‘real’ world and is exposed to all the usual pressures, his base-level tension rises

and the stutter returns.

But this is not to say that the temporary 'high' has been of no benefit. It has demonstrated to him that fluency can be achieved, and that there is hope. The intensive course can serve as a basis from which the PWS can gradually work his way towards better speech via the methods which he has learned during the course, aided by follow-up treatment and support groups.

15. Support/self-help groups

These groups have certainly been of enormous help for many PWSs. In fact many people say that they would not have been able to make the progress they did had it not been for the support received from their group. I have found them of enormous value, as it is very difficult to work on your own in trying to do something about your stuttering.

Groups can take various forms. A support group provides an understanding environment in which PWSs can discuss their speech-related problems, thereby verbalising their difficulties and helping them to adapt to the disorder. This type of group usually does not attempt to deal with the stuttering directly.

A self-help group can also provide support, but here the emphasis is on actually working on one's speech by testing and practising speech techniques and approaches, in the process learning from others and helping new members. These groups work best when seen as a supplement to practising at home and/or formal speech therapy.

Groups can either be therapist-led or independent. Both types have their pros and cons – the format of the group should meet the particular needs of the participants.

Disadvantages:

The group approach to stuttering is nevertheless not an easy road to fluency. Much will depend on practical issues and the personalities of the members. A group is only as good as the people involved. Domineering members can undermine the democratic running of the group. Another problem is that member turnover tends to be high – after the initial enthusiasm many people soon realise the amount of work and time involved, and they drop out. As a result, groups in towns and small cities tend to have a short lifespan.

On the other hand groups in large cities have, in many countries, grown and succeeded to such an extent that they have evolved into national associations, such as the wonderful **British Stammering Association (BSA)**. For stammerers in the UK the BSA website should surely be the first port of call.

* * * *

Some clinicians focus on a single approach or technique; others combine different approaches or use an eclectic approach in which they tailor the treatment to suit the client's specific needs and problems. Regardless of the approach favoured, all responsible clinicians seem to agree that there is currently no single instant and complete cure for stuttering that will help everybody. The struggle therefore continues ... hopefully with the promise of new breakthroughs in the future!

THE STUTTERING CHILD

*Sweet Benjamin, since thou art young,
And hast not yet the use of tongue,
Make it thy slave, whilst thou art free;
Imprison it, lest it do thee.*

(John Hoskins)

Children who stutter are in a better position than adults regarding the possibility of a total cure. The disorder and its psychological impact are not yet fully established in the stuttering child.

Stuttering has been compared with the layers of an onion. The core of the onion represents the physical stuttering. As time passes, the young child begins to notice that something is wrong with him. This can add additional layers to the onion: worry, frustration and eventually fear of speaking situations, social maladjustment, avoidance behaviour, etc. All these factors increase tension, which again aggravates and feeds the stuttering so that a vicious circle is put in motion. As time passes the stuttering becomes established and chronic – and much more difficult to treat.

Stuttering in children should be monitored, and in certain situations it may be necessary to intervene. The vicious circle of stuttering-worry-tension-stuttering should not be allowed to establish itself; the disorder has to be prevented from continuing into adulthood. The sooner stuttering can be stopped, the better. Earlier it was mentioned that approximately three to four per cent of pre-school children stutter, but that about three quarters of these children are fortunate enough to outgrow the condition, with or without therapy. Those who do not outgrow it, become adult chronic stutterers. Our aim should be to prevent the other quarter from becoming chronic stutterers.

Fortunately statistics indicate that the success rate for treating stuttering in children is much higher than for adults. The treatment is also often far simpler. A child who stutters often stops stuttering completely and permanently once a single stressor (ie something that causes stress) is removed from his life.

The following basic principles apply to all stuttering children:

- * Stuttering is stress-related. Try to remove all possible sources of stress from the child's life. Protect him from traumatic experiences and provide him with emotional security. (Read the chapter 'Stress Management'.)

- * Keep a close eye on his diet for substances that increase tension, eg refined sugar and caffeine (eg in carbonated drinks, chocolates, coffee and tea).

- * Consult your doctor and supplement the child's diet with stress-reducing vitamins and minerals (see the 'Stress Management' chapter).

- * Give the child opportunities to have his say. He should not have the feeling that he must quickly get a word in or else. Do not interrupt him – but allow him to interrupt you.

- * Be prepared to listen to your child.

- * If he happens to be fluent on a particular day, encourage him to speak. In this way you reinforce his fluency. In the same way you should not pressurise him to speak on days when he stutters a great deal.

- * Keep in mind that stuttering constitutes more than external behaviour such as sound repetition – children often become self-conscious about the disorder and try to hide it. Be sensitive to warning signs such as a pre-school child speaking with his hand

in front of his mouth.

* Reinforce the child's self-image and confidence. Do this by emphasising and praising his positive qualities and abilities and by developing his skills (swimming, karate, etc). If he excels in some area and outshines other children, his self-confidence will be boosted.

* Try to rid yourself of whatever guilt feelings you may have about your child's disorder. If parents feel guilt or any other negative feelings such as shame, tension and worry about the child's speech, the child may pick this up and develop the same feelings himself.

Stuttering children can be divided according to age into the following groups: the pre-school child, the primary school child and the high school child.

The pre-school child

This is the age when most stuttering children begin to stutter – usually after an initial period of fluency.

It is also during this period that the child's speech system is subjected to a lot of pressure. The child must learn how to pronounce words correctly. He must place words in the correct sequence and make sentences. Baby-talk words such as 'bow-wow' must now become 'dog'. When he wants to say something, he is reminded of both the infantile word and the 'adult' word and has to choose between the two. Doubt can cause tension. This kind of tension – or any other kind – can activate the disorder.

The first thing to keep in mind is that not all speech irregularities in young children represent real stuttering. It is normal for children to deviate from accepted norms of speech as they learn to speak. They gradually outgrow these deviations.

If you are nevertheless worried about your child's speech, you should consult a speech clinician so that she can tell you if your child is really stuttering and advise you on what to do to keep his tension levels low. Sometimes immediate therapeutic intervention is required, eg where the child becomes aware of the problem while still very young; or if the blocks are severe from the very beginning. It could be that the child has had a traumatic experience or is experiencing other psychological problems that cause excessive stress. If this is the case, psychotherapy is advised.

Severe blocks in young children may entail pressing the speech organs (lips, tongue and palate) together very tightly, preventing all sound from escaping. This could be accompanied by struggle behaviour such as bulging eyes and bulging veins in the neck. Struggle behaviour is usually initiated when the child becomes aware that something is wrong with his speech. He then overcompensates – he actually tries too hard to say the sounds.

During this stage the stuttering can be very erratic. It comes and goes, followed by periods of fluency lasting a few minutes, hours, weeks or even months. This is due to the immense degree of variation in the child's base-level tension.

At this stage, the child is usually unaware of his problem and has consequently not yet started worrying or feeling anxious about his speech. Usually the stuttering consists of rapid sound repetitions which do not bother the child.

It is very important not to draw the child's attention to his stuttering. As soon as he becomes aware of it, it will increase his tension and aggravate the problem. For this reason the following should be borne in mind by parents:

* Do not point out to the child that something is wrong with his speech. Do not correct his speech; do not even tell him to speak

slower. It is important to avoid reacting negatively to the child's speech – make sure that your body language does not show disapproval. Accept the stuttering patiently and without getting tense, but without ignoring it either. If the child is completely stuck and unable to continue, one can say things such as: 'Don't worry, you can tell me another time', 'Should I say the word for you?' or 'Some words are difficult to say'.

However, if he is already aware of the problem, encourage him to speak slower and softer, especially at the beginning of sentences – but do not let him feel that stuttering is 'bad'.

* In the child's presence, try to make your own speech slower, softer and less urgent – but without sounding unnatural. Make a special effort to slow down the first syllable. Children tend to follow their parents' example.

* Use short and simple words and sentences when in the child's presence.

* **Bilingualism and multilingualism:** In a bilingual or multilingual country it may happen that the child is exposed to two or more languages while growing up, eg. where the parents speak different languages in the home. This doubles the language-related pressures on the child, particularly while in the process of acquiring language: now he has to learn **two** sets of vocabularies, grammars etc. If parents notice the beginnings of a stutter, they should consider limiting or even eliminating the child's exposure to one of the languages if possible.

If, for instance, they find that the child is stuttering more in one language than in the other, it may be better to temporarily reduce or eliminate the child's exposure to the language in which he is less fluent, until firm fluency in the other language is established. If his fluency in his 'best' language is fully established, the 'dysfluent' language can gradually be reintroduced. If dysfluency in that language persists, continue

the exposure to the 'best' language only. It's better to have fluency in one language than to stutter in both.

Where the child hears one language at school and another at home, experts advise that, for a limited period of time, parents should speak the same language at home as the one spoken at school. If the stuttering ceases, gradually reintroduce the other language.

In the book *Stammering in young children – a practical self-help programme for parents* (1988, Thorsons), Ann Irwin describes a systematic preventative programme developed to temporarily reduce the child's tension levels and in the process put an end to his stuttering. The programme is suitable for children up to the age of seven. While the programme is in effect, the child is temporarily as it were protected from exposure to any kind of stress. If he has been completely fluent for a period of nine months, the parents may assume that he is cured and return to a normal routine. This protection programme should be introduced gradually – too many changes can confuse the child and make him insecure.

The extent to which children's base-level tension varies was mentioned above – they may not stutter for months due to low base-level tension. If a child does not stutter for several months, parents may draw the wrong conclusion and consider him cured. The fact is that he may only be experiencing a period of temporary fluency due to low stress levels. For this reason Ann Irwin uses a nine-month period of fluency as the criterion for determining if the child has in fact outgrown his stuttering.

Her programme includes the following strategies:

* Parents should identify the factors that improve or weaken their child's speech. The next step would be to develop strategies to control the negative aspects and enhance the positive ones.

Parents may, for example, find that Johnny's speech deteriorates when he is excited. The appropriate strategy would then be not to emphasise exciting events such as Christmas – do not ask him what present he wants six weeks in advance, but rather one week before the event. Also avoid exciting games, tickling, etc. If, however, parents notice that Johnny's speech improves when he plays with his brother they should encourage it, eg by buying a game they can play together.

* If he is by nature a hurried and active child who speaks too fast, try to calm him down in general without pointing out that he must speak slower. One way of doing this is to play a game in which the child is given a small financial reward if he walks to school instead of running.

* Reduce the number of direct questions that you ask the child. Direct questions have to be answered and place the child under a great deal of speaking pressure. Bear in mind that your aim is to make Johnny enjoy speaking – since you want to encourage him to associate speech with pleasure, avoid unpleasant questions. Moreover many direct questions can be asked in an indirect way, eg instead of asking: 'Do you want to play with these toys?' you could say: 'I put these toys on the table in case you want to play with them.' Also ask questions that require a simple yes or no instead of a long explanation. A good idea is to inform outsiders, especially teachers, of what you are doing. With their cooperation Johnny would not have to answer many direct questions.

* Parents should reduce their speech demands and eliminate all sentences starting with 'say' and 'tell', eg: 'Say hello to Uncle Pete', 'Say goodbye', 'Say please', 'Tell Granny that story', 'Tell Daddy what happened today'. Other speech demands include: 'Johnny, come and talk to Granddad on the phone' or 'I saw you pull the cat's tail. You have to tell me why you did it and promise that you will never do it again.' Requests to repeat a word or sentence also constitute speech demands.

* Avoid interrupting the child. It only causes frustration and self-doubt and will force him to increase his tempo so that he can have his say before he is interrupted again. At the same time parents must allow the child to interrupt them. This is to prevent the type of self-consciousness and speech consciousness that would make him hesitate before saying something. He should not be thinking: Is it okay if I say something now?

* Pay attention to him when he speaks, so that he finds speaking an enjoyable and rewarding experience. Be a good listener. If you look bored, you will undermine his self-confidence. In real life, however, it is sometimes difficult to respond to your child with good listening – if giving him your undivided attention is difficult at a given moment, you should say something like: ‘I’m feeding the baby, so it’s difficult for me to listen to you right now. Give me thirty minutes and then you can tell me everything you want to.’ Bear in mind that children are often talking to themselves rather than to you – one should learn to distinguish between the different types of conversations children indulge in.

* Try to protect the child from competing for an opportunity to talk. It often happens – especially in families – that the stuttering child is deprived of an opportunity to speak his mind due to a lack of pauses in the conversation. This makes him conscious of speech. Give each child a turn to speak.

* Do not correct the child if his pronunciation or grammar is incorrect. If you make him aware of his language, he will also become aware of his stutter.

* Relax all discipline, criticism and punishment.

Keep in mind that all these do’s and don’ts are temporary. If the child remains fluent for nine months, you may resume the normal routine. The normal routine should be introduced gradually and in a step by step manner. If this process results in renewed

stuttering, apply the relevant protective measure until the stuttering disappears.

If the stuttering persists in spite of the above guidelines, Ann Irwin has the following additional advice:

- * Parents should not expect too much of their child. Avoid parental perfectionism.

- * Is there something in the child's life of which he is excessively afraid? Watch out for scary movies – try to reduce his fears and other negative emotions. If he fears something and wants to talk about it, he may stutter badly – it may then be better to express those fears on his behalf. Loneliness, sorrow, etc also increase stress. Children have been known to recover after receiving a present such as a pet, or after going fishing with their father.

- * A warm and loving home atmosphere allowing conversation, emotional outbursts and spontaneity will be of benefit to the child. Comments such as: 'Don't ask so many questions', 'Don't talk so much' and too much discipline, criticism and punishment can be harmful. However, too little discipline or inconsistent discipline can lead to insecurity, resulting in 'the stress of uncertainty' and stuttering. Find the golden mean. Discipline should be fair.

- * **Relapses.** After months of fluency a child may resume his stuttering due to a sudden frightening experience or stressful event, such as changing schools or going on a special holiday. This is unfortunate, but under normal circumstances the child's fluency should return after a few weeks or months provided that he receives adequate protection against stress. However if he has a traumatic experience during this recovery period, the stuttering may increase in severity and last longer before improving. A third traumatic experience during this period may lead to chronic stuttering. One reason for this is that the child is growing up – and it is more difficult to treat older children. This illustrates the urgency of early intervention. It is even possible

that a single traumatic event, such as a car accident, may induce enough stress to cause permanent stuttering due to high base-level tension.

The primary school child

Sooner or later the child who did not receive adequate preventative treatment, or continues to stutter in spite of it, will become aware of his speech disorder. Nevertheless children react to their stuttering in different ways. Some pay no attention to it, while others begin to worry about it, so increasing their base-level tension. Additional factors are the new stresses that may result from going to school. Such tension will increase if other schoolchildren tease him about his speech. Some children only start stuttering at this stage – they sometimes only stutter at school because it is so much more stressful there than at home.

Now may be the time to be open with the child about the disorder. After all, he is aware of it, and a ‘conspiracy of silence’ to avoid discussing the problem at all costs will simply make it worse.

Speech therapy for children may comprise the following: play-and-talk therapy through which the child learns to associate speaking with having fun and being entertained and where he gets the opportunity to express suppressed feelings he hides at home; learning a speech technique, for example slower and softer speech, and slowing the first syllable.

It stands to reason that therapy should be administered with care. The child should not get the impression that he is ‘different’. This means that eg. the child should not be singled out during a lesson by calling him for therapy with the school speech therapist. It will not be long before all the other children suspect that something is the matter with him.

Speech clinicians who work with stuttering children should

consider using the principles set out by Prof Schwartz and on which this book is based. According to Schwartz the Passive Airflow Technique is suitable for stuttering children from the age of seven, on condition that the child is treated by a therapist who has been thoroughly trained in this technique.

When my own son began to stutter

I would like to add here my experiences on teaching fluency techniques to my young son when he began to stutter at about age three. Onset was sudden, without any apparent external stressors or traumas.

Having been involved with stuttering and the treatment thereof for most of my life I was nevertheless horrified. The problem which had so impacted my life, but which I had managed to control to a large extent, had again reared its ugly head – but this time to threaten my son. My wife and I had to consider carefully whether to either ignore the problem, hoping that he would outgrow it (as three quarters of kids do), or intervene and try to stop him becoming a chronic stutterer.

Initially we decided not to do anything and to simply monitor him and protect him against obvious stress, as per the guidelines provided by Ann Irwin (see above). For the first years, until he was nine, this strategy seemed to work. His stuttering was actually very intermittent, with long periods of complete fluency, reflecting his fluctuating tension levels. The stuttering certainly didn't seem to have an effect on his confidence or communicative abilities.

Then, at age nine, we noticed a definite deterioration, with blocks that quickly became severe, and obvious worry and frustration on his part. I then decided to intervene. I discussed with him the speech techniques which I myself use, then taught him to slow the first syllables of sentences and use airflow before speaking.

I'm very happy to say that he took to the technique like a fish to water - he was an excellent student. His speech immediately improved; he simply stopped his blocks dead in their track. Today (May 2010) he is seventeen years old, very confident, loves debating in class and has joined his school's debating team. He is fluent, though I suspect an underlying potential disfluency; but he seems to manage any potential blocks by quickly reducing his speech tempo. For all practical purposes he seems cured. He has built up a firm foundation of fluency and confidence, so I doubt if stuttering will ever be a major problem for him.

The high school child

If the child still stutters when he reaches high school, his stuttering is usually chronic and the chances that he will still outgrow it have decreased. By now stuttering's vicious circle has been activated; the disorder may affect his ability to communicate, his social relationships and his self-image. The new demands and responsibilities of being in high school, together with adolescence, bring added stress. On the other hand he may now be using a variety of tricks, such as word substitution, to hide his stuttering so that the disorder goes 'underground', with the result that others wrongly assume that his speech is improving.

Adolescents can be difficult patients. They find it hard to confront their stuttering. They need the security of belonging to their peer group – they hate being different.

Advice to children on how to cope at school

Prof Schwartz has the following advice for school kids who want to use the Passive Airflow Technique:

* Use role-playing exercises (see the 'Applying the Technique in

Real Life' chapter) at home to practise specific school situations. If possible, use an audio recorder and evaluate the recordings afterwards to check that you used the technique, ie that the recording indicates a passive airflow and slow first syllables. Practise the following:

1. Asking questions.
2. Answering questions.
3. Reading in class.
4. Ask your friends to take the part of aggressive and impatient teachers, then answer their questions and ask some of your own.

* Practise the secondary form of the Education & Demonstration Exercise (see the chapter 'Applying the Technique in Real Life') at home and use it on your classmates.

* Practise the Education and Demonstration Exercise at home with your teacher in mind. Then demonstrate the technique to your teacher.

* Practise in advance, tell your class about stuttering and demonstrate the technique in class.

* Just before asking a question in class, quietly practise it by applying airflow with your hand in front of your mouth, 'thinking rest' and moving your speech organs as if you are asking the question.

* Practise Low Energy Speech (see 'The Passive Airflow Technique' chapter) at home.

* Use Low Energy Speech whenever possible in class.

* Make labels with the letters PFSS (passive flow, soft and slow)

and stick them on your satchel, desk, etc where they can serve as a reminder.

* If possible, do the Bathtub Exercise (see the ‘Stress Management’ chapter) and read the affirmations (see the ‘Power of Visualisation’ chapter) – emphasise the classroom in the tenth affirmation.

* Try to find a classmate to act as your monitor and remind you to apply the technique.

Advice to teachers

* A stuttering child must be treated with sympathy and patience, but do not give him – or the rest of the class – the impression that he is ‘special’ or ‘different’.

* Ideally the child’s parents, teacher and speech therapist should meet and devise a plan of action.

* Build up the child’s self-confidence by praising his positive qualities.

* When speaking to him, speak in a slow, relaxed and non-aggressive manner.

* If the child experiences a block, it may be inappropriate to advise him to slow down or relax. If he is too tense, you risk failure – his and your own. Sometimes it is better to accept the stuttering patiently and calmly – which will also serve as an example to the rest of the class. Let him finish speaking, and then shift the focus to another activity in which he can be successful.

* Keep to a minimum those situations in which the child’s struggle behaviour is exposed for the entire class to see. This

was the problem a particular teacher faced with a primary school pupil who had great difficulty saying his name during morning roll call. She devised a clever plan, arranging that each day's activities would commence at pre-determined tables. Every time a child's turn came up, he or she had to walk to their table and at the same time say their name. This procedure sufficiently distracted the boy to enable him to say his name. Teachers can also decide to use a list to check for absentees, so that the stuttering child does not have to speak at all.

* Avoid enforcing strict discipline of the type where children have to say their names or answer questions in alphabetical order, or where questions are asked in rapid succession so that snappy, correct answers are expected.

Specific situations at school

When the child learns to read aloud

If the child stutters, consider creating opportunities for him to learn reading with only the teacher present. This would reduce his tension level. As his speech gradually improves, the situation could be changed to include more listeners: a second child joins the lesson and reads, then a third, until the child is able to read with the whole class present. This procedure should be followed in such a way that the child or the other children do not get the impression that he is 'special'.

Reading or speaking aloud in class

The following strategies usually reduce or eliminate stuttering: when the whole class reads/speaks in unison; when the stuttering child has a very small audience or is alone; and when the teacher reads together with the child while alone.

Instead of each child in class reading aloud to the entire class,

divide the class into smaller groups of for example three children each. Each group reads aloud together, or if they read individually, they only read aloud to the rest of the group.

One teacher dealt with the problem very constructively by asking the child to help him to clean the blackboard during playtime. Once the blackboard was clean, the child was given an opportunity to read to the teacher. The teacher accompanied the child's initial reading in a hushed voice, but gradually withdrew his support so that the child read the last lines fluently by himself. The teacher would then praise the child and say: 'See, you can do it. That was excellent.' This gave the child an opportunity to develop speaking confidence with the rest of the class none the wiser.

If the child stutters badly during reading or oral work, the teacher should plan SHORT reading or speaking turns for everybody to minimise any trauma.

When the teacher asks questions in class, those directed at the stuttering child can be formulated in a way that requires a mere 'yes' or 'no', or a nod of the head, for an answer. This will allow the child to feel that he is still a part of the class: at least he will be answering questions like the others.

If a young child is very much aware of his stuttering (and severe struggle behaviour usually indicates such awareness) the teacher should take him aside to try and find ways of making things easier for him. The child may request that stuttering is discussed in class so that the other children can have a better idea of what it is all about.

If he is receiving therapy, the teacher should establish if he is working on a specific technique. He would then be able to help the child use the technique in class.

Teasing in the classroom

Half the battle to reduce other children's teasing will already have been won if the teacher treats stuttering with patience and calm acceptance.

The teacher should not overreact if a child's stuttering makes some pupils laugh. Punishing the guilty pupils is counter-productive. Simply treat the stuttering as merely one form of behaviour and not as something special. Say something to stop the laughter and put the child at ease. Then continue with the lesson. Teasing usually arises from ignorance, not malice.

If the child is being tormented by bullies, the teacher may have to talk to the ringleader after school. Tell him that his teasing is only making the stuttering worse. Most children stop their teasing once they realise that it can do real harm. The problem can be approached in another way: the teacher can consider appointing the ringleader as the stuttering child's personal guard against the other teasers – thus placing him in a position of authority, albeit of a more positive nature.

It may also be necessary to teach the stuttering child a few verbal defenses, eg 'Yes, I stutter – so what?' or 'If you think it's funny, go ahead and laugh' or 'Watch out or you'll catch it too!' Without some form of verbal shield, the child will be completely defenceless. Nevertheless acceptance is the best way to cope with teasing, rather than aggression or withdrawal. Teasing tends to stop if the victim fails to respond to it.

Oral exams

The teacher and stuttering child should discuss this problem in advance. External examiners should be informed prior to the exam if a pupil stutters. Knowing that external examiners have been informed will in itself lower the pupil's tension level. A speech technique should also help the pupil to control his speech. As a last resort it may be necessary for the pupil to write

the exam – even though side-stepping the problem in this way could affect his self-confidence.

BREAKING THE CHAIN

I further tell them to imagine that there are two people within each of them, one a stutterer – frightened, withdrawn, frustrated – and the other an adult with whom we are communicating. I train the adult, and the adult must ‘parent’ the frightened stutterer and guide him through the process of change.--- Dr. Martin Schwartz, in his book *Stop stuttering*

You will recall that at the end of the first chapter I concluded my account of my personal experiences as a stutterer with my decision to attend Dr. Martin Schwartz’s workshop. This workshop gave me the key to open a door I thought I would never unlock. For the first time I faced up to my speech problem in its totality, and began to accept responsibility for the way I speak. My personal account continues in this chapter.

Schwartz was due to present a three-day course in the conference room of a hotel. I got quite a shock when I entered the room. It was the first time I came face to face with other people who stutter (PWS), all sharing the same problem. Everybody was so nervous and shy – nobody wanted to make eye contact, and nobody made any attempt to speak. Silence.

Funny rubber tubes

When he entered the room, you could have cut the atmosphere with a knife. I could not help being reminded of the message John the Baptist sent Christ from prison: ‘Are you the one who was to come, or should we expect someone else?’

Not that Prof Schwartz resembled a messiah – with his suit and his spectacles he looked more like a businessman. His voice was calm and relaxed. We were provided with rather funny-looking rubber tubes and were instructed to put one end into an ear to listen to the air flowing from our mouths as we practised. We also received manuals with a summary of his theory of stuttering and the airflow technique. I had previously read his first book, and was not completely unprepared. Each of us had also brought an audio recorder.

The first part of the course dealt with theory. We had to find out why we stutter, and how to stop it. The exercises came next. We had to learn how to apply the technique, and soon everybody had mastered the basic principles. Everybody, that is, except a man in his fifties, one of the worst victims of stuttering I have ever met. Ironically his speech was on the surface not as bad as that of some of the others.

He confirmed what Schwartz had stated before: poor speech is only one part of stuttering. To be a stutterer you do not necessarily have to stutter! One of the things that can make you a stutterer is a fear of speech, ie having feared words and feared situations. Many PWSs in fact never stutter because of their extensive use of synonyms, distractions and other tricks.

‘I’m too far gone’

To return to this particular PWS. This was a person whose personality had been dealt a severe blow by the disorder. His pessimism about Schwartz’s technique was written all over his face, and eventually he failed to complete the workshop. When I phoned him afterwards to invite him to our support group meetings, he refused. ‘You people go ahead, and good luck, but I’m too far gone,’ he told me. One cannot but wonder what kind of a life he had had. I have since met others like him.

One of the first problems brought up at the workshop was the language issue – South Africa is a multilingual country, which presents added problems for the PWS. Dr Schwartz explained **the importance of practising in all the languages in which you stutter**. Though my home language is Afrikaans, from that day I did most of my practising in English. It not only improved my English, but helped eliminate much ‘stress of linguistic uncertainty’ (see the chapter ‘A Possible Cause of Stuttering’).

I rather liked the spirit in which the workshop was presented. We were not treated as children or patients. The approach was rather like the type of workshop where sales or business people are taught how to communicate effectively.

‘Be your own speech therapist’

‘I want all of you to become your own speech therapists,’ Schwartz said. ‘You should know everything there is to know about stuttering and airflow. The more you know, the easier it will be to take control of your stuttering.’ (‘I wanted the patient to substitute an analytical mode of thinking for an emotional one,’ Schwartz writes in *Stuttering solved*.) Reacting to stuttering in an emotional way only increases tension and worsens speech.

The three days passed quickly. The last arrangements were made at the end of the course: we had to form our own self-help club and meet regularly for exercises.

Creating the self-help club

He emphasised the **absolute necessity of such a club if we wanted to improve**. It is very difficult to work in isolation when trying to do something about stuttering. **YOU HAVE TO KEEP IN TOUCH WITH OTHER PEOPLE WHO STUTTER**. Adult PWSs have acquired a lifetime’s worth of negative feelings such as guilt because of the social unacceptability of their stuttering. These feelings accumulate, increasing tension levels. When PWSs

meet other people with the same problem, they begin to realise that they are not alone in this respect. This can help them get rid of negative feelings, so reducing their base-level tension and improving their speech.

Unfortunately this does not apply to everybody. Some people actually stutter more when talking to other PWSs. This may be because of increased stress. These people find it stressful to talk to other PWSs, perhaps because they have not yet confronted their own stuttering. These people should first face up to stuttering, so that they can relate to others who stutter.

For most people, however, meeting with other PWSs can be very beneficial. Apart from doing exercises, you get an opportunity to talk about your problems, exchange ideas, discuss the different aspects of stuttering and learn more about the treatment. You gradually begin to see your problem in perspective. It is no longer YOUR problem; it is THE problem.

The workshop was followed by months of hard work – at least one hour every day of reading and speaking exercises, part of which had to be recorded on cassette and sent to Prof Schwartz's institute in New York for evaluation by trained clinicians. The recordings were then returned with comments and new assignments. We also had to do daily relaxation exercises.

'Airflower', not 'stutterer'

Our first group meeting was an enthusiastic event attended by a crowd of people including 'airflowers' from previous courses (since the course we no longer referred to ourselves as 'stutterers' – if you continue to view yourself as a stutterer, you reinforce your 'stutterer's self-image'). Everybody eagerly used the technique, ie we all 'flowed', and our speech was excellent. Most people reported that their speech had shown an immense improvement since the course.

Others tended to be cautious, including myself. We had been warned by Schwartz about a sudden, temporary but dramatic initial improvement, followed by a reaction. The temporary improvement can be attributed to lower base-level tension due to things such as new hope, the contact with other PWSs, etc.

And that is exactly what happened. Soon many people experienced a severe relapse. Many were discouraged and did not return to our meetings. In fact the enthusiasm for the technique gradually waned. People stopped attending the meetings and practising. At one stage the club nearly fizzled out, but a few die-hards kept it going.

Fear of the unknown

I believe there are various reasons for this decline in enthusiasm. Some people simply found the daily exercises too much work. They had expected a miracle, but none was forthcoming. Stuttering was easier than the hard work required. Some of them probably did not find stuttering such a handicap anyway.

For others, the psychological transition from stutterer to a more fluent speaker may have been too much. **Breaking away from the 'stutterer's mentality' is a long-term process requiring a sense of purpose and much willpower.** I got the impression that many were unable to face up to the possibility of new-found freedom and a new life. Perhaps a fear of freedom, of the unknown and the uncertain is part of human nature.

I believe that many people reacted in the following way: 'I'd rather stay here, in a world that I know. Yes, I stutter, but I can control it to some extent. I cope when I have to, and anyway my speech will surely improve. People who know me accept my stuttering. It's not a serious problem. Worse things happen to people all the time. I'm grateful that stuttering is my only problem.' This is classic rationalisation. The fact is that these

people did not change their self-image.

Losing enthusiasm is also related to a fear of success. The effect of all those years of conditioning is that the stutterer is so used to speaking poorly that fluency would require a complete personality adjustment. This point was emphasised during the workshop. **‘The ultimate aim is not perfect speech,’ Schwartz said. ‘What is needed is a personality change. We need SPEAKING CONFIDENCE. A fluency technique will help you to achieve this speaking confidence.’**

* * * *

And yes, my speech did gradually improve – but with a great deal of effort. It is difficult to pinpoint exactly when I started noticing an improvement. It was a zigzag pattern: one step forward, followed by a relapse, in turn followed by fresh successes.

It was as if an old, rusted door was opening creakily. But what was behind that door? This question did not bother me at the beginning. It would only become a problem at a later stage ...

I knew that I was getting better. My blocks were less intense; I began to eliminate word and situation fears; and I successfully applied my technique in various situations which would in the past have caused difficulties.

Don’t try to run if you can’t yet crawl!

Despondency posed a big problem, however. There was ample reason to want to give up hope. Though most people manage, after a few attempts, to use a fluency technique successfully in the relaxed atmosphere of their own room, **THE REAL SECRET LIES IN APPLYING IT IN REAL-LIFE SITUATIONS** – and in **taking VERY SMALL STEPS forward**. Don’t try to run if you still haven’t learned to crawl; **don’t try using the technique in real**

life if you haven't practised, mastered and habituated the basics within the privacy of your room.

I tried, very gradually and with great trepidation. I started by saying a few 'airflowed' words to members of my immediate family. Next I managed a simple, perfect 'Good morning' at work or a 'Thank you' to the newspaper vendor. I found that these small successes, of which the listeners were probably never aware, were hugely important as they boosted my confidence immensely and encouraged me to continue practising.

Severe relapses

Months passed during which I made steady progress. Then, out of the blue, I encountered a series of severe relapses which must in hindsight be ascribed to subconscious reactions. I was at war with myself. I had become a fluent stutterer, a stutterer wearing a mask of fluency, and the stutterer wanted to reassert its authority. The resultant stress played havoc with my speech, which was again out of control in spite of all my efforts. I would have immense blocks immediately following a dedicated practice session. My stress stubbornly resisted all relaxation exercises and rose to unknown heights.

Over and above this it did not help that our support group meetings gradually dwindled. One after the other, people lost interest. Of the thirty or forty people who had attended the first meeting, only about ten or twelve remained. At one stage I myself seriously considered giving up. I was fed up with everything, and stopped attending the meetings for several months. Having opened slightly, the door had slammed solidly shut again.

I was at a low. The period of two years in which I could receive advice on cassette from America had expired. Only a tiny spark of hope made me persevere in practising at home: in spite of all the relapses, the technique did work occasionally.

New insights

New hope was also forthcoming from the advice of other PWSs (who had managed to keep the self-help group going) and the publication of Schwartz's second book in 1986. I began to realise why my progress had been disappointing:

Schwartz had earlier neglected the importance of psychological adaptation. In his second book he did much to rectify this omission. I realised that I had been paying too much attention to the speech technique, and not enough to the related psychological and social components. I had made the same mistake as many others who venture into the minefield of stuttering: to emphasise one side of the problem at the expense of another. In the past, many experts had overemphasised the psychological side of stuttering, and Schwartz had overemphasised the physical component.

With this insight I resumed my efforts and notched up new successes. I started reading a number of books on assertiveness, visualisation and positive thinking which greatly helped me in gradually adapting to my improved speech and facilitating the process of change.

Revenge on stuttering

I can recall the first time I managed to have a real-life controlled telephone conversation with a clerk in a bookshop. I asked him about the availability of a book, its price, the publisher, etc. When I replaced the receiver, I was beside myself with happiness. Oh sweet revenge! That is what it was – revenge on the stuttering and the years of frustration.

Soon afterwards I successfully ordered a meal from a waiter in a restaurant via the technique. I will never forget the joy I felt afterwards. Next I had a conversation with a shop assistant. I

could describe exactly what kind of jacket I wanted. This was a period in my life when I felt that the stuttering was like an evil spirit gradually leaving me.

I overcame successive feared situations. Nothing succeeds like success. I discovered that the vicious circle of stuttering-tension-stuttering has a positive mirror image: successful applications of a fluency technique can activate a cycle of speaking confidence and enthusiasm, in turn followed by lower tension and the resultant better speech.

No use crying over spoilt milk

Now, 30 years later, I can look back and say that I have made tremendous progress with my speech. Particularly my telephone conversations are on the whole so much better. The former flicker of hope has become a flaming torch. The great majority of speaking situations no longer engender stress or stuttering. My fluency has in fact improved to such an extent that in most situations I don't need to use any fluency techniques.

Which is not to say that I am 'cured', nor that my speech is perfect - I know that I will always have the potential to stutter when in stress. I believe it would have made a difference if I had been introduced to the technique at an earlier age and not in my thirties. If I could have started off with the technique as a child or teenager and had known then what I know now, my life and my career would probably have taken a different course. My stuttering in the first decades of my life has definitely impacted on and shaped my career – but no use crying over spoilt milk.

No longer a victim

Changing the way that you speak is not easy. Speech is part of one's personality. I have to control my speaking rate, and still need to apply the technique consciously when I feel that I may stutter. The Passive Airflow Technique is very sophisticated and

demanding, and difficult to make habitual. If your application of the technique is sloppy, or if you are too tense, it may not prevent you from stuttering. Fluency techniques have their limitations, and I do hope that, one day, more research on the vocal cords will lead to a final solution to stuttering that will truly and effortlessly cure all people who stutter.

I use relaxation exercises and vitamins to control stress, and practise my speech technique each morning before breakfast or while driving to work in my car. I still find that these exercises are crucial – if I don't practise in the mornings, stuttering can catch me unawares.

Nevertheless I can now do many things I would not have dared to in the past. I have participated in several radio and television programmes, and actually enjoyed it. I'm no longer a passive victim of stuttering. For me, the Passive Airflow approach, together with this theory of stuttering and the understanding which makes it so much easier to deal with the defect, has become an essential speech tool - in combination with the earlier consistent practising, group support and psychological self-help years ago. I lead a new life.

FAQ

What is stuttering/stammering?

It is a pattern of speech: prolongations of sounds, repetitions of syllables, silent blocks. The struggle to speak can be internal or external, noisy or silent. All this can make oral communication difficult or even impossible.

Stuttering can also include secondary symptoms such as stamping a foot or other unnatural body or facial movements. The stutterer does this in order to 'break' his speech blocks so that he can have his say.

As time goes by the stutter tends to become a deep-seated habit. In addition the defect may – also due to the stigma attached to stuttering – undermine self-confidence and self-image. Speech-related fears may also develop.

What causes stuttering?

Experts disagree about the cause or causes of stuttering. It would appear that a major part of stuttering behaviour is learned through the years. Stress does play a role.

An interesting theory is that stuttering is learned struggle behaviour resulting from excessive contractions of the vocal cords due to stress.

Latest brain research also suggests an organic malfunction of some part of the brain involved in speaking. For instance, the basal ganglia in the brain are responsible for vocal-cord coordination. It has been hypothesised that the vocal-cord blocking (which results in stuttering) is the result of defective

vocal-cord coordination due to the basal ganglia malfunctioning (which in turn could be the result of neurotransmitter imbalances within the b. ganglia). Check out **THIS POST** for more information.

Is it caused by psychological abnormalities?

All the indications are that, as a group, people who stutter are not more abnormal than fluent people.

Currently most experts maintain that any psychological problems such as frustration, aggression, depression, neuroses, a poor self-image and speech fears are the **RESULT** of the disorder and not the **PRIMARY CAUSE** (though they may be **CONTRIBUTING CAUSES** that aggravate the problem).

Is stuttering hereditary?

There are strong indications that the **POTENTIAL** to start stuttering can in fact be genetically transmitted and that this potential may in conditions of stress be activated and lead to stuttering, eg when the child learns to speak (a process which can put lots of pressure on a child's speech system), or when subjected to other forms of stress. Stuttering is usually activated during the pre-school years; but can also arise later – in times of war, some soldiers begin to stutter due to battle stress.

Can a child begin to stutter by imitation, eg if he plays with a friend who stutters?

This is an outdated view with which few experts will agree these days.

Can a child begin to stutter if he was originally left-handed and is forced to become right-handed?

Once again this is an outdated view. Many children have been forced to become right-handed without beginning to stutter as a result. If a left-handed child does stutter after becoming right-handed, it may be because the additional stress caused by the change has activated an inherited tendency to stutter.

Can a child begin to stutter after a traumatic experience?

Some children do begin to stutter after a traumatic experience, eg. after a car accident.

How many people stutter?

Approximately three per cent of pre-school children stutter, whereas in adults it varies between one and two per cent.

Can one outgrow stuttering?

Approximately three quarters of children spontaneously outgrow stuttering, usually before or during their primary school years. Those who don't outgrow it usually become chronic stutterers.

Do stuttering boys/men outnumber stuttering girls/women?

Yes. The ratio is approximately five to one.

What are the problems faced by people who stutter?

Stuttering can cause many problems. A child who stutters is often ridiculed at school. He may develop a fear of certain words and situations, or of telephones, or of speech in general. He will

tend to avoid these things. This may undermine his self-confidence and self-image.

Often stutterers develop a variety of mannerisms to help them say difficult words. Some people can only speak after stamping a foot or making other body movements. These mannerisms help the stutterer by momentarily distracting his attention from the difficult word. This sometimes helps him to get the word out.

Many stutterers experience facial contortions in their efforts to speak. Because of this there is a stigma attached to stuttering. This in turn contributes to (unnecessary) feelings of guilt and shame as well as uncertainty, poor self-confidence and a poor self-image. In severe cases the disorder may amount to partial mutism.

Due to the stigma many people try to hide their defect. They often use other words (synonyms) instead of feared words. These avoidances, however, make life more difficult in the long term. When feared words are avoided, the fear increases.

The adult stutterer's life can be hard. It can severely limit you at university or in your career or social life. The fact is that stuttering can be a serious communication disability. Fluent people tend to underestimate the problem.

What can be done about stuttering?

Speech therapy is more successful with children than with older, chronic stutterers. There are exceptions to the rule, but generally speaking it is very difficult to cure the adult stutterer or to cure himself by self-help. Much can be done, however, to control, alleviate and manage the disorder. Usually this management requires hard work, adequate guidance and a dedicated effort.

Speech therapy and / or self-therapy can help you gain your desired level of fluency management and confidence. The

therapy may involve practising speech control techniques, modifying your attitude towards speaking, stress control, improving your self-image etc.

Does alcohol affect stuttering?

People react to alcohol in different ways. A few drinks may have a relaxing effect on some people and consequently reduce their stuttering, whereas the same amount may excite others and increase their tension level or speaking tempo, which will have a detrimental effect on their speech.

DOES SMOKING AFFECT STUTTERING?

As far as I know this has not yet been researched, but it has been found that the nicotine in tobacco does tend to increase stress levels. And as stuttering is affected by stress, it makes sense that many people who stutter will stutter more if they are also smokers. There are exceptions, however; some smokers feel that smoking relaxes them, for instance when taking a smoke break which is relaxing in itself - and these people may actually experience less stuttering after such a break. Check out my post where this is discussed [HERE](#) as well as the poll results.

My pre-school son recently began to stutter. What should I do? Should I point out to him that he is speaking incorrectly?

First establish if he is really stuttering. Many pre-school non stuttering children are not completely fluent – this is quite normal and part of the way in which language is acquired. Consult a speech therapist to determine if it really is a stutter.

If it is, you should refrain from pointing out to him that he is doing something abnormal. This will only increase his tension levels and cause more stuttering. Rather try to protect him from all forms of stress – he may then outgrow it himself. Speak slowly in

his presence and use simple sentences and words. He will tend to follow your example and also speak slower.

If the child is aware of the problem, encourage him to speak slowly and softly. Give him time to speak, so that there is no pressure on him to get a word in quickly. Read the chapter on 'The Stuttering Child' in this book.

What should you do when you're talking to a person who stutters? Should you help him with his words?

* Speak slowly when you are in conversation with a stutterer – if you speak quickly, you put pressure on him to do the same. This could impact negatively on his speech.

* Don't speak too loudly. This puts pressure on him to also raise his voice, which will put pressure on his speech system.

* Don't look away when he speaks – this may create the perception that you disapprove of his speech. Look at his eyes, not his mouth. Concentrate on WHAT he is saying, not HOW he is saying it.

* Be patient. If you can show you are not worried about the stutter he will feel more at ease and his speech will tend to improve.

* Try to avoid direct questions, especially specific questions requiring exact answers such as his name (ie answers which cannot be phrased in another way).

* Some people long to be helped with a difficult word or sentence, but many – perhaps the majority of people who stutter – prefer to complete the sentence themselves. This issue depends on the individual and the situation. In certain circumstances it may be

an act of human kindness to help the stutterer out, for instance where it becomes obvious that a child is completely unable to say a word, where the whole class is laughing and where the child himself is acutely embarrassed because of the block.

* Give him a turn to speak if he wants to say something in the course of a conversation where many people are present.

* If he stutters, and you know that he should be using a specific speech technique on which he is working, remind him to use it.

Is there a difference between stuttering and stammering?

No. Stammering is the term used in the UK; in the USA and South Africa the disorder is known as stuttering.

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