OPERATIONAL FLUENCY

BY GUNAR NEIDERS

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CHAPTER ONE

Make This the Wonderful and Marvelous Year That You Recovered From Stuttering
Gunars Neiders

You can recover from stuttering! All you have to do is follow the step-by-step guidance that I will provide on my website. But first of all you have to commit yourself to spend at least one hour a day to work on changing the habits that perpetuate your stuttering. You might want to know what caused your stuttering. The answer is a good news bad news story. Say what? The bad news is that although we know it is a combination of genetic factors and environmental conditions, we really have not been able to demonstrate or prove what is the specific cause or causes of how each of us started to stutter. Many theories exist, but that is all they are: just theories. The good news is that you do not need to know what causes stuttering as long as you know what propagates or perpetuates chronic stuttering syndrome.

And we do know that.

Stuttering is propagated by six pernicious habits (or categories of habits) that can be easily remembered by the acronym CAESAR:

• C   C-ognitive habits that propagate stuttering. These include the habits of self-talk that perpetuate beliefs that stuttering. These include beliefs that stuttering can make a life unbearable–not worth living; that the person who stutters is not as worthwhile as one who does not; that it is too hard to work on unconditionally accept yourself whether you stutter or not, etc. They include the habit of telling, and worse yet convincing yourself, that certain situations are so stress provoking

that anyone would stutter, that life is by far too unfair to be dealt with a cool head and still enjoyed. Each of us have thinking/self-talk habits. Some we hold in common with other persons' who stutter and some that are strictly individualistic.

• A   A-voidance habit that permeates speaking. When a PWS avoids certain words, sounds, and speaking situations, he or she is building up more fear and more uncertainty about whether he or she will be able to handle those words, sounds or speaking situations in the future.

• E   The habit of E-evoking disturbing emotions of shame, anxiety, guilt and anger associated with stuttering. Both the self-talk/cognititions and emotions are closely intertwined and interacting. Unhelpful self-talk fuels disturbed feelings. Disturbed feelings are perpetuated by the habit of reinforcing irrational beliefs that bolster these emotions.

• S   The habit of S-truggling, forced speech and hard speech blocks. Once this forcing and struggling may have helped us to get a sound out, but then it became very pernicious, self-defeating. We seem to be helpless and hopeless in the clutches of uncontrolled and what seems to us uncontrollable stutter. What nonsense! With effort and time—a lot of effort and time—we can overcome this lack of ability to regain being in charge of our speech. I promise to show you how it is done. It may take effort and time, but it can be done.

• A   The A-ccessory (secondary stuttering) habits such as blinking of your eyes, averting eye contact, grimacing, muscle tension, snapping fingers, etc. seem totally out of our control. They may be so now, but with training we can learn how to alter them and finally eliminate them. They were probably formed to escape from a silence or block or snap out of an seemingly endless repetition chain. But now they no longer really serve that purpose.

• R   The habit of over focusing on pleasing others and avoiding certain situations in order to avoid R-ejection and taking social R-isks. This is most evident in the habit of refusal to do homework exercises that deal with your customers, coworkers, and bosses.
The guidebook will focus on practical methods how to change these stuttering perpetuating habits. But first we have to convince ourselves that beliefs and self-talk habits are more important that so called "management of stuttering". Without the right attitude no real durable recovery can occur. You might ask, but what about the other therapies that do not focus on the change of attitudes, beliefs, and

self-talk? Don't they sometimes work?

You, dear reader have provided the correct answer, they work *sometime*. They work when accidentally the therapy environment promotes in some people (but only in some people, and only for a limited time in other people) a change in attitudes, beliefs, and self-talk.

It is more efficient and effective to focus on the cognitive aspect before we get involved in speech management.
Source material for *Guidebook to recovery from stuttering* installment #1 (others to follow).

As to recovering from stuttering remember Henry Ford's words, "Whether you think you can, or you think you can't–you're right."

If you are serious about recovering from stuttering do the suggested homework:

Homework assignment #1: Start a recovery diary.

Homework assignment #2: Memorize what CAESAR stands for and in your own words in your recovery diary write out what habits or category of habits each letter stands for.

Homework assignment #3: In your diary record your reasons why it is more important to change attitudes than do mechanical speech management exercises.

CHAPTER TWO

Motivation to Pursue Recovery from Stuttering
Gunars Neiders

Stuttering is not 100% awful. Nor is it unbearable. It did not make me a worthless human being. Nor can it make you a worthless human being, a piece of guano. Nor does stuttering justify putting oneself down, being enraged with the other people or self, and adjudging the world as a crappy place to live in. Moreover, there is no law in the universe that says that you have to talk without a stutter.

Having said that, relative fluency has its practical advantages. If you have recovered from stuttering you can accomplish more at work, have more fun at play, and exchange your ideas more readily. I and my clients find that it is so restful not to worry about stuttering every time we open our mouths. The dealing with financial institutions, schools, businesses, or difficult people over the phone no longer leads to procrastination, anxiety, or shame. On the whole a cost/benefit analysis without any doubt shows that it is more advantageous to be operationally fluent than stutter.

You might think this is a strange way to start out a chapter on motivation. But it is the most natural way for two main reasons: a) you will be strongly inclined to improve your speech and b) you will not be freaked out as a consequence of your demands if you immediately do not attain the level of fluency you desire and if you never become perfectly fluent.

Some people think that if you do not put demands on your own self, you will never accomplish a reasonable amount of fluency. What balderdash! If one is open minded and motivates himself or herself daily one does not have to place demands on oneself to be able to motivate himself or herself to steadily work on speech without mental anguish or panic. The key to success is building a grand plan to that can be revisited time to time. How often does this plan have to be referenced? Personally I advise people who have detrimental habits to motivate themselves daily until they reach their goals of having eliminated the unwanted habits.

Many people say that it is not possible to recover from stuttering. They base the conclusion on their own therapy experiences and the therapy experiences of others whom they know. If you are reading this guidebook you might well have doubts about being able to recover from stuttering. But on the other hand, if you are reading this guidebook you have hopes of being able to recover from stuttering. Which thought will turn out to be right? It probably depends on the comparative intensity of these beliefs.

I have gathered a number of quotations from people who lived their lives fully. I do not admire all of the authors of the quotes but I subscribe to the sentiment expressed by these quotes.

First let me say that most of us fail at stuttering therapy year after year because we only try one kind of approach. What I have devised is different in that the main goal is to change the attitudes toward stuttering and speaking situations first and foremost. The easy Iowa bounces that I advocate in my stuttering therapy are mainly used to change both the conscious and subconscious beliefs, attitudes, and self-talk. Once the cognitive aspects of stuttering are adjusted the stutters will mostly disappear. Some speech management might be necessary, but we do not focus on it to guarantee a forward moving speech.

But let me proceed by paraphrasing other people's sayings on motivation so that the quotations apply to stuttering recovery.

 Friedrich Nietzsche said, "He who has a why to live can bear almost any how." With respect to stuttering recovery I say, "He who has a why to recover from stuttering deeply seared in his or her mind will find a way to how to recover. First, with all of your heart try what I suggest, but then if it does not work for you remember that "he who endlessly tries the same thing and expects different results may well be approaching insanity."

"The only reason we don't have what we want in life is the reasons we create why we can't have them." – Tony Robbins

Don't be one of the thousands of nay sayers on social media who would rather curse the darkness than light a candle and try to find a way out of the thicket of stuttering.

"Ninety-nine percent of failures come from people who have the habit of making

excuses." – George W. Carver

Are you one of them?

"Opportunity is missed by most people because it is dressed in overalls and looks like work." – Thomas Edison

Remember it was Tom who also said after failing to find the proper filament for a light bulb for the thousandths time. "I have not failed. I have found another material that will not serve this purpose." So let me show you what might help you recover from stuttering.

"Press on – nothing can take the place of persistence. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Perseverance and determination alone are omnipotent." – Calvin Coolidge

Persist in doing the exercises that I have outlined in this, the rough draft, of my book. Do not give up and the success will come.

"Get going. Move forward. Aim High. Plan a takeoff. Don't just sit on the runway and hope someone will come along and push the airplane. It simply won't happen. Change your attitude and gain some altitude. Believe me, you'll love it up here." – Donald Trump

Regardless of your opinion of Donald, learn that attitude, attitude, and attitude needs to change first before you can make permanent gains in recovery from stuttering.

"So long as there is breath in me, that long I will persist. For now I know one of the greatest principles on success; if I persist long enough I will win." – Og Mandino

Make this your mantra and you cannot but win and become operationally fluent.
"In essence, if we want to direct our lives, we must take control of our consistent actions. It's not what we do once in a while that shapes our lives, but what we do consistently." – Tony Robbins

And in the following chapters I will provide you with the specific actions that you must take to recover from stuttering.

"Talent is cheaper than table salt. What separates the talented individual from the successful one is a lot of hard work." – Stephen King

What better way to end the chapter on motivation. You have the talent to recover from stuttering, you will be provided with what to do, you only have to make the commitment to work hard and consistently.

Source material for Guidebook to recovery from stuttering installment #2 (others to follow).

If at a changing of habit task you don't succeed, then try and try again. "Fall seven times, stand up eight." – Japanese Proverb

If you are serious about recovering from stuttering do the suggested homework:

Homework assignment #1: In your journal do a calm cost/benefit analysis of recovery from stuttering. Do not exaggerate either the cost of stuttering nor the benefits of recovery. One way to do it is to draw a square and subdivide it in four parts. In the top row you write the costs in column one and benefits in column two of pursuing stuttering therapy. In the second row you write the costs of not pursuing stuttering therapy in column one and in second column you write the benefits of not pursuing stuttering therapy. For each of the items determine whether it is a cost or benefit in the long or short term.

Homework assignment #2: In your journal write down your reasons for committing to stuttering therapy now or the reasons for doing it later. (In the rare case if you decide not to pursue stuttering therapy now, write down the reasons. Note stuttering therapy may or may not be with an outside therapist or coach. One might well decide to do the therapy with himself or herself as therapist.

Homework assignment #3: In your journal mark down what motivational mantras will you repeat to yourself every day. Of course, you could choose to have a different mantra for each day of the week. In either case repeat your chosen mantra for the day at least three times a day.

CHAPTER THREE

Model of Developmental Stuttering Throughout Lifetime
Gunars Neiders

Generally there are two types of stuttering: Developmental Stuttering and Acquired Stuttering. Acquired stuttering is associated with an injury to the brain such as a car accident or a stroke. Developmental stuttering takes place as a result of a child learning how to talk. This guidebook mainly addresses developmental stuttering.

Although I focus more on remediating habits that perpetuate stuttering rather than speculate how stuttering started, I could not get Thomas–an intelligent engineering student–to work on his self-talk until I told him my theory of how developmental stuttering starts and how it progresses during a lifetime. He was like a dog worrying a bone. Some people just will not take a no for an answer. This, then is a broad brush stroke summary of lifetime development of stuttering:

Firstly, we who stutter appear to have inherited some genes that, if expressed, will result in stuttering. However, it is not obvious at first. Like every young child our first words are more or less free easy bouncy repetitions of syllables such as "ma-ma" and "pa-pa".

Some scientific studies suggest that we who stutter are slower in the area of language development. If the child gets excited the speech generally tends to degenerate. Stumbling more than usually with frequent fillers and uncontrolled pauses pepper the children's speech. In an impatient environment when the caregiver is under stress, this stress appears to build a feeling of urgency and anxiety. There develops in the child a demand to get the words out in a hurry. When the child cannot get the words out on time or without mangling them the child becomes frustrated. This frustration deteriorates his speech even more.

The child desperately tries to control his speech. He is forcing the sounds and struggling even with his or her breathing. Even if the caretakers (usually parents) do not point out that there is something wrong with the child's speech he or she becomes hyper aware of it.

In many cases the child then identifies his whole existence with stuttering. He designates or labels himself or herself as a stutterer. This is an extreme semantic mistake, to take the worst characteristic that the child has and marry it to his or her persona.

The self-talk goes something like this "as long as I stutter, that is who I am. A miserable no-goodnik, a stutterer. Yes, this stuttering makes me miserable and worthless. Therefore, I must at all costs eliminate stuttering from my speech."
Things become worse if a parent or caretaker, meaning well, asks the child to slow down, take a deep breath, etc. Bullying causes another set of traumatic experiences. It easily can become internalized and lead to cognitive self-punishment every time the child stutters.

Then the gauntlet of well-intentioned but ultimately incompetent therapists takes its toll. The child is called out from his or her normal class to go to speech therapist. He or she is singled out so that his school mates can firm up that there is something wrong with him or her.

But the most damaging part of this process is that he or she now has evidence that he or she is damaged goods, a stutterer.

During all this passage two kinds of conditioning take place: First is the classical conditioning where the act of speaking is followed by a punishment. This produces a deep seated speech anxiety that resides in the limbic system and especially amygdala.

The second is operant conditioning that gives rise to ancillary behaviors (secondary stuttering). What happens here is that some random behavior such as eye blink or snapping of the fingers is reinforced because coincidentally the block or stutter stops. The nature has played a trick on us by pairing a random ancillary behavior with the cessation or ending of a block or uncontrolled repetition.

Avoidances of sounds, words, situations, and careers follow, unless a competent professional successfully counters the establishment of these. Once established the

avoidances become almost permanent.

Thomas seemed to grasp what was going on. He said "let me summarize what the next stage of developmental stuttering is.This stage reminds me of a man who has his feet planted in cement, or so he believes, and no Houdini like plan to escape his predicament.

Then Thomas became quite thoughtful and started out in low tones but as the story went on grew more confident that he was on the right track. "After finishing high school, I was drifting along. The higher education path to success would require college work, hence, a lot of verbal interchange. Probably I could get free stuttering therapy through the counseling center. But let me be frank. Why spend time doing simple exercises like collecting randomly selected names of people with whom I had courage to talk to?"

"I have doubt about the effectiveness stuttering therapy," Thomas continued. "When I asked what are the chances of stuttering therapy helping me with my speech, I smugly answer that there are two chances that it will help: slim and none!"

Thomas says that he has joined the National Stuttering Association and is on various discussion groups Facebook. When asked whether he found value in the social media on the internet, he answered, "For people who have existential loneliness and just want to have "friends" this medium is OK. Both NSA and various groups are formed around the credo 'You are not alone'. But after an initial high, the repetitive droning turned me off. Once in a while someone like you Dr. Neiders gives some good suggestions about what we can do to improve our attitudes. But there is no real follow up."

Further discussion with Thomas lead me to believe that until he contacted me he was "Waiting for Godot." Even after he started to work with me, he was expecting little progress. It was quite an effort to motivate him to work hard enough on his attitudes, habits, and speech to make real progress.

Next day I had an appointment with George, an engineer. I talked with George about the process of how developmental stuttering progresses. He was quick to add. "You have only told half of the story. You left out your book "From Stuttering to Fluency: Manage Your Emotions and Live More Fully". That is what caused me to contact you and try your system of stuttering therapy." This sounded

like a half-hearted attempts at conquering stuttering. There is lot of doubt in the stuttering community about the effectiveness of any program.

Instead of just letting the moment of opportunity slide, I turned to George and smiled. "Now that you have been exposed to Rational Emotive Behavior based therapy, you can pretty much write the ending of your story as someone with developmental stuttering."

George was quick on the uptake! "According to St. Gunars, now all I have to do is change my attitudes and feelings about stuttering, and do in vivo desensitization and stuttering will start to melt away. Then I can be like Vice President Biden and would not stop talking." [George has a good sense of humor.]

The rest of the story in developmental stuttering is short and sweet. With my help George and many others have recovered from stuttering. After working on the six habits that perpetuate stuttering, a person no longer has speech anxiety and partakes of the moving feast that is life. A client may be grabbing at the feast of life, but I have to watch him not to fall in the clutches of the b**** goddess of perfectly fluent speech. Stabilizing as Van Riper predicted is necessary for complete recovery. Another caveat, strange as it might sound life does not change that much after you become operantly fluent. All of sudden you have so much more to do…I have to remind most of my recovered clients that happiness is an inside job.

Actually there is a joy that shines through most of the people, "Yipeee! I am free from the tyranny of placing demands on myself and needing the approval of others." As George departed from therapy in the next month, he noted that he had picked up good mental habits and is applying them to other areas of his life.

I asked what good psychological habits did he learn. George returned to his sense of humor, "I no longer worry whether my barbeque turns out to be the best of the tail gate party goers." [Tail gating before a football game in the parking lot is a singularly American habit.] "And above all I am no longer the slave of my stuttering. " And with a twinkle in his eyes he adds, "My wife is now my slave master."

I recall George with fondness. He was the one who convinced me that stuttering cannot be recovered from in an isolated way. The therapist has to watch if the client uses the psychological tools that I give them to other areas of life. If not,

then the client really does not believe in the method and the client cannot be expected to make real improvements in his attitudes toward stuttering. You either have a scientific of resolving problems or you don't.

For example to avoid relapses the client has to learn that he can set his own goals and take responsibility of achieving them. There needs to be some swagger in his step. He has to learn to accept yourself as forever fallible human being, who does not get wigged out about small s***. So if a stutter occurs you, my dear reader, may be intrigued by it, but do not allow to be intimidated by it. Remember Dr. Wendell Johnson, the General Semanticist, was fluent at the end of his life. I attribute it to his having worked on his self-talk.

Starting with Dr. Wendell Johnson's theories and using modern Cognitive Behavior Therapy techniques, especially those used in Rational Emotive Behavior Therapy do yield formidable results. For example, it took Haggi only 6 Skype sessions (over 10 weeks) and reading my book and several REBT books to recover from stuttering. Haggi's devotion to understand REBT was once in a lifetime experience. His family was wealthy. He could afford to devote full time to the stuttering therapy. The time of other clients to recover took significantly longer. Source material for Guidebook to recovery from stuttering installment #4 (others to follow).

"I can't change the direction of the wind, but I can adjust my sails to always reach my destination." – Jimmy Dean

"We cannot change our genetic makeup or our early speech environment. But we can use all of our mental facilities to adjust our attitude and self-talk and still arrive at operational fluency."

The next client, Joe, to whom I showed this write-up asked me sincerely if there were hope for the people with developmental stuttering if they did not change their attitudes toward stuttering. My answer was that of a woman who was at a NSA meeting. The Charles Gage Van Riper school of stuttering therapy requires constant monitoring of speech. Yes, you can get forward moving speech. But at what cost? It would fry my brain.

If you are serious about recovering from stuttering do the suggested homework:

Homework assignment #1: After reading the chapter, write your experience with

stuttering in your journal.

Homework assignment #2: Make a commitment to pursue recovery from stuttering by adopting the attitude expressed in Gone with the wind by Rhett Butler, "Frankly, my dear, I don't give a damn."

Homework assignment #3: Place an entry in your journal as to the criteria when you will consider having recovered from stuttering. Avoid demands for perfect speech.

CHAPTER FOUR

Evidence That Recovery From Stuttering Is Possible: Ed Balls

Gunars Neiders

Ed Balls was the shadow prime minister in England in early 2014. Although he has mostly recovered from his stammer in one debate some of his stammer came back. At that time he was accused of being uncertain of his stated data. He was able to deflect the critique quite effectively. But at that time his history as someone who occasionally stutters came out.

In the following short video clip Ed Balls gives advice not to hide ones stuttering. https://www.youtube.com/watch?v=E-uMY0a2cqA He supports my beliefs that a person should not hide his stuttering and that operational fluency or imperfect recovery from stuttering are possible.

FIVE

Speech Management Techniques and Their Applicability to Solidify Helpful Beliefs About Stuttering

Gunars Neiders

Stuttering therapy consists of work acquiring helpful beliefs about stuttering and practicing speech management techniques. In rational stuttering therapy we first focus on acquiring and solidifying rational and helpful beliefs.

The beliefs we strive to establish consist of unconditional self-acceptance (whether we stutter or not); de-awfulizing stuttering; acquiring life philosophy of preferences instead of demands, tolerance of frustration and, —-when required by speech therapy–tolerating discomfort, not downing oneself because of stuttering, and convincing ourselves that we can minimize stuttering. When we talk of minimizing stuttering we mean the elimination of unhelpful beliefs, unhealthy emotions, as well as minimizing the frequency and severity of stutters.

In rational stuttering therapy we mainly use the following speech management techniques: low vibrant voice, elongation of vowels, and easy bouncing repetitions or Iowa bounces. Iowa bounces can be used as voluntary stuttering, as cancelations (after we have had a stutter), as pullouts (when we take charge during the stutter), and pre-emptory utterance (before the stutter, when we hear in our mind the oncoming block).

The speech management techniques help us gain control over our speech, but even more importantly help us to solidify our newly acquired rational, helpful beliefs about stuttering. Thus, they combat our fear of speaking, shame about stuttering, anger at being short changed by our genes that pre-dispose us to acquire stuttering, guilt about not working hard enough on therapy, and hopelessness—based on the utterly false belief that we cannot gain operational fluency.

Say what? Speech management techniques are used to help us to change beliefs and emotions? Yes! And yes again. Before a speech management exercise we dispute one of the unhelpful belief. And after the speaking situation, gather empirical evidence that indeed the unhelpful belief was challenged and, often, led to a changed more helpful belief. Thus for example, if before doing voluntary Iowa bounces, we tell ourselves that nothing awful will happen when we insert voluntary Iowa bounces in a conversation and afterward observe that nothing awful happened, our belief that stuttering is awful will be less intense. Eventually, we will no longer associate stuttering with foreboding that something catastrophic will happen if we stutter.

Another example is that low vibrant voice provides us with a focus on something else besides the fear of stuttering and gives us the first glimpse that we can alter and, hence, eventually learn to take control of our speech. Perfectly? All of the time? Probably not, but who needs perfection if we can become operantly fluent. What does operant fluency mean? It means that neither the listener nor the speaker categorizes the particular speech segment as being stuttering. And there is practically no disruption of the communication process. The following URL demonstrates operational fluency. https://www.youtube.com/watch?v=SnoVTdcvzDU

CHAPTER SIX

Voluntary Stuttering and Deliberate Disfluencies: The Veritable Swiss Pocket Knife of Speech Therapy
Gunars Neiders

Deliberate Disfluencies and Voluntary Stuttering frequently used interchangeably – The reason I have switched to using Deliberate Disfluencies is that Stuttering has a connotation of stigma-whereas Disfluency is a less value laden term.

Deliberate Disfluency

> There can be various disfluencies that can be introduced in speech Of those I chose Iowa bounce
> This is probably could be how we sounded when we began go stutter.
> Deliberate easy bouncy repetitions emulate the first stuttering stage
> Start with one or two bounces and then let it run its natural course

Deliberate Disfluency

> The deliberate Disfluencies Consist of adding one or two extra syllables at start of sentencesPluh-plosive… Si-sibilant… A-able… (a vowel)
> This is used to advertise to the listener that there are disfluencies in your speech
> And to demonstrate amygdala (that part of brain that is classically conditioned) that a) there is nothing dangerous or awful about disfluencies and b) you can learn to be in charge of the disfluncies
> Start to use easy forward moving bounces
> And to demonstrate amygdala (that part of brain that is classically conditioned) that a) there is nothing dangerous or awful about disfluencies and b) you can learn to be in charge of the disfluncies
> At this stage you are not trying to be stutter free, but are changing your speech to be bubbly and forward moving
> No struggle, forcing, interminable hard blocking
> Don't worry about some of them turning into real stutters: it just provides an opportunity to come to terms with your stutter

But it helps if you tell yourself: *"I can tolerate real blocks. I can tolerate deliberate disfluencies. I may not like them, but I can stand them. I do not have to be afraid of stutters. I do nott have to get upset or anxious about stuttering."* And learn to mean it.

Massive Desensitization Is Required to Counteract Your Massive, Futile Avoidace of Stuttering

Put it in practice by admitting to yourself first and then letting everyone know that you are prone to have some disfluencies in your speech, due to genetic and environmental factors

Deliberate disfluency can be used to work on all aspects of stuttering (remember CAESAR: cognitions, avoidances, emotiions, struggling forced speech, accessory behaviors (secondary behaviors), and rejection risk avoidance

Rejection Risk Avoidance

Before going in some deliberate disfluencies remember and dispute the irrational belief that "I must be loved or liked by …This has to go, if you want prpogress in therapy

Intellectually convince yourself first

Put it in practice by admitting to yourself first and then letting everyone know that you are prone to have some disfluencies in your speech, due to genetic and environmental factors. The deliberate disfluency with accompanying self-talk: "Sure there is some possibility that I might be rejected because of my disfluency. However, all people get rejected from time to time. If not for stuttering, then for many, many other reasons. If I should be rejected, I will be able to handle it."

Advertise that you sometimes have disfluencie: Tell everyone (including yourself) and use deliberate disfluencies

You are already using cognitive enhancement by using various self-talk (which leads to changes in emotions of fear, shame, and guilt

Use a deliberate disfluency at least once in every conversation. In the intensive part of your therapy use it on every word or at least once per sentence.

Before each situation tell yourself: "I can use deliberate disfluencies. I can show my brain that there is nothing terrible, horrible, or awful about them. I can de-condition my brain to fear disfluencies whether they by deliberate

disfluencies or involuntary stutters."

After each use tell yourself: "See was not wiped out by the easy repetition. The listener probably only noted that he has a small disfluency. Big deal. This is a stepping stone to managed fluency or technique dependent fluency. If one of these deliberate disfluencies turns into a real stutter tell yourself, "So what. Was it that awful. I am re-educating my amygdala and other parts of the brain that there is nothing horrible, terrible, or awful about a stutter. I am desensitizing myself. And I am teaching myself a speech technique."

"Is this inconvenient? You bet. Do I like it? Hell no? But it is one very, very effective way to work on your speech."

We have scared ourselves silly trying to avoid and get out of disfluencies.

Now it is time to take charge of our speech and desensitize ourselves toward our stuttering. *Merely mouthing that we accept our stutter is not enough.*

If you still have fear, shame and guilt reread From *Stuttering to Fluency* Avoidances and accessory behaviors can best be overcome as follows:

While you do your deliberate disfluencies exaggerate avoidances and accesssory behaviors (secondary stuttering)

Do that until they start to disappear on their own with only a small reminder on your part.

With massive uses of Iowa bounces (the easy forward moving repetitions) and monitoring proprioception and tension, the struggling forced stutters will dissolve and you will be left only with a small residue of easy forward moving bounces.

CHAPTER SEVEN

ABOUT THE AUTHOR

Gunars K. Neiders, B.Sc., M.Sc., Ph.D. (Electrical Engineering) and M.A. (Counseling Psychology), is employed as a systems engineer/computer programmer at the Boeing Company. He is also a registered counselor in the State of Washington. His special interest has been programming real time systems as well as Artificial Intelligence and Decision-Making Algorithms. In school he had a minor in mathematical logic and has had a life long interest in both philosophy and the philosophy of science. He is a member of the American Speech-Language-Hearing Association as a "Member without Certification" and is a member of SID4, the Special Interest Group on Fluency and Fluency Disorders. He is a long time member of NSP, where in the seventies he was the local leader of the Seattle Chapter. His main interest is the application of brief cognitive therapy to the stuttering therapy process.

Intentional, Theory-Based Counseling in Stuttering Therapy

by Gunars Neiders

Introduction

For a long time the author has been concerned about the status of counseling in the field of stuttering therapy. The author understood that to do a credible job, he had better survey the field, use his newfound information to assess the status of counseling in stuttering therapy, and then proceed to make some suggestions.

Before starting on this endeavor (the survey, the analysis, and the recommendations to the stuttering therapy professionals) it was necessary to clarify what is meant by counseling. *Taber's Cyclopedic Medical Dictionary* (Thomas, 1997) gives the following definition, "Counseling — The providing of advice and guidance to a patient by a health professional." While the dictionary's definition is short and to the point, it is this writer's opinion that much more is involved in counseling. Counseling, in its broadest sense, includes guidance in clarifying values, setting goals, fulfilling societal roles, adjusting to one's situation in life, overcoming internal and external obstacles to leading a full life, performing daily tasks, building skills, dealing with personal conflicts, changing self-defeating beliefs, and changing unhealthy negative feelings.

When the definition of guidance is expanded as above, the term psychological counseling becomes more appropriate since to obtain any permanent change in the clients' cognition, affect, and behavior, other elements must be added such as Socratic questioning, assigning of psychological, action-oriented homework, and requesting reports of outcome behavior together with the observed affect and self-talk (the cognitive element). Counseling then may even include verbal and non-verbal experiential exercises and catharsis (letting the person blow off steam).

The picture is further befuddled by the realization that Sheehan (1958), Froeschels (1957), and Van Riper (1954) might well be right when they considered stuttering therapy to be a specialized form of psychotherapy. Assuming that this is so, all of the action-oriented assignments both in the clinic and outside of it are part of the general process of psychotherapy or psychological counseling. Since the current stuttering literature does not reflect this definition, the author will use the term counseling to deal with the non-behavioral parts of the problem, that is, the cognition and affect. Thus, for example, when the main goal is to talk the client into doing voluntary stuttering or pursue a specific target in fluency shaping this will be called stuttering therapy. When, on the other hand, his beliefs, self-talk, or his feelings before, during and after doing an assignment are discussed, this will be considered a counseling event.

The term intentional counseling is used to distinguish this type of counseling from the spontaneous and unguided counseling that occurs in any setting where advice is given. Theory-based counseling is counseling which is based on some theory, such as gestalt therapy or rational emotive behavior therapy. Included in theory-based counseling is integrative counseling, which is counseling based on more than one theory or technique.

Survey of Counseling in Current Stuttering Therapy

Method of Survey

With the above definitions in mind, the author proceeded to survey the field of stuttering therapy as follows. He acquired and read fifteen recent books of stuttering theory/therapy (Bloom & Cooperman, 1999; Bloodstein, 1995; Schwartz, 1999; Conture, 1990; Manning, 1996; Cordes & Ingham, 1998; Culatta & Goldberg, 1995; Curlee & Siegel, 1997; Guitar, 1998; Starkweather & Givens-Ackerman, 1997; Shapiro, 1999; Ratner & Healey, 1999; Webster & Poulos, 1989; Breitenfeldt & Lorenz, 1989; Goldberg, 1981). He also reread portions of twelve of his "golden oldies" (Van Riper, 1973, 1971, & 1963; Johnson, W., 1961; Gregory, H.H., 1968; Hegde, 1985; Eisenson, 1958; Sheehan, 1970; Barbara, 1962; Pellman, 1947; Rieber, 1966; Bloodstein, 1987) which yielded some interesting observations to be discussed later.

General Findings

The results of the survey are arranged in chronological order with the most recent publication first. The writer has done his best to convey the various authors' attitudes toward intentional, theory-based counseling. If the writer has missed the mark, he welcomes any corrections to his impressions:

Bloom and Cooperman's (1999) book is best described quoting from the back cover of their book. "Learn the details of a synergistic stuttering treatment program that integrates the principles of speech production with the socioemotional aspects of communication. The authors guide you through the synergistic process that includes the interaction of speech-language, attitudinal, and environmental components. Discover how to structure individual treatment plans based on your client's attitudes, behaviors, and interactions within their environment. *The importance of counseling and how it can be incorporated into therapy is emphasized throughout.*" [italics added]...[This book] "provides a variety of counseling procedures." In the summary of the chapter on counseling, they write, "In this chapter, we highlighted the necessity of speech-language pathologists recognizing the importance of incorporating aspects of counseling into therapy. As clinician-counselors, we must be knowledgeable about the helping process. In addition to

examining the phases of the helping process, we defined and expanded on the dimensions (the Counseling Triangle): (1) the personal development of the clinician-counselor, (2) the theories of counseling from which we draw on understanding of both counseling issues and counseling techniques (we examined four theories - psychoanalytical, person-centered, gestalt, and rational-emotive therapy), and (3) the skills of counseling."

Shapiro (1999) appears to favor the humanistic approach to counseling in stuttering therapy where the "the dialogue between the clinician and client is the medium of exchange." Shapiro is both humanistic and client-centered in his approach to counseling. He stresses the training of the clinician and preparation of the clinician to have the proper thoughts, feelings and beliefs, so as to be more helpful in the "collaborative journey to fluency freedom."

H. D. Schwartz (1999) has a chapter on "Counseling persons who stutter". Basically he provides a unified counseling view based on the works of Vaillant (1977), Ellis (1977), and Dryden (1987). He discusses both appropriate and inappropriate topics for counseling. Having clearly delineated when expert help is to be called in, he proceeds to teach the basic counseling skills. He clearly specifies his goals of changing the feelings via disputing the irrational or self-defeating ideas, as well as guiding the client through rough spots in therapy. Describing his stuttering therapy, Schwartz (1999) states, "Upon initial inspection, our program may be viewed as a fluency shaping program … [however,] we place a great deal of emphasis on the client's emotions and emotional reactions associated with stuttering."

Murphy's (1999) contribution is a chapter in Ratner & Healey's book, *Stuttering research and practice: Bridging the gap.* He establishes the need for counseling due to shame and guilt, but does not provide any discussion of counseling methods. (The omission of discussion of counseling techniques is probably due to the scope of the book.)

Guitar (1998, 1997) discusses feelings and attitudes and even goes as far as stating "The reason [that advanced stutterers will not be able to modify their stuttering successfully] is that, like most people, stutterers cannot adequately control fine motor acts, such as modifying a moment of stuttering when they are wrought up emotionally." Yet counseling is not explicitly discussed in the book. While discussing stuttering modification he explains the Van Riper belief that most stutterers "have developed strong feelings of frustration, fear and shame focused around their disorder." He restates Van Riper's belief that these emotions can be reduced via "(a) discussing stuttering openly, (b) deliberately using feared words and entering feared situations, (c) freezing or holding on to moments of stuttering and (c) using voluntary stuttering."

Starkweather and Givens-Ackerman (1997) base their counseling on Gestalt therapy and the 12 step-programs. "The three stages of recovery — awareness, acceptance, and change — are not a one two three formula for therapy. They are performed over and over again for different behaviors, thoughts, and feelings as they occur. …The … clinician's role in this recurring cycle is that of conversationalist. A conversation is a way to develop an idea through the use of language. Therapy takes place in the domain of language…Therapy is essentially a creative process, whether it is seen as an art form, a scientific endeavor, or some combination of both." Starkweather (1999) further clarifies his stand when he concludes, "By joining the client in a recovery process, rather

than trying to change him or her, it may be that we can be more effective."

Manning (1996) presents a whole chapter devoted to "Counseling strategies and techniques" where he establishes the necessity of counseling and describes the various alternatives. He presents an integrative approach, which includes a survey of counseling psychology, and then proceeds to show how the various techniques can be incorporated in stuttering therapy. He builds on the works of Egan (1990), Luterman (1991) and Ellis (1977). He presents the view that counseling should be an integral part of stuttering therapy. Manning stresses the importance of *relationship* in the counseling process. The therapeutic …"relationship is also likely to be more crucial than the treatment strategies or techniques." He continues, describing Egan's (1990) thinking, "… we clinicians must understand the limitations of our profession, the shortcomings of the treatment strategies and techniques, and the strengths and weaknesses of both the clients and ourselves. We must recognize that the dogma of treatment approaches and book learning can filter and on occasion bias what we would otherwise understand about the person we are trying to help." Quoting Manning's (1996) own conclusions, "Many things are good for people. Exercise is one of them, having a network of good friends is another, and there is no question that counseling is beneficial for humans, especially those of us who have specific problems. This is true for communication disorders in general and fluency disorders in particular."

Culata and Goldberg (1995) establish the need for counseling with adults, but do not provide any guidance except to say, "Approaches may be as direct as rational-emotive therapy…, as introspective as Jungian therapy…or as non directive as client oriented therapy…" They also warn the stuttering therapist not to go beyond her expertise in counseling, but to let the psychological problems be handled by the experts in that field. It is interesting to note that Goldberg (1981) models the counseling techniques that he uses via small dialogues. Most of his examples deal with trying to teach the client to accept the responsibility both for his fluency and disfluency.

In discussing the effectiveness of treatment Bloodstein (1995) states, "Treatment must remove not only stuttering, but also the fears, the anticipations, and the person's self-concept as a stutterer". In his conclusions he states, "It is that the ultimate basis for essentially all true recovery from stuttering is to be found in the observation that if stutterers could forget that they were stutterers, and in so doing forget to do all of the things that stutterers think they have to do in order to talk, they would have no further difficulty with their speech." He later continues, "It is possible to summarize these inferences [from documented cases of recovery] adequately by saying that the basic therapeutic problem posed by stuttering may represent the kind and degree of difficulty involved in rooting out a superstition, dogma, or prejudice [in the stutterer's own mind]." This writer looked for a recommendation of some heavy duty counseling, but instead found the following inconsistency: Bloodstein (1987) writes…"some believe that psychotherapy [gestalt, rational emotive therapy, and most other varieties of psychotherapy] may be a useful or necessary adjunct to other methods of treatment in many cases". However, in his last edition of *The handbook of stuttering* (Bloodstein, 1995) deletes that part of the sentence.

Conture (1990) in brief passing mentions the counseling of parents, but for adult stutterers there seems to be no intentional counseling, except for imparting information and keeping group discussions going. He admonishes "When there is too much group

discussion about attitudes, beliefs, and feelings about speech, some clients seem to lose interest and feel that the group is becoming too esoteric, non substantive, and of minimal relevance to their specific problems." Yet in various instances he gives advice, such as how to motivate the client, which is tantamount to intentional counseling. "Make your praise emphatic, be demonstrative in your praise (but not ridiculously so), and use positive emotional tones in your speech, "That was a *good* change, Tom." " Here he has followed his advice to emphasize the event [act] rather than the personality. That is, he eschews using such phrases as, "You have become a good talker."

W. G. Webster and M. Poulos' (1989) manual, *Facilitating fluency: Transfer strategies for adult stuttering treatment programs* is almost entirely devoted to counseling and self-talk, an approach that is omnipresent in most of the cognitive behavioral therapies. This book was first developed for use with the Precision Fluency Shaping Program but can be applied as well to stuttering modification. This is a step by step manual of cognitive behavioral counseling, based on rational emotive behavior therapy, and can be used by the stuttering therapist in almost a cookbook fashion. Later, as the therapist matures, the material in the book can be tailored to the temperament and needs of both the therapist and client. "Through a series of five seminars, backed by readings and reproducible worksheets, this program will show your clients how to: [a] change their attitudes and beliefs by changing their self-talk, [b] attack avoided words and situations, [c] do progressive relaxation exercises to control physical tension, [d] use diaries to monitor their speech performance and plan speech activities, and [e] develop "scripts" to enhance their social skills.

Van Riper (1973, 1971, 1963, 1958, 1954) had a lot to say about psychology and stuttering therapy. In 1954, he outright considered stuttering therapy as a specialized form of psychotherapy. His desensitization techniques were borrowed from the field of psychology. In his 1973 book he devoted a whole chapter to "psychotherapies, drugs, and group therapies." Although he describes various therapies, such as client-centered, rational emotive therapy (now evolved into rational emotive behavioral therapy), gestalt therapy, analysis, reality therapy, and group therapy, he stops short of recommending any of them, except in special cases.

Sheehan (1970) wrote, "Most of what we call speech therapy for stutterers is, in reality, a role-taking psychotherapy. The logical models are those of role theory, learning theory, and behavior modification therapy." However, the problem is that nowhere in Sheehan's writing is there a discussion of the counseling aspect of psychology - be it cognitive behavioral counseling, or any other type. Moreover, he states, "You are changed by what you do. Not by what you think about, read about, or talk about, but by what you actually do."

Rieber (1966) writes "Sheehan (1958) and Van Riper (1954) …conceive of speech therapy as a specialized form of psychotherapy. Sheehan (1958) points out that the most efficient therapist in the treatment of stuttering would be a therapist who has had thorough training in speech pathology as well as psychotherapy." Rieber agrees with Sheehan and goes on to point out that "If we are to help the secondary stutterer in the fullest sense, it appears to this author that a direct symptomatic approach must be well integrated with both the supportive and reconstructive aspects of psychotherapy. For instance, in the reconstructive aspects of therapy the stutterer should be helped to recognize his personal feelings, attitudes and values, as well as gain insight into how

they developed and how they influence his present behavior."

Villarreal (1962) states "…that stuttering is the kind of problem that is inadequately treated by either specialty [stuttering therapy and psychotherapy] without the active aid and assistance of the other." Having defined that "defect would stand for the vocal mechanism-centered aspects, and handicap would stand for the social situation-centered aspects", he suggests that "the therapist as a speech pathologist, treats the problem of stuttering as a speech defect; while the therapist as psychotherapist treats the problem of stuttering as a speech handicap." In the summary he states, "A significant dimension of stuttering, calling for therapeutic attention, is an area of emotional disturbance. Whether this emotional disturbance is viewed as the basic cause of stuttering or the inevitable result of it, makes little difference to the present argument. What is important is that it is there and needs attention." No specific type of psychotherapy was mentioned.

Pellman (1962) states "An adult stammerer usually has had a number of experiences with speech therapy and often seeks a speech therapist who will work with him along the lines that he has decided encompass the problem." He outlined a number of areas where counseling the client to think differently [the task of modern cognitive behavioral therapy] would help the client to recover. Pellman (1947) predates the cognitive psychology era but his advice comes right out of the best traditions in it. To wit, "As a stammerer, the child worries about people's opinions of his disorder and frequently himself. [Let the reader note how clearly he states that the behavior is not the person.] This drives him [the child] to try to conceal it — futilely, of course. The parent must reason [sic] with the child and help him understand there is no need to be ashamed of stuttering."

Johnson's *Stuttering and what you can do about it* (1961) falls in the other camp: He advocates semantically based counseling with no readily specified speech assignments. The book is written as an essay on General Semantics (Korzybski, 1941). There are no real structured counseling sessions identified, although the general gist is to focus on your normal speech and work at "being a normal speaker". (One of the exercises suggested is to build a fluency base by talking with oneself.) This writer was hard pressed to take away with him any strategies or techniques such as those employed in modern cognitive behavior psychotherapies which are also semantically based.

A number of authors Breitenfeldt and Lorenz (1989), Curlee and Siegel (1997), Hedge (1985), Gregory (1968) and Cordes and Ingham (1998) treat counseling and psychology as a taboo subject. It neither appears in the index nor is it easily apparent from reading the text that any intentional counseling, takes place or should take place in the stuttering therapy process.

Conclusions

During the literature search the author found some good examples of intentional, theory-based counseling (Bloom & Cooperman, 1999; Manning, 1996; Schwartz, 1999; Starkweather & Givens-Ackerman, 1997; Webster & Poulos, 1989; Shapiro, 1999). As might well be expected, there is no consensus upon which theory to base the counseling. The theories run the gamut from humanism (Shapiro, 1999), gestalt (Starkweather & Givens-Ackerman, 1997), 12-step (Starkweather & Givens-Ackerman, 1997), rational emotive behavior therapy (Schwartz, 1999; Webster & Poulos, 1989), and integrative therapy (Bloom & Cooperman, 1999; Manning, 1996). Bloom & Cooperman (1999)

draw on four basic theories in counseling: (1) psychoanalytic therapy, (2) person-centered therapy, (3) gestalt therapy, and (4) rational emotive behavioral therapy (REBT). Manning (1996) has integrated REBT with Egan's (1990) and Luterman's (1991) approaches.

The writer would like to encourage practitioners to consider the following three points. Firstly, Crowe's (1997) observation as reported in Bloom and Cooperman (1999), "Counseling, in fact, does occur in almost every therapy encounter, whether it is intentionally employed by clinicians to achieve specific therapy goals, or whether it happens spontaneously and unguided toward any purpose." Secondly, intentional, theory-based counseling makes more sense than spontaneous, unguided counseling. Lastly, much could be gained by elevating the topic of counseling in stuttering therapy to a bona fide subject for learning, teaching, and research.

For those who want to investigate available psychological techniques on their own, the best books to read are: a) the classic work by Harper (1959), b) the currently recognized authoritative work by Corsini and Wedding (1995), and c) a work on brief therapies by Bloom (1997). Harper (1959) reviewed thirty-six therapies and discussed his findings in very clear language. Unfortunately, Harper's book is dated, and out of print. Corsini and Wedding's (1995) book is in the fifth edition attesting to its popularity and durability. In this book the various practitioners, often the founders, describe the most important psychotherapies today. Bloom's (1997) work, also a compendium of the practitioners, is especially geared toward the brief therapies, therapies which were designed to produce results in a few sessions.

Acknowledgements

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