

**EASY STUTTERING:
AVOIDANCE-REDUCTION THERAPY**

**MORE THAN 50 YEARS OF
THE SHEEHAN METHOD**

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Easy Stuttering: Avoidance-Reduction Therapy

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The Sheehan Stuttering Center is a nonprofit organization dedicated to providing group and individual therapy for people who stutter

Dedication

To all the people who have tried every conceivable way to deal with and overcome their stuttering problem.... there is hope

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INTRODUCTION

This book is the product of more than fifty years of studying and treating stuttering and stutterers. It consists of articles and assignments in an order we have found effective and should not be used in any other order. Its worth depends on achieving successes with each assignment to overcome habits and attitudes that each stutterer has typically developed in his or her attempts to be fluent. Originally, in the clinic, the assignments contained in this book were weekly projects, but an individual going through this program on their own may take longer than a week to progress to the next assignment (but do not try to shorten the time required to complete each task). What is important is not the time it takes to complete an assignment, but how well you do it.

This book expresses the ideas and concepts of its “originator,” Joseph (Joe) Sheehan, and most of the assignments were originally written by Joe. Joe had guidance from Charles Van Riper in developing his way of working with stutterers, but Joe went on to develop his own philosophy about how to overcome the problems of stuttering. Joe was a very severe stutterer who never gave up, found ways to help himself, and eventually became a professor at UCLA. He devoted his life and energy to helping other stutterers. Through the years of holding a clinic at UCLA, the assignments in this book were developed, used, reused, and modified as he saw ways to improve them. As a clinician and as his wife, I collaborated in running the clinic and then continued his work when his death came to soon for him to finish his mission. This compilation of Joe’s thoughts, wishes, and urges to help others feels good to me as a way of bringing his mission to fruition and to bring some recognition to his genius.

Our philosophy and keynote ideas for therapy stress “no direct attempt to be fluent.” The quest for a sure way to be fluent only perpetuates continued disaster with no real change in attitudes and feelings, and no genuine hope for the future. Real fluency can only be earned through openness, acceptance of one’s stuttering, and an honest attempt to give up avoidance of words, situations, and people, thus conquering the fear both of stuttering and of silence.

Our therapy ideas differ so much from the usual attempts to train a stutterer to be fluent that it is difficult to explain, difficult to teach on paper, and hard to help the stutterer or clinician to accept the idea that success does not necessarily mean sounding fluent, but is experienced by not using tricks to avoid stuttering. It takes courage to continue to face stuttering openly without struggling to cover it up from oneself and from the listener. The best attitude is to accept stuttering and try to do it more easily and openly. This way will lead to more and more permanent fluency with easy communication and less stress, but it takes time and a complete turnaround in attitude and performance.

A few last words of caution: If a therapy or device results in immediate fluency, it is probably a trick, so forget about it. In fact, you should expect more stuttering for a time. You should just change how you stutter – with ease, acceptance, eye contact with the listener, and continued communication. Get a feeling of success from not avoiding. Finally, never try to be fluent. Easy speech comes with acceptance of the role of a stutterer and on becoming a good one. With easier speech, fluency will be a natural result – with time! Do not expect instant miracles. Remember, you are changing habits that developed over a lifetime.

Ideally, it is best to receive personal guidance and suggestions from someone with this type of philosophy and training. Unfortunately, this may not be possible for everyone who reads this book. For more support, additional resources can be found on our website, www.stutterssc.org. You are always welcome to get in touch with me. I can be reached by email or telephone.

Sincerely,

Vivian Sheehan, M.A., CCC
Specialist in Stuttering

MESSAGE TO A STUTTERER by Joseph Sheehan, Ph.D.

If your experience as a stutterer is anything like mine, you've spent a good part of your life listening to suggestions, such as "relax, think what you have to say, have confidence, take a deep breath," or even to "talk with pebbles in your mouth." By now, you may have learned that these things don't help; if anything, they make you worse.

There's a good reason why these legendary remedies fail. They all mean suppressing stuttering, covering up, doing something artificial. And, the more you cover up and try to avoid stuttering, the more you will stutter.

Your stuttering is like an iceberg. The part above the surface, what people see and hear, is really the smaller part. By far the larger is the part underneath: the shame, the fear, the guilt, all those other feelings that we have when we try to speak a simple sentence and can't.

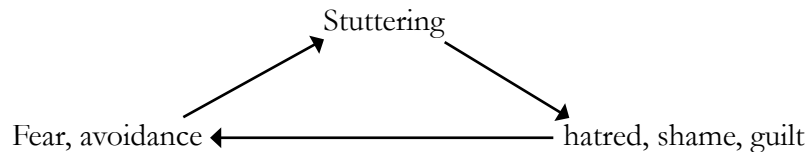
Like me, you've probably tried to keep as much of that iceberg under the surface as possible. You've tried to cover up, to keep up a pretense as a fluent speaker despite long blocks and pauses too painful for either you or your listener to ignore. You get tired of this phony role. Even when your crutches work you don't feel very good about them. When your tricks fail, you feel even worse. Even so, you probably don't realize how much cover-up and avoidance keep you in the vicious circle of stuttering.

In psychological and speech laboratories we've uncovered evidence that stuttering is a conflict, a special kind of conflict between going forward and holding back -- an "approach-avoidance" conflict. You want to speak but are torn by a competing urge to hold back because of fear. For you as for other stutterers, your fear has many sources and levels. The most immediate and pressing fear is of stuttering itself and this is probably secondary to whatever caused you to stutter in the first place.

Your fear of stuttering is based largely on your shame and hatred of the way you speak. The fear is also based on playing the phony role, pretending you do not stutter. You can do something about this fear if you have the courage. You can be open about your stuttering, above the surface. You can learn to go ahead and speak anyway, to go forward in the face of fear. In short, you can be yourself. You'll lose the insecurity that always comes from posing. You'll reduce that part of the iceberg beneath the surface. And this is the part that has to go first. Just being yourself, being open about your stuttering, will give you a lot of relief from tension.

Here are two principles which you can use to your advantage, once you understand them: they are (1) your stuttering doesn't hurt you; (2) your fluency doesn't do you any good. There's nothing to be ashamed of when you stutter and there's nothing to be proud of when you are fluent.

Most stutterers wince when they block, experience failure each time. For this reason they struggle hard not to stutter and therefore stutter all the more. They get themselves into a vicious circle which can be diagrammed as follows:



Stuttering is a lonesome kind of experience. Possibly you haven't seen too many stutterers and those you have seen, you have avoided like the plague. Just as there may be people who know you or have seen you or even heard you who don't realize that you stutter, so those who have a speech handicap similar to yours may conceal it. For this reason, few realize that almost one percent of the population stutters, that there are more than a million and a half stutterers in the United States today. Many famous people in history have had essentially the same problem, including Moses, Demosthenes, Charles Lamb, Charles Darwin, and Charles I of England. More recently, George VI of England, Somerset Maugham, Marilyn Monroe, and T.V. personalities Garry Moore and Jack Paar have been stutterers at some time in their lives. In your speech problem, you may not be as unique or as much alone as you had thought.

Each adult stutterer has his individual style, usually made up of tricks or crutches which are conditioned to the fear and have become automatic. Yet they all suffer from basically the same disorder whether they choose to call it stammering, a speech impediment, or something else. How you stutter is terribly important. You don't have a choice as to whether you stutter but you do have a choice as to how you stutter. Many stutterers have learned as I have that it is possible to stutter easily and with little struggle and tension. The most important key in learning how to do this is openness: getting more of the iceberg above the surface, being yourself, not struggling and fighting when you block, looking at your listener calmly in the eye, never giving up in a speech attempt once started, never avoiding words or ducking out of situations, taking the initiative in speaking even when we stutter a lot. All these are fundamental in any successful recovery from stuttering.

You can stutter your way out of this problem. So long as you greet stuttering with shame, hatred and guilt, you will feel fear and avoidance toward speaking. This fear and avoidance and guilt will lead to still more stuttering, and so on. Because stuttering can be maintained in this vicious triangle basis, there are many adults who could help themselves to speak with much less struggle if they would accept stuttering, remain open about it, and do what they could to decrease their hatred of it. Most older therapies sought to prevent or eliminate the occurrence of stuttering and therefore failed to break up the vicious circle. You can be more successful by reducing shame, guilt, and hatred of stuttering which are the immediate causes of the fear.

Because you stutter doesn't mean you are any more maladjusted than the next person, nor does it mean you are biologically inferior or more neurotic than the next person. Systematic evaluations of objective research using modern methods of personality study show no typical personality pattern for stutterers and no consistent differences between those who stutter and those who don't. Maybe a little fortification with that knowledge will help you to accept yourself as a stutterer.

Some individuals, given a start in the right direction, can make substantial headway by themselves. Others need more extensive and formal speech therapy or psychotherapy in clinics.

If you are like most of the million and a half stutterers in this country, clinical treatment will not be available to you. Whatever you do you'll have to do pretty much on your own with those ideas and sources you can use. (It isn't a question of whether self-treatment is desirable.) Clinic treatment in most instances will enable you to make more systematic progress. This is particularly true if you are among those stutterers who, along with people who don't stutter, have personality and emotional problems. In a sense every stutterer does try to treat his own case. He has to have a *modus operandi*, a way of handling things, a way of going about the task of talking.

I have tried to set down some basic ideas which are sounder and more workable than the motions given to most stutterers.

You might go about it this way. The next time you go into a store or answer the telephone, see how much you can go ahead and speak in the face of fear. See if you can accept stuttering so that your listener can do the same. In all other situations, see if you can begin to accept openly the role of being someone who will for a time stutter and have fears and blocks in speaking. But show everyone that you don't intend to let stuttering keep you from taking a part in life. Express yourself in every way possible and practical. Don't let stuttering get between you and the other person. See if you can get to the point where you have as little urge to avoid and conceal in important situations as you would when you speak alone. When you do stutter -- and you will -- be matter of fact. Don't waste your time and frustrate yourself by trying to speak with perfect fluency. If you've come into adult life as a stutterer, the chances are that, in a sense, you'll always be a stutterer. But you don't have to be the kind of stutterer that you are -- you can stutter easily, without much handicap.

Age is not too important a factor but emotional maturity is. One of our most successful recoveries was that of a 78-year-old retired bandmaster who resolved that before he died he would conquer his handicap. He did.

In summary, see how much of your iceberg you can bring up above the surface. When you reach the point where you're concealing nothing from yourself and your listener, you won't have much handicap left. You can stutter your way out of this problem of stuttering, if you do it courageously and openly.

A FACT SHEET ON STUTTERING

1. Stuttering is universal -- in all countries and groups equally
2. There are 3 million stutterers in USA — 45 million in the world
3. More boys than girls stutter — 4 or 5 to 1
4. There is an apparent hereditary factor
 - 75% have no stutterers in the family
 - 25% have someone in the extended family -- uncle, cousin
 - 25% have someone in the immediate family -- father, mother, sister, brother
5. Research has shown no physiological differences between stutterers and non-stutterers.
There is some brain research with different claims - maybe?
6. There are no personality differences
7. Stuttering varies from time to time
8. Stuttering begins in childhood -- from 2-5 -- when language is being learned. It cannot be said to begin at birth.
9. Head injuries can cause a different form of stuttering
10. 75-80% of stutterers recover spontaneously if at two different times: Puberty (about 12) or young adulthood (at H.S. graduation). Recovered stutterers may still stutter but are not concerned and do not struggle with it, feel no need to hide it.
11. There is no known cause
12. There is no cure; but great help -- and hope for easy speech
13. Fluency is never perfect for anyone
14. Recoveries are never quick -- gradual, with ups and downs
15. There are no special words or sounds for stutterers -- only those which have become feared.
16. Stutterers have greatest trouble with talking about themselves; names, age, addresses, school, phone numbers, etc.
17. Authority figures are usually most difficult to talk to
18. Time pressure increases stuttering
19. Demands for explanations increase stuttering
20. Excitement, fatigue, confusion, uncertainty increase stuttering
21. Praising fluency does not help; it implies stuttering is bad
22. Stuttering is like an iceberg: 7/8 beneath the surface

PRINCIPLES AND FALLACIES

I. FOR STUTTERERS: OPERATING PRINCIPLES

1. Stuttering is a false role disorder. You remain a stutterer as long as you pretend not to be one.
2. Just as you have stuttered most of your life up to now, you will stutter somewhat the rest of your life.
3. You have a choice as to how you stutter. You do not have a choice whether you stutter.
4. Your stuttering is something you do, not something that happens to you. It is your behavior, not a condition. There are mistakes you can correct with a little self-study and courage.
5. Working on your stuttering can be fun – to conquer situations from which you have always retreated.
6. Avoidance-reduction therapy is not an endless process. You have learned a set of attitudes, feelings and habits. You can learn a new set of attitudes, feelings and habits.
7. It is better to stutter openly and honestly than it is to use a trick.
8. Your stuttering won't hurt you and your fluency won't help you.
9. In accepting yourself as a stutterer, you choose the route to becoming a more honest, relaxed speaker.
10. The more you run away from your stuttering, the more you will stutter. The more you are open and courageous, the more you will develop solid fluency.

II. SHORT-CUT TECHNIQUES – FALLACIES IN THERAPY

1. CONTROL -- if you try to control stuttering you are likely to be suppressing it, covering it up.
2. BLOCK -- there is no block to keep you from going ahead, only your own crutches and efforts to avoid.
3. DISTRACTION, TRICKS, AND CRUTCHES -- this includes portable noise generators and delayed feedback gadgetry. You need courage, not apparatus. No machine can ever cure you.
4. FAKING -- pretending to stutter by faking won't help you, though honest voluntary stuttering can (to be explained later). You fake too many things already. This is part of the problem. Far better to work for open stuttering, to share with your listener what you are doing by letting him see and hear your stuttering.

5. GUILT OVER FEAR -- you must expect to experience fear during therapy and not guilt that results from covering it up. Experiencing fear is the only way you can progress.
6. RELAXATION -- like fluency, relaxation should come as a by-product of open display of stuttering. You cannot always be relaxed and you cannot count on rituals to reduce tension. But you can learn to stutter in a more relaxed way and you will begin to lose your forcing. This will be achieved when you have become sufficiently open.
7. DIRECT EFFORT FOR FLUENCY -- you do not need to learn how to speak fluently. When you have gotten rid of avoidance in your own behavior, you will find that you have become fluent within normal limits.

BASIC THERAPY PROCEDURES

There are EIGHTEEN BASIC THERAPY PROCEDURES used in avoidance reduction therapy which include:

1. Establishing Eye Contact
2. Open Discussion of Stuttering
3. Exploring One's Own Stuttering Behaviors
4. Learning the Language of Responsibility
5. Monitoring Behaviors
6. Initiative and Fear-Seeking (taking the initiative in seeking out feared situations)
7. Counting Successes and Failures (focusing on successes even with stuttering)
8. Exposing the Iceberg (exposing the hidden aspects of stuttering)
9. Stuttering Openly and Easily
10. Resisting Time Pressure
11. Pausing and Phrasing: Use of Silence
12. Reducing Struggle
13. Voluntary Stuttering (on non-feared words)
14. Exercising Choice
15. Safety Margin and Tolerance for Disfluency
16. Direct Natural Speech Attempts
17. Adjusting to Fluency (accepting the new role of fluent speaker)
18. Non-Reinforcement and Cancellation

1. ESTABLISHING EYE CONTACT

Interpersonal communication is nearly always facilitated by eye contact, and that between speaker and listener is particularly important. You soon learn that you shape the audience response depending on the attitude you display. Good eye contact indicates an interest in what you are saying and what the listener is thinking. If you avert your eyes when you stutter, you increase the shame and the mystery, and you lose touch with your audience. Four points are particularly worth noting:

1. Establish eye contact before you begin to speak. Two or three seconds of quiet eye contact can get you off to a better start.
2. Some people will look away no matter how much you try to keep contact. To succeed, it is sufficient that you look at them.
3. At first you may find yourself staring people down, but don't worry about it. You can over-correct a little and then let the pendulum swing back. No stutterer ever had a sustained problem with too much eye contact.
4. Later on you may occasionally look away from your listener, which is natural. But be sure you don't look down or away just at the moment of stuttering.

Here are some specific assignments we have found helpful. Do these, or devise comparable ones for yourself. Learning how to give yourself assignments is like acquiring any skill such as typing or piano playing. Keep your goals practical and specific so that you will have something definite to report.

- a. Write down the names and eye colors of 10 people to whom you stutter.
- b. Using a mirror at home, see if you can keep eye contact with yourself while reading aloud. Notice what you do!
- c. Write down 25 words on which you stuttered while maintaining eye contact.
- d. Use your name with good eye contact to 5 different people.

****TROPHY ASSIGNMENT****

- e. Note something you have done on your own initiative which you have done to achieve good eye contact.

2. OPEN DISCUSSION OF STUTTERING

You can begin accepting your role as a stutterer by discussing stuttering with friends and acquaintances with whom you will be more tempted to show your stuttering. You can reach a point of showing your listener what your stuttering really sounds like. You should not try harder to be more fluent because you will only be saying, I am not really a stutterer.

1. Discuss stuttering openly with 6 people of your acquaintance. Ask the following questions:
 - a. Have you ever known any other stutterers?
 - b. How does my stuttering affect you?
 - c. What do you think causes stuttering?
 - d. What do you think people can do about their stuttering?

Write a short description of their answers.

2. Discuss your stuttering with one stranger asking the same questions as in #1.

3. EXPLORING ONE'S OWN STUTTERING BEHAVIORS

We want to explore your stuttering, and we invite you to do the same. Oddly enough you probably don't know what you do when you "stutter". Because it's unpleasant, you've probably covered it up from yourself as well as others. Let's discover all the crutches you use now. When you have explored your stuttering pattern, you won't have so much fear of the unknown.

1. List as many as you can of the different kinds of crutches you now use to hide your stuttering. A crutch is something a stutterer uses to hide his stuttering while trying to be as fluent as possible. Some of the more common crutches are: eye-blink, head jerk, substitution of one word or phrase for another, use of "uh, ah, well", etc.
2. The Speech Pattern Check List can serve as a guide to help you see what you actually use as crutches.
3. Select 2 of your favorite crutches and write down a total of 10 situations in which you use either of them.

3a. SPEECH PATTERN CHECKLIST

1. HOW DO I AVOID STUTTERING?

- I give up when I have difficulty.
- I substitute words.
- I change the order of the words.
- I pretend to think of what I want to say.
- I don't talk.
- I try to keep talking without pausing to take a breath.
- I split words (break one syllable words into two syllables)
- I begin to speak when someone else is talking.
- I use fluent asides.
-

2. HOW DO I POSTPONE STUTTERING?

- I pause.
- I beat around the bush.
- I repeat previous words and phrases (running start).
- I introduce unnecessary sounds.
- I use fluent asides.
- I pretend not to hear.
- I start over and over until I have a jumble of unintelligible words and sounds.
-

3. WHAT "STARTERS" DO I USE?

- I introduce unnecessary words, sounds or phrases (well, uh, ah, you know, etc).
- I use some stereotyped movement:
 - shift body
 - clear throat
 - blink eyes
 - yawn
 - finger pressure
 - move hand
 - click my tongue
 - giggle
 -
 - jerk head
 - swallow
 - tap foot
 - snap fingers
 - move foot
 - lick my lips
 - stick out my tongue
 - change pitch
 -

SPEECH PATTERN CHECK LIST (cont'd)

4. WHAT DISTRACTIONS DO I USE?

- I speak in a monotone.
- I assume an air of self-confidence.
- I try to think of something else.
- I use false laughter.
- I act surprised when I do have difficulty in speaking.
-

5. HOW DO I GET OUT OF MY STUTTERING BLOCK?

- I try to force the word out.
- I pause and then finish the word.
- I keep repeating the sound until I can say the word.
- I stop and avoid the word entirely.
- I stop and use some distraction.
- I become tense, my lips, head or some part of my body tremors.
- I go back to the preceding word or phrase.
-

3b. GOALS: SETTING GOALS AND MAKING ASSIGNMENTS

In working to overcome the handicap of stuttering we have found making good assignments for attacking specific goals is essential. But assignments must be reasonable and attainable. For example, if the assignment asks the stutterer to talk about his stuttering with several people, be sure the number fits his environment and his fears. It is better to agree to talk to 3 people and be successful than to aim to talk to 6 and fail the assignment by talking to only 5.

Also be aware that each assignment should work toward a specific goal: (examples follow)

1. Keeping eye contact with 3 people on one stuttered word to each person.
2. Talking about stuttering with one new person each day for a week.
3. Stuttering more openly and easily on 10 words each day.

As one does assignments, successes do not depend on fluency. Success is not fluency; Facing fear and doing what is agreed upon is achieving success.

Keep in mind that each individual has his own specific fears to attack. Some situations and persons are more difficult than others.

1. Some find one parent more approachable than the other with whom to discuss stuttering and one's history.
2. There are 2 different groups of stutterers: one finds reading aloud easy; the other group finds reading harder than speaking.
3. Bosses are more feared listeners than people who have no power over one -- for example a clerk in a store.
4. Strangers can be feared if they are potential figures in one's future.
5. Friends may know about the stuttering, but may be very difficult to discuss it with openly -- sometimes the stutterer has to find an opening remark to pave the way like "I'm not able to go with you because I have a class to work on my stuttering that night" or "I sure stuttered badly on that word -- but did you know I'm taking therapy for my stuttering?"

Each person must list a kind of hierarchy of situations for himself from the easiest to the hardest. Don't expect to conquer all the hard ones right away. Give yourself small successes.

NOTHING SUCCEEDS LIKE SUCCESS

3c. ASSIGNMENT

1. List ways in which your stuttering has handicapped you. Why do you want to do something about your stuttering?
2. If you suddenly gained complete control over your speech, what difference would it make in your life?
3. Make a list of 10 situations in which you are most likely to have trouble. Make a second list of 10 situations you are most likely to avoid because of your fear of stuttering.
4. Deliberately enter one speaking situation that you have avoided in the past because of your fear of stuttering. Go ahead, even though you may stutter badly. Report the outcome, and your reactions.
5. Choose five speaking situations during the coming week, and after stuttering, immediately write down exactly what you did. Do this in terms of:
 - a. what you did, just before stuttering;
 - b. what you did during the stuttering;
 - c. what you did after stuttering.

Write out your assignment.

4. LEARNING THE LANGUAGE OF RESPONSIBILITY

Your stuttering is not something that happens to you, but something that you do. See if you can observe and describe your stuttering in language that recognizes that you have a part in it, that it is your own behavior. You are doing the doing. You have responsibility and you have choice. First you must assume responsibility for your doing the stuttering before you can make a choice on what you can do with your stuttering pattern.

Write down 5 times you catch yourself not using the language of responsibility, such as, “My eyes blinked,” or, “The words got stuck in my mouth”.

5. MONITORING BEHAVIORS

Your first job is to observe what you do continuously, a process we call monitoring. If you really monitor well, you will begin to drop many of your crutches automatically. You can make faster progress by alert monitoring than by consciously trying to prevent your crutches.

We do not ask you to consciously drop your crutches, only to become curious about those crutches and aware of what you do when you stutter. We want you to monitor, to become aware of what you do to interfere with your natural capacity for fluency.

In order to learn the process of monitoring begin by observing just one crutch you know you use as follows:

FIRST CRUTCH

- A. In two situations each day for two days (one on the telephone with a mirror propped up in front of you) watch yourself and note how you use this particular crutch. Note the words; the things you do before, during and after. Note how many times you use the same crutch, etc.

SECOND CRUTCH

- B. Repeat with a second crutch the next two days using two other situations.
- C. After this, you are ready to try monitoring your speech in a larger sense of just noting what you do when you stutter: to experience the movement of stuttering by seeing, hearing and feeling.

This time, on the fifth and sixth days go into two situation, as above, but see if you can observe exactly the series of things you do when you stutter. It is not enough to answer the question "What did you just do?" by saying "I stuttered." You should note operationally exactly what you did (closed your eyes, stuck out your tongue, inhaled, interrupted the stuttering, snapped fingers, etc...).

6. INITIATIVE AND FEAR SEEKING

In stuttering therapy you never stand still. You progress much farther and speak much better if you keep seeking out feared words and situations instead of just letting them happen to you. Unless you continue pushing into the frontiers of fear and difficulty, you tend to lapse into retreat and the fear mounts. When you initiate an avoided situation, you succeed in challenging your fear.

Four points of importance:

- (a) If you find yourself avoiding a situation, then you need to put yourself in that feared situation.
- (b) To succeed, it is sufficient that you enter the situation. Rate yourself not on fluency but on meeting the challenge.
- (c) Anticipate difficulty but stutter forward and openly.
- (d) Your readiness to stutter in itself will make things easier in the long run.

ASSIGNMENT:

1. Seek out 1 different situation each day during the next week for the specific purpose of working on your speech.
2. Note (write down words and situations) how you stutter in the following:
 - a) a familiar situation (2 or 3)
 - b) a new situation (2)
 - c) a situation previously avoided (1 or 2)
3. After your encounter, answer the following:
 - a) What you did just before stuttering
 - b) What you did during the stuttering
 - c) What you did after the stuttering
 - d) To whom did you stutter (peer, supervisor, parent)?
 - e) What was the topic of conversation?
 - f) How did you feel afterwards?
 - g) How did your listener respond?
4. Discuss or note your three most successful situations of the week.

7. COUNTING SUCCESSES AND FAILURES

Before you began this therapy, you probably thought that any fluency was a success and any stuttering was a failure. But now all that is changed. A “block” is not a failure; neither is a fear a failure. It is only as you experience both that you can learn to respond more adequately. In the new approach, covering up or using a crutch is a failure even if the most immediate effect is that you sound more fluent. And stuttering openly and more easily counts as a success that can increase your security and eventually your ease of speaking.

Work from the “Successes In Open Stuttering” list, and see how many successes you can get each day. Note the failures in passing, but focus on expanding your number of successes each day. Write down on the check list which successes you accomplished. Collect a minimum of _____ each day.

7a. SUCCESSES AND FAILURES IN STUTTERING

COUNT IT AS A SUCCESS IF YOU:

1. Establish eye contact before beginning to speak.
2. Monitor well (observe exactly how you stutter).
3. Stutter, but bring the sound in immediately.
4. Stutter forward.
5. Stutter with good eye contact.
6. Go out of the way to enter a situation especially for your speech (take the initiative).
7. Put the hardest word first in the sentence.
8. Complete any feared word you start.
9. Choose feared words instead of “easy” words.
10. Mention your stuttering casually without shame.
11. Stutter without one or more of your tricks.
12. Cancel any failure.

COUNT IT AS A FAILURE IF YOU:

1. Substitute.
2. Look away, or up or down, during a block.
3. Use a starter.
4. Stop half way through a block.
5. Do not have sound in the block (preformation).
6. Back up and start over.
7. Ruin an open stuttering assignment with fluency immediately afterwards.
8. Cover up your stuttering successfully.
9. Stall a long time before entering a situation.
10. Try to talk fluently at any cost.
11. Show embarrassment which puts your audience ill at ease.
12. Perform an assignment half-heartedly.
13. Respond quickly and automatically to every little pressure in the situation.
14. Give yourself the benefit of the doubt.
15. Use a crutch to get the word out.

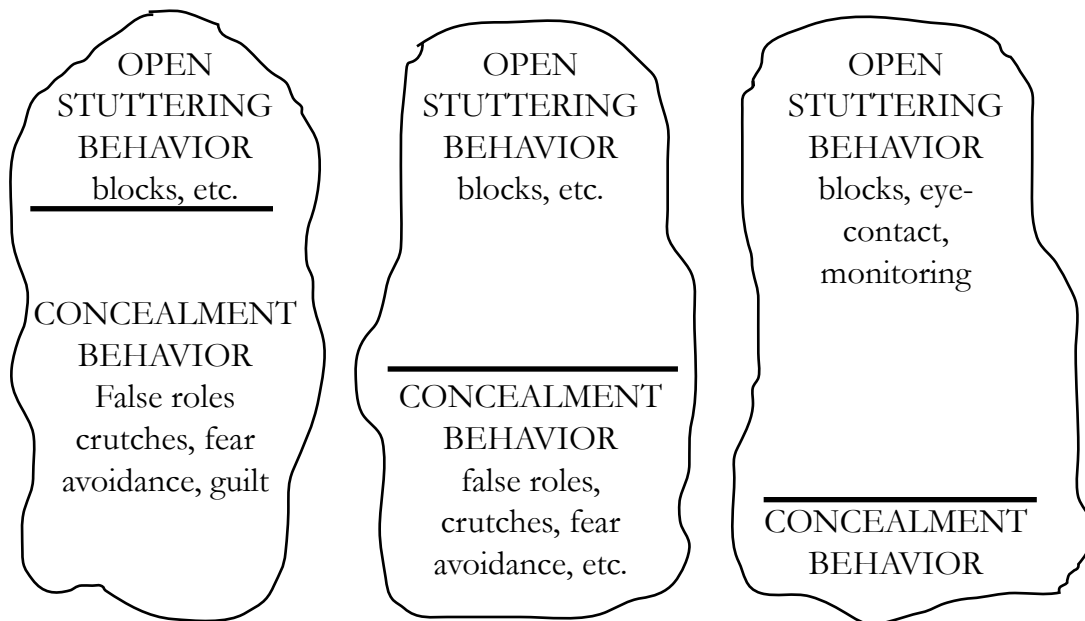
7b. COUNTING SUCCESSES

	Establish eye contact before speaking	Entering situations to work on speech	Completing any feared word	Mentioning your stuttering	Keeping good eye contact throughout stuttering	Using feared words instead of easy words
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						

8. EXPOSING THE ICEBERG

Get as much of your stuttering above the surface as you can. And after studying the iceberg diagram (illustrated below) draw your own “iceberg of shame and guilt” in 3 different situations each day for 4 days.

THE ICEBERG OF STUTTERING:



Work from the “Successes in Open Stuttering” list, and draw an iceberg for each day according to whether you do more on the open side (second list) or on the hidden side (first list).

9. STUTTERING OPENLY AND EASILY

BE WILLING TO STUTTER OPENLY WITHOUT EMBARRASSMENT

If you had a broken arm, would you enter a physician's office and attempt to hide the injury? Would you ask him to treat your arm without first examining it to discover what kind of treatment it needed?

If you were to run an obstacle course, would you proceed with your eyes closed -- refusing to look at the hurdles, hazards, and traps which lie ahead? Would you merely hope that you could successfully jump the hurdles one by one as you approached them?

If you were forced to walk down a dark, blind alley in one of the most dangerous sections of town, would you prefer to make your trip haphazardly -- taking your slim and almost impossible chances of escaping injury? Or would you choose to use a reliable light so that you might look ahead, foresee possible dangers, and prepare yourself?

These parallels may seem rather pointless to you -- until you start thinking about what your stuttering really is.

You have reached the point where you want treatment and relief from your stuttering. Neither you nor this clinic will be able to discover the proper method of treatment until the symptoms have been thoroughly exposed, recognized, and analyzed by you and us.

Your goal then, is to allow your blocks to be seen! Your goal is to accept the fact that, for the time being, you are a stutterer -- and to allow others to accept you as such. Start getting rid of your tricks! Make constructive attempts to eliminate the device of hiding behind your old tricks of postponing speech attempts on feared words, avoiding feared situations, and disguising your stuttering. Let's face it! From now on we will accept and adjust to the fact that we are stutterers. After having accepted ourselves, it becomes amazingly easy to gain acceptance from others. You will find that our society respects the individual who is honestly working on his handicap. It rejects the weak, the escapist, and the "putter-offer."

But you say, "I came here to get rid of my stuttering -- not to allow it to show! I've worked hard trying to find ways which will hide my stuttering from the morbidly curious eyes of society. I've tried in every way that I know to find relief -- and now you ask me to expose the very thing of which I am most ashamed."

Yes! We require that you allow your stuttering to be seen. However, we require that you stutter in such a way as you have never stuttered before, for reasons which you never considered before, and with an attitude which you have not yet learned.

Let's Look at the Facts!

Those tricks that you're using haven't been successful in hiding your stuttering. Actually, they have made it more severe. Look -- here is what we mean: How much relief does a stutterer get from postponing an attempt upon a feared word? Have you ever stopped to think that it only prolongs the waiting period until the unpleasant abnormality occurs? You wait and hope that by some miracle the word will slip out without a noticeable block. While you wait

for this nonexistent miracle more abnormality is being shown. Let's take, for example, the stutterer who has just been asked his name. That dreaded siege of fear immediately pops up like a jack-in-the-box. He sweats it out, curses the gods that he should be the "afflicted" one, and uselessly wonders what is to happen with this word and all the words to follow. He is swimming in the old thoughts, "This fellow must really think I'm stupid -- pretending not to even know my own name! I wonder what he's really thinking." The condemned man becomes so upset that he can't eat a hearty meal. Why put off the unpleasant? Why not face it as it comes and eventually eliminate it? It's the unknown -- the uncertainty -- which plays havoc with us.

Since your avoidances don't work forever, it becomes easier to ask someone else to accomplish tasks for you, such as making your phone calls. From just what are you escaping, and what are you missing? There was a stutterer whose mother went along with him when he looked for a job. What employer will hire a person whose mother makes the application? Have you ever crossed the street, or run down the alley to escape a person to whom you might have to talk? You escaped the abnormality of your speech -- but how did you feel inside? Wasn't good, was it?

How often have you dared to observe yourself in the mirror as your mouth grimaced and twisted to one side, as your eyes blinked, and your face became red and distorted when you tried to release a block? You probably couldn't face a full-length mirror as you watched your legs or arms jerk as you struggled.

You've burned up a terrific amount of energy in your unsuccessful attempts to disguise the abnormality of your speech. Why not use that energy in directing it in the correct channels? If you do, you'll go a long way -- verbally.

You have searched desperately for ways to eliminate your fears, your anxieties, and your embarrassment. Those tricks which you happened to seize upon (and which are only occasionally successful) have made your fears greater and your frustrations more numerous. Why? Because over and over again they have failed you! The crutch upon which you leaned and depended gave away! When you needed it most desperately it betrayed you and only added to your speech failure. Why continue to depend upon that which betrays you?

We will never conquer fear so long as we run from it. Those tricks you are using are your particular escape mechanisms. You imagine that they are keeping you from stuttering and you haven't realized that they make up the greater part of the "monster" of which you are so afraid. Remember this: You will never conquer your stuttering so long as you deny it and pretend that it isn't there. The material of these walls which you have constructed just won't stand against constant battering. There are no barriers which constantly protect one's vulnerabilities.

9a. MAKE YOUR STUTTERING PUBLIC

Make your stuttering a public event. Let your listener know exactly the kind of trouble you are having through an open display of your stuttering.

To do a really good job of stuttering openly, or forward, you should be open in your stuttering blocks. That is, you should stutter so that your listener can see your blocks clearly enough to describe them, and your stuttering blocks should begin to be released smoothly and easily.

Collect 10 words on which you managed to get sound into your speech attempt immediately. Don't be surprised if you sound strange or different, or if the word suddenly seems to become "unmanageable."

9b. STUTTERING OPENLY WITHOUT AVOIDANCE

The purpose of this assignment is to help you learn to stutter openly without shame or embarrassment. Much of the tension and fear you experience comes from your effort to cover up, to pretend that you are not having any difficulty. A good principle is to be as open and honest with yourself and your listener as you can be, to let him know what is going on. See how freely and openly you can stutter, observing in the process exactly what you do. As you begin to stutter more openly, you should begin to feel less tension and to begin to get the experience of speaking and stuttering easily. Here are some of the things you can do to achieve this goal:

1. Write down 25 words on which you make your block easier by making it longer. See if you can stutter as long after the moment of release as the actual block before release. With another stutterer or with one of the clinic staff, practice this first in the clinic until you get the feel of what you are to do.
2. In ten situations rate your blocks on a degree of overttness scale.

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Entirely Open, Sound All The Way	Mostly Open With Sound	Half Hidden Half Open	Mostly Hidden Or Silent	Entirely Hidden Or Silent

9c. OPENING UP YOUR STUTTERING

To do a really good job of opening up your stuttering, you should stutter so that your listener can see your blocks clearly enough to be able to describe them, and you are able to release your blocks easily. Do not struggle, or force them out. Try to collect 5 such “open” blocks each day.

1. Pick out the main crutch from your “Analysis of Stuttering Pattern” chart. Note 25 blocks on which you are able to stutter forward without using it.
2. Set aside one day between now and next Tuesday as a “Willingness to Stutter Day” on which you do the following:
 - a) Give yourself a preparatory set (an attitude) to stutter willingly and openly at any time and any place to any one.
 - b) Talk to as many people as you can. Go out of your way to do this.
 - c) Your goal is to say what you want to say, when you want to say it, and as much as you want to say. This should be your goal no matter how much you may stutter. Remember to maintain eye contact.
 - d) During this day, try to keep an accurate check on the number of stuttering blocks that you have by putting a check mark on a piece of paper in one of two columns:

1st column for open blocks:	2nd column for blocks where you tried to avoid, hold back, or hide your stuttering:

Or use your counter and write down the total number of each type of block recorded.

9d. BECOMING A SUCCESSFUL STUTTERER

For some weeks now we have been asking you to make accurate evaluations of your pattern of stuttering. We have been asking you to monitor, as well as you can, your tricks, avoidances, dodges, crutches, “jonah” words, preformations, retrials; briefly, what you do when you try to talk by avoiding your stuttering. This has been an important part of your therapy because unless you know what you do when you experience the “moment of stuttering” you will not be able to make changes in yourself when the “stuttering block” occurs.

Many of you have been very successful in discovering yourselves as stutterers. You have become much more aware of what you do when you stutter, how you feel about yourselves and the reactions of your listeners. You have become tuned in on yourselves and have been able to “monitor” successfully your stuttering blocks. You have carefully examined your “avoidances” and have looked, perhaps for the first time, at the lengths to which you will go to avoid stuttering.

Your self-evaluation is a continuing part of your therapy. Without it, you will never know what you need to change in your stuttering so that you can permit yourselves to become more open, straightforward, direct. The assignment for this week is going to concentrate on your allowing yourself to become more open and direct with yourself as a stutterer by asking you to direct your stuttering as obviously as you can to your listener without permitting yourself the false security of your tricks and dodges. As you will remember, we began working on this idea in last week’s assignment. You were asked to stutter as openly as you could without using your “major” crutch. This week’s assignment will also ask you to do that and will help you explore some other activities which will move you further along in your goal of becoming a “successful stutterer.”

1. Collect fifty words on which you were tempted to use a crutch but did not. Count as crutches only such devices as retrials or release mechanisms like a head jerk or “magic” sounds like “uh” or “well.” Give yourself extra credit if you were able to get your speech attempt (sound) started at once without any postponement or hesitation.

2. Collect ten words on which you managed to get sound into your speech attempt immediately. Don’t be surprised if you sound strange or different or if the word suddenly seems to become “unmanageable.” Count it as only a partial success if after you get started you become frightened and stop without finishing the word.

3. Collect twenty-five words on which you were able to regain good eye contact after losing it and were able to complete the word without using a crutch.

4. Collect ten words on which you were able to “stutter forward” to the next sound in the word before you felt you were ready to. Ask your clinician for help if this is confusing to you.

5. Collect three situations in which you stuttered with good eye contact and allowed the listener to know everything that was going on in your speech. Count it as a complete success only if you could also make some observations about the listener while talking to him, and if you could “monitor” successfully your own stuttering pattern.

9e. STUTTERING MORE EASILY

From your own experience, you know that you typically attempt to rush through each situation in which you stutter in an effort to get it over with. By hurrying yourself, you inevitably struggle more and resort to your pattern of tricks or crutches. You have probably been rushing yourself since you first began to stutter.

By “prolonging” when you stutter, you can help yourself to stutter in a more easy and comfortable way. When you accept the fact that you will block longer, you will reduce struggling and the necessity of using crutches. Try to keep the sound in and stutter openly at the same time. Maintain eye contact so that you can observe the reaction of your listener.

This week, collect and keep a written record of a minimum of ten stuttering situations each day where you extended the block until you could say the word comfortably.

Wednesday Thursday Friday Saturday Sunday Monday Tuesday

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

10. RESISTING TIME PRESSURE

Record instances of how you react to time pressure, and create several such situations for yourself. How much of the pressure you felt was due to the other person's behavior and how much was your own internalized time pressure set? Note words and situations in which you hurry yourself when there is no need for it.

1. Collect 5 situations in which you feel time pressure put on you and are able to resist it. It does not count if your listener waits patiently for you to stutter. Telephone operators, postal clerks, bus drivers, etc., do an outstanding job of creating time pressure.
2. Collect 5 more situations in which you put time pressure on yourself. Note at least 5 words on which you hurried yourself. One of the most frequently hurried words is "HELLO" on the telephone.

10a. HINTS OF EVIDENCE OF TIME PRESSURE

1. Hurrying after finishing a “block” or a stutter in order to get to all you want to say while a bit fluent.
2. Answering questions even before the other person finishes the question.
3. Answering the phone with grunts or noises before you are ready to say anything, providing fillers.
4. Trying to cover up silence (which could be normal) with “um” and “uhs” or “um’s” showing time pressure.
5. Giving up before joining in a group speaking situation before you even try to say anything.
6. Getting others to take your place in a ticket line, or in a restaurant, etc.

11. PAUSING AND PHRASING: USE OF SILENCE

Breathing, one of the most conditionable of responses, is notoriously associated with fear states. Lapsing into silence is a natural defensive biological reaction.

Part of your built-in time-pressure system as a stutterer is that you never pause for breath except in the “dead stops” before feared words. You need to learn to phrase normally so that you do not begin speech on residual air.

Much of your problem of forcing results from your failure to pause, with initiation of long sentences on residual air, and almost inevitable hanging up even before your first feared word. At that point you may be long out of breath, but your intolerance of silence is such that you dare not pause. If you do, you may feel obligated to go back for a running start on the phrase, and you may actually get stuck at an earlier point. No wonder that your speech may seem hopelessly entangled in a thicket of ever-branching phrasing changes!

The key to change is putting pauses in all sentences where there are commas and periods. Take time to catch a little breath. Also phrase well, using prepositional phrases as groups which can express meanings that are meant to cling together. Examples -- “to the store”; “on the shelf”; “over the mountain”.

ASSIGNMENT:

1. First try making (with vertical lines) the places you might pause in a reading passage. Then practice pausing and taking a little breath - not a big one.
2. Prepare and practice five consecutive sentences in which you:
 - a) Pre-write the sentences
 - b) Include periods, commas, and other grammatical pauses
 - c) Plan short phrases
 - d) Plan long pauses

Deliver the sentence to your chosen audience, i.e., a friend on the phone, a relative, a boss etc.

3. Engage in two conversations each day for the sole purpose of working on your pausing and phrasing.
 - a) First listen attentively to your own use of pauses and how long you try to make your phrases, in order to monitor.
 - b) Then speak five consecutive sentences in which you:
 1. Pre-write the sentence, planning short phrases and long phrases.
 2. Deliver the sentence as you have pre-marked it.
4. Since you probably have a habit of phrasing too long and pausing too short, you may not succeed at first; you may have to try fifteen or more sentences in order to get five consecutive sentences which you do well.

PAUSING AND PHRASING: USE OF SILENCE (Cont'd)

1. The boys ran down the cliff.
2. In the morning we saw / the airplane.
3. The club / will meet at seven-thirty.
4. Paint the car a dark blue.
5. Place the apples on the table.
6. Those green leaves are turning brown.
7. A new broom sweeps clean.
8. Three feet make a yard.
9. At what time shall I meet you?
10. Hear the humming of the bees.
11. If you need more paper / come to me and I will give you some.
12. If it is too cold / or / if it rains we will meet inside.
13. When the paper comes / we will read the story on the front page.
14. At six o'clock / he will ring the bell and we shall go home.
15. We shall begin / and when they come they can join us.
16. He went to the store / and bought some fruit and a cherry pie.
17. We saw them play / on Wednesday evening in the auditorium.
18. Washington D.C. / is the capital of the United States.
19. The largest city / in the world is New York City.
20. All the games / were played / last night under flood lights.

11a. WORKSHEET

WORDS

1. vigor
2. river
3. business
4. differ
5. worst
6. cement
7. breakfast
8. purple
9. shrimp
10. grilling

PHRASES

1. bread and butter
2. above the clouds
3. my next-door neighbor
4. a new silk ribbon
5. pay the check
6. church on Sunday
7. climb the ladder
8. tip of the iceberg
9. light the candle
10. mail the letter

SENTENCES

1. I would like a hamburger and French fries.
2. Did you stop at the stop sign on State Street?
3. The waitress tripped and dropped the tray of cold drinks.
4. Are the trains on the Milwaukee Railroad always late?
5. I will meet you at the theater at seven o'clock.
6. Our neighbor started a big argument about politics.
7. The milk is in the deep dish on the window sill.
8. Tom's father went to Harvard Medical School.
9. The Canadian north woods are beautiful this time of year.
10. I would like to go on a safari in Kenya.

12. REDUCING STRUGGLE

You struggle because you try to avoid and conceal and deny your stuttering. This is a principal source of your muscle tension. Monitor closely and observe carefully five blocks each day. After each, ask yourself, “*Why did I force so much? What was I trying to cover up?*” It is much better to ask yourself, “*Why force?*” than it is to tell yourself to relax, for that only becomes a source of more tension. Though it is folly to try to relax as a means of avoiding stuttering, it is a perfectly good idea to explore how relaxedly you can stutter, provided you are open about it.

1. Each day see how relaxedly you can stutter on 15 words. Write down the words and rate as to how well you succeeded. Use this scale:

<u>Word</u>	<u>Tension</u>	low = 1	high = 5
			very little vs. extreme
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

12a. STUTTERING FORWARD

Your goal for this week is to learn to stutter forward. In learning to stutter forward, it is important to eliminate “dead stops”, to begin feared words with movement and sound just as you begin non-feared words. You should stutter so that your listener can see and hear your blocks clearly enough to be able to describe them. Do not be concerned about how your stuttering sounds or looks to the listener. Be open and let yourself stutter. Your stuttering won’t hurt you.

1. See how many blocks you can collect which begin with a firm, open, forward moving sound, and end without forcing, jerking, or struggling.
2. See how many stutterings you can collect which begin without “dead stop,” hesitation, pause, silence, starter, or other devices. Can you plunge right into a feared word and let the chips fall where they may?
3. Get 20 situations in which you stuttered forward successfully at least once -- more if you can. Remember, you may not be able to say a whole paragraph perfectly. Allow yourself to stutter! Going into a situation when you realize you may stutter is a success now! It is a good start toward a better future.

13. VOLUNTARY STUTTERING

One of the most abused and misunderstood means of altering stuttering habits and changing attitudes about stuttering and self is the method called voluntary stuttering. It is not, first of all, a technique designed to eliminate stuttering; it will not reduce the frequency of stuttering. Quite to the contrary it should increase frequency, but with a change in form. It cannot immediately replace one's old stuttering pattern. It cannot be thought of as a way to avoid blocks. It is not a quick cure. Those who have tried it incorrectly will attest to that.

Having said so many of the negatives we can now deal with what is positive -- with what it is and how it can be a tremendous tool for change.

Negative practice was developed by psychologist Knight Dunlap as a means of eliminating bad habits, by practicing them consciously. From his work developed our negative practice -- to practice stuttering voluntarily to eliminate the bad habits. A variation has been introduced through research which found prolongation the most effective form of voluntary stuttering, now nicknamed a "slide." It is to be used on the first sound of the first syllable of a word: mmmmmoney. It is to be said smoothly and without a break between the prolongation and the rest of the word. It should be -- must be -- used on non-feared words, on words which could be said fluently.

Why should the stutterer stutter when he could be fluent? Because that is the only time he can freely practice how to stutter without struggle. When he fears a word he is already too late to practice and he is just gambling as usual on whether or not he will get by. Sometimes he will get away with doing so, for a time, because the novelty provides distraction, but that soon wears thin and will no longer work. Voluntary stuttering will only help when properly applied first to easy, non-feared, non-involuntarily stuttered words. Later it will be a way to stutter on the feared words, but only if accompanied by the work on easy words as well.

Dr. Joseph Sheehan provided a list of eight criteria for good voluntary stuttering:

1. Voluntary stuttering should be done with good eye contact.
2. Voluntary stuttering should be used on words that you do not fear.
3. To stutter voluntarily, you prolong the first sound of the word (not the vowels in the middle).
4. Voluntary stuttering uses a shift or movement, not a position.
5. Good voluntary stuttering is unhurried.
6. Voluntary stuttering is varied in length from word to word.
7. When you are using voluntary stuttering in a situation, do not speak fluently immediately afterwards.
8. Voluntary stuttering is done with a smooth release.

With these rules for good voluntary stuttering in mind the rationale for its use can be understood.

1. It helps the stutterer admit his stuttering openly. It helps him overcome the urge to hide or avoid it.
2. It provides an easy form of stuttering, without struggle. It is stuttering with less social stigma and punishment.
3. It helps the stutterer learn to tolerate “bobbles” or “glitches” like those experienced by normal speakers.
4. It helps him keep his speech moving forward even though he is stuttering.
5. It helps him overcome the habitual use of crutches, silent blocks, etc. Voluntary stuttering and crutches are incompatible.
6. It helps to overcome the fear of stuttering -- the fear that the stutterer has that he may never “get the word out.”
7. It helps to overcome the hatred of stuttering.
8. It helps to overcome the handicap of stuttering.
9. When it becomes habitual and easy it can be used with normal inflection, rate and melody.
10. It can be used less and less as the stutterer overcomes his old habits by weakening them through disuse and strengthening the new habits. This in turn leads to the way to simply speak, the way normal speakers do, without planning each and every word voluntarily. It thus leads to speech which can be within the range of normal fluency.

A few other guides should be added:

Voluntary stuttering must not be accompanied by any habitual head or body movement, which would be counterproductive. While it is usually used on the first syllable of words beginning with the first, it may later on be applied at any point where stuttering may occur normally. Moreover, it is generally used on consonant sounds; rarely on initial vowels and never with prolongation of vowels in the middle of a word.

While it is easy to prolong most consonants, some difficulty may be experienced on plosive sounds (p, b, t, d, k, and g). These can be prolonged with a loose contact.

It must be remembered that at first voluntary stuttering will sound awkward and labored; it will feel strange and wrong. One should practice alone or with a close associate until able to use it without difficulty. It is best practiced in reading aloud after underlining the initial part of non-feared words. In practice of this kind many words can be stuttered. But when one starts to put it to use it should be tried in non-stressful situations first, with only a word or two per sentence and maybe even in only one sentence in early trials. Later it must be used in longer and longer speech attempts until one can easily stutter to anyone at any time despite pressure of either time or authority.

It should not be used prior to working on “open stuttering,” on tackling feared situations and speaking even though one stutters. Stuttering must be confronted and studied, and an analysis of the tricks and crutches one uses must precede the use of voluntary stuttering.

(Except with very young children).

Often, in the beginning, voluntary stuttering becomes involuntary because of the tremendous fear and hatred of stuttering, and because voluntarily produced stuttering is so counter to all that one had done all his life. Voluntary stuttering is not faking; it reveals one's secret -- stuttering. With practice and continued application voluntary stuttering can soon be learned and will no longer trigger involuntary stuttering.

One last word of caution: voluntary stuttering is not a cure-all, a panacea for stuttering. It is only one way to help and it is not to be used to bring immediate fluency. The ultimate goal is overcoming the handicap of stuttering. This can, in turn, lead to more normal speech as a by-product; but reducing the handicap is of far greater importance.

13a. STUTTERING SMOOTHLY AND OPENLY

Your previous assignments have been directed toward having you become more familiar with what you do when you stutter and helping you to stutter with less avoidance. In doing this, you have concentrated on maintaining eye contact, monitoring, eliminating your tricks and crutches, and stuttering openly instead of giving in to your fear and backing off from your speech attempts. Many of you have also already heard about “voluntary stuttering” -- sliding and smooth release or pullout. They are specific ways in which you can stutter more comfortably and openly.

This week see if you can get the experience of stuttering voluntarily and easily, without your old struggle, fear, and hate.

Sliding is the voluntary prolongation of the initial sound of the word. Here are several rules for voluntary stuttering:

- a. Used on non-feared words.
 - b. Used with good eye contact.
 - c. Done in an unhurried, unforced way.
 - d. Varied length of prolongation (when sliding).
 - e. Slide on transitional movement, not just first sound.
 - f. Not followed by fluency in the situation in which used.
1. Practice “sliding” before a mirror on 50 non-feared words. Continue until each of the slides meets the above standards and seems smooth and comfortable to you.
 2. With the first three people you talk to each day, use at least two easy and open slides, on non-feared words.
 3. Write out in advance 20 sentences that you use daily in your speech. Underline one or two non-feared words in each sentence. After you have practiced saying the sentence and sliding on the underlined words, use the sentence in a situation, continuing to stutter voluntarily on the underlined words.
 4. In all other speech situations this week, ask yourself the two following questions:
 - a. How openly do you now accept your role as a stutterer?

Make a check mark on the following scale:

Only my family knows	My friends know	My associates know	All my listeners know
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Try to be open with your stuttering in situations in which you have previously tried to hide it during the week.

STUTTERING SMOOTHLY AND OPENLY (Cont'd)

b. Degree of Overtness Scale

Hidden block	25% overt	50% overt	75% overt	100% overt
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Rate 15 blocks as to how much of “the iceberg” shows above the surface. How much of the block is visible and evident to your listener?

13b. GOOD VOLUNTARY STUTTERING

The principle of negative practice stated that you can eliminate bad habits by practicing them consciously. Research has shown that the most effective form of voluntary stuttering is a smooth syllable prolongation or slide on non-feared words. You should slide or stutter voluntarily, principally on non-feared words. Later, you may also find it useful to slide as an alternative method of stuttering on feared words. However, initially you should confine your voluntary stuttering to non-feared words.

Criteria For Good Voluntary Stuttering

1. Voluntary stuttering should be done with good eye contact.
2. Voluntary stuttering should be used on words that you do not fear or that you think you will not stutter on.
3. To stutter voluntarily, you prolong the first sound of the word (not the vowels in the middle).
4. Voluntary stuttering uses a shift or movement, not a position.
5. Good voluntary stuttering is unhurried.
6. Voluntary stuttering is varied in length from word to word.
7. Voluntary stuttering is done with a smooth release.
8. When you are using voluntary stuttering in a situation, do not speak fluently immediately afterwards.

Assignment:

1. Underline non-feared words in a newspaper article and practice stuttering voluntarily out loud in front of a mirror following the criteria above. You should do this five minutes each day.
2. Pre-write two sentences each day, underlining the words in the sentence on which you will voluntarily stutter; then use these sentences in practice with some person you can ask to listen to you.

13c. HELPFUL HINTS FOR VOLUNTARY STUTTERING

Voluntary stuttering should be done on the first sound of a word. We feel that consonant sounds are the first ones on which to learn to prolong. So you need to know (or learn?) consonants and vowels, their role and their differences.

Some general rules hold:

1. In English every word has a vowel in the center.
2. Don't start by prolonging beginning vowels. At first, just stutter as you must on them for a time.
3. Learn to prolong consonants:

Consonants easily prolonged:

l -- lllllemon
m -- mmmmoney
n -- nnnno
r -- rrrred

Some consonants are unvoiced like /s/ as in ssssew (feel the throat area there should be no vibration).

Some consonants are voiced like /z/ as in zzzzo (feel the vibration at your throat).

wh (=hw) -- whwhwhen, whwhwhat etc.
w -- wwwwwwwwwe, oooooone (wwwon)

f -- fffffffive
v -- vvvvvvvview

th -- ththththat, thththey, thththere
th -- thththink, thththumb, thththank you

s -- ssssssay, ssssssing, ssssssee
z -- zzzzzzzoo, zzzzzzipper, zzzzzzero

sh -- shshshoe, shshshop, shshshure, shshshugar
zh -- never first in a word - only found in the middle of a word as in measure etc.

ch -- (like /tsh/) chchcheck, chchchild, chchchair
j -- (like /dzh/) jjjjjudge, jjjjjury, jjjjjump, gggggym

HELPFUL HINTS FOR VOLUNTARY STUTTERING (Cont'd)

Six sounds are “plosives” -- they give problems of release -- so voluntary stuttering helps an easy release without a big explosion.

t -- tttttea, ttttalk, ttttwo

d -- ddddo, ddddooor, ddddemand

k -- kkkkkey, kkkkite, ccccomb, ccccar

g -- (*hard “g” sounds like a gargle*) ggggggo, ggggggame, ggggggive

p -- pppppoor, ppppay, ppppear, ppppocket (feel the air escaping)

b -- bbbbay, bbbbig, bbbbean, bbbbetter

Some letters have no sounds of their own:

x = eks or egz as in expert or exist

q = k always followed by “w” or /kw/ as in quiet, queen, quest

Two letters are different

h -- (/h/ is only air) - prolong it and the vowel which follows hhhello, hhhat

y -- as a beginning sound = ee (you) yes, yellow

Vowels are represented by: A E I O U

They provide the vocalization in speech. Consonants shape their sounds and “bite them” off.

NOTE: Practice early voluntary stuttering on consonants. Vowels can be handled later on.

13d. PROLONGING INITIAL SOUNDS - VOLUNTARY STUTTERING

One of the ways of stuttering voluntarily is to prolong the initial sound of a word. Here are some criteria for doing this well:

1. Prolong initial sounds on words that you do not fear.
2. Maintain good eye contact while you stutter openly in this new way.
3. *Don't rush.* You may have a tendency to shorten these initial sounds and hurry through to get the word out. Take your time. Make the prolongation long enough to be clearly apparent to the listener.
4. Vary the length of the extended initial sound from word to word.
5. Make a smooth transition from the prolonged initial sound to the main body of the word. Release the word smoothly.
6. After you have been stuttering voluntarily in this way in some situation, don't speak fluently before leaving. This is like saying, "I really don't have to speak like that," and is contrary to the purpose of stuttering openly.

Write down ten sentences and underline the words on which you will prolong the initial sound. Use each of these sentences in at least two situations.

Check yourself. How well are you following the criteria given above?

13e. MORE VOLUNTARY STUTTERING

For the past several weeks you have all been working on stuttering forward, eliminating hesitations, stuttering without tricks, crutches and avoidances, and making a forward, direct speech attempt on your feared words. This week we want to give you an opportunity to continue to stutter forward, only this time, in a more smooth, less jerky manner. This is done by prolonging the initial sound of the word you're going to stutter on, then making a forward moving, smooth change to the rest of the word. It would go something like this:

Suppose the word you're going to stutter on is "Lincoln." You attack the word as before without hesitation, or use of crutches, and begin stuttering immediately on it by prolonging the first sound "l". Once you've gotten underway, ride your way through the fear with this smoother stuttering pattern, moving easily in a forward direction through the rest of the word.

1. See how many times, this evening in the clinic, you can demonstrate your new way of handling your old blocks.
2. Pick five situations, outside the clinic, collecting at least five "new" blocks in each.
3. Practice at home before a mirror while stuttering in this way, and write down what happens to lips, face, or other areas, and whether you are forcing or letting the block flow forward in an easy way.
4. Thought question: What happens to your fear when you are stuttering in this way?

13f. SATISFYING THE FEAR OF STUTTERING

One means of satisfying the fear of stuttering is to stutter voluntarily -- that is, stuttering on non-feared words in all kinds of situations. Stuttering voluntarily is an operational way of being open. This has the effect of helping you reduce the pressure that you feel when you try to avoid stuttering, and enabling you to handle your speech more effectively in a speaking situation.

1. Stutter voluntarily to someone at home 3 times each day. Write down the words. Choose easy sounds to begin with, such as “r, n, s, l” etc.
2. In 3 other situations each day, stutter voluntarily at least twice. Don’t be alarmed if you experience some fear, tighten up, and begin to stutter in your old way. This is a common experience when beginning voluntary stuttering. Just keep on stuttering voluntarily until you can finish the word comfortably without jerking.

13g. UNDERSTANDING SOUNDS IN THE AMERICAN LANGUAGE

There are approximately 26 sounds in the American language. Twenty-one are consonants and five are vowels. Each sound is made by using either the lips, tongue, or teeth, sometimes a combination.

The vowel sounds /a,e,i,o,u/ are made with the voice and the mouth open. Consonant sounds are made with the mouth closed. Consonant sounds can be made with the voice “on” or “off”. One way you can tell if the voice is “on” or “off” is to put your hand on your throat and see if you feel the vibration. Try this: say “ah” and prolong the sound. You should feel the vibration. Now say “ha ha ha” as if you were panting like a dog. There should be no vibration on the h -- only on the vowel.

Consonant sounds have similar features. A sound can be made in the same place, but differ in manner. Let’s take the pair of sounds /p/ and /b/. These sounds are made in the same place, i.e., with the two lips coming together, however, one sound is voiceless /p/ and the other is voiced /b/. Listed below are pairs of sounds that are made in the same place but differ from each other as to whether the voice is “on” or “off.” Say each sound with your hand on your throat. Feel for the vibration on the voiced sounds and then feel for the lack of vibration on the voiceless sounds. Notice how each sound is made (for example with p/b the two lips come together; t/d the tongue tip is against the ridge behind the upper teeth; k/g the back of the tongue is high in the mouth; etc.), and whether the voice is “on” or “off”.

Voiceless		Voiced			
p	/	b	pay	vs.	bay
t	/	d	to	vs.	do
f	/	v	fine	vs.	vine
k	/	g	kate	vs.	gate
s	/	z	sue	vs.	zoo
sh	/	zh	shoe	vs.	measure (never initial sound)
ch	/	j	chew	vs.	Jew
th	/	th	three	vs.	these or thee
wh	/	w	which	vs.	witch

Another unique feature to consonants is the way in which they are produced. We know that /p/ and /b/ are produced with the two lips coming together. Air is then built up in the mouth, then released. These two sounds are called “plosives”. The /t, d, k, g/ are called “stops” because the tongue tip (t/d) or the tongue blade (k/g) stop the sound. “Fricatives” /s,z,f,v,th,sh,j/ on the other hand are sounds that are made by forcing air through a relatively

narrow constriction in the mouth. For example s/z are made with a narrow constriction as opposed to sh/zh.

It is important to understand how sounds are produced as you will be examining your speech.

The first steps to acquiring voluntary stuttering or sliding are most easily achieved using usually “non-feared” consonant sounds / n, m, l, s, r, sh, f, th, w, y/. All of these sounds use a continuous flow of air or sound. The frequently “feared” consonant sounds are not introduced until later because they are sounds that “stop” the air momentarily or require a burst of sound. They often give the stutterer much more difficulty in the beginning and should not be used in the first attempts to change the form of stuttering.

NOTE: There are individual differences about feared sounds. Even the “easy” or “non-feared” sounds may be “feared”. Sometimes an anticipation becomes attached to certain specific sounds as a result of memorable experiences of failure in trying to say them. Almost every stutterer has his or her own private list of difficult sounds. Do not practice with your own privately “feared” sounds. Take the easy ones first.

13h. EXERCISES FOR VOLUNTARY STUTTERING SPECIFIC TO NON-FEARED SOUNDS

/ n, m, l, s, r, sh, f, th, w, y /

FFFFFFrozen **fffff**ood

Shshshshrimp is a **shshshsh**ell fish

A **ffffff**oggy frosty Friday

LLLLLLLight the candle

Spring has **sssss**prung

Robin **rrrrr**edbreast

EEEEEEEElastic is strong and stretchy

Ninety-nine **nnnnn**ames

ShShShShow me again

Do **yyyyyy**ou know her

Unnnnnique to New York

SSSSlide on the first sound

ThThThree in a row

FFFFair fat and fifty

Ready **www**hen you are

Fly the **ffffff**lag of freedom

Mince **mmmm**eat on Monday

Foreign fields of **FFFF**rance

You have just completed a warm up using the following rules:

1. Sliding on the first sound (consonant) of the word.
2. Sliding on the first sound (consonant) of the word regardless whether it was followed by a consonant or a vowel.
3. Sliding on the first sound of a non-feared word in the sentence.
4. After sliding on the first sound, the word and the rest of the sentence is finished at a normal rate (released easily and smoothly).

Now, in the following sentences you will be the creative one and decide which word and sound you will slide on. Try to say each sentence two different times, and slide on two different words. Remember the above rules.

Sit on a seat

How many names did you count?

Stop and stare

Five ships sail Thursday

Sing something simple

Sand sea and sun

Alabama here I come

Any noise annoys an oyster

Three Scottish thistles

Alaska is a cold state

We called for reservations

A Shetland shawl

Never a dull moment

Alice in Wonderland

14. EXERCISING CHOICE

Remember, you are going to stutter. You have a reservoir of fear which at this time can only be dissipated by stuttering. Right now you have a choice about how you stutter. You may stutter more, but do it more easily by stuttering on words voluntarily when you ordinarily could say them fluently. This is one way to begin to change your way of responding to fear and eventually it will help you to lose your fear of stuttering.

This is one way to be more open in and about your stuttering. It will help you to go ahead without trying to avoid stuttering -- for it is not a crutch, but a new and easier way to stutter.

1. With the first person that you talk to every morning, stutter voluntarily on the first non-feared words that you say.
2. In five other speaking situations each day, stutter voluntarily on at least 10 non-feared words.
3. At least once each day in a school or work situation, stutter voluntarily to someone you know well.
4. Since you're going to stutter anyway, see if you can respond to the signal of fear by stuttering easily. Keep trying this until you can do it successfully at least twice this week.

15. SAFETY MARGIN AND TOLERANCE FOR DISFLUENCY

Can you afford to let your speech sound a little worse than you really have to? How many times have you let fear build up and not done anything about it? How many times has this kept you from working on your speech? Have you said to yourself, “I don’t want to work on it right now, I’ll only flub it up.” Or “Gosh, my speech was O.K. last week; why can’t I handle this situation that way today?” The answers to these questions are very important to you as they are tied to your ability to maintain a comfortable “margin of safety”.

Why is it important to sound a little worse than you have to? Many times the stutterer will ride along on the crest of his success without working and then suddenly find out that there isn’t anything between him and stuttering except empty space. With a “safety margin” you can keep the distance you fall at a minimum, or eliminate it altogether. The more fear you can satisfy ahead of time the less chance fear has of building up and catching up with you. Stuttering a little more than you have to, making your blocks a little bit longer or more difficult, prolonging your slides, all serve to maintain a “safety margin” which allows you to continue working on your blocks effectively. To help you keep from straining for perfect speech, you can make use of the “safety margin.” If you use it properly, you can gain much security about hanging on to the successes that you have achieved.

1. Write down five situations in which you make your stuttering sound worse than you would have to. Do it by sliding on non-feared words. Write down the situation and the number of slides you used.
2. In what kind of situation would it be important for you to maintain a “margin of safety?” Describe how you would maintain your “safety margin” in that situation.
3. How can you develop “safety margin” before an important interview, or conference, or discussion with a superior at work, or a talk with your child’s teacher, etc. Why is this necessary and helpful?

15a. SAFETY MARGIN AND VOLUNTARY STUTTERING

Most of you have spent a good deal of your speaking life trying to put your best foot forward, trying to speak better than you really can. You have spent years straining to talk as fluently as possible. As a result, you feel more tension, anxiety, and pressure. The result is more stuttering and less fluency. This is just another kind of vicious circle.

The basic idea of safety margin is to show the other person at all times more stuttering and less perfect speech than you really can deliver. Instead of straining to be perfect in your speech, or covering up any bad features, don't let your listener hear how good your speech can be. In doing this, you will "over-satisfy" the fear and build for fluency later on. While stuttering openly, you will have the security that comes from knowing you can speak better at any time. This is your "margin of safety".

Stuttering voluntarily is one way of building a margin of safety. You build a margin of safety by stuttering more than you have to. Over-satisfy the fear or do a little more stuttering, voluntarily or otherwise, than you would have to do in each situation. Then you do not have to strain to be as fluent as possible. Over-satisfying your fear and developing an acceptance of your natural disfluencies and bobbles will help you develop your "safety margin." As a healthy by-product of safety margin, you'll become much more fluent.

- A. Keep in two columns situations in which you have over-satisfied or under-satisfied the fear. This is called + margin or a - margin.

List the situations; for example, "Phone call to Bill Thursday PM."

+ margin	- margin
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

- B. In 10 situations each day voluntarily stutter at least 3 times to over-satisfy the fear. Keep a counter with you and count the number of times you voluntarily stutter while in the situation. Note whether you feel more at ease in the situation.

16. DIRECT NATURAL SPEECH ATTEMPTS

Early in therapy we discouraged direct attempts at fluency and helped you learn to scoff at “false fluency”. When you have become more open and have dropped your crutches you may be ready for a next important step: direct attempts on feared words. There’s nothing wrong with consciously directed fluency provided no tricks are being used. At this point you can also begin to work on better phrase emphasis and inflection, more effective use of silences and pauses and other features of effective speaking.

17. ADJUSTING TO FLUENCY

You may be astonished that fluency is anything to which you would have to adjust. Yes, it is a central problem in the consolidation of improvement. Just as in the early phases of therapy you had to accept your role as a stutterer, so in the later phases, you have to accept your role as a more normal speaker. The second adjustment is sometimes bigger than the first one. You have to overcome the feeling that all fluency is false and undeserved. You may even need to accept the responsibility and disappointment that results when you learn that your conquest of stuttering does not magically solve every other problem in life.

18. NONREINFORCEMENT AND CANCELLATION

You will find that there is a motor or instrumental side to your stuttering, as well as the emotional or attitude side. So far we have concentrated on attitude and openness, because that is of first importance. However, for eventually smoother speech, you must begin to do something about the vicious circle of self-reinforcement of your tricks. Whenever you use a trick to get the word out, you are strengthening your habit of using that crutch, and you will be more likely to use it next time. Monitor well enough to sense what is the moment of release, the point at which the fear seems to have subsided sufficiently so you feel you can say the word. This is your main point of reinforcement. Here are three examples of ways to weaken the reinforcement of your stuttering pattern.

1. See whether you can stutter smoothly and openly beyond release. By making your “block” longer you can make it easier.
2. If you find you have used a jerky release anyway, or have used a trick, say the word a second time stuttering more smoothly and openly.
3. Say the word over and over again until you have said it at least once fluently. Be public about it. You thereby bring about reinforcement of a newer and smoother style of stuttering -- and eventually of speech.

18a. CANCELLATIONS AND PULLOUTS

During the course of the semester it has been our aim to help you give up avoidances and to become more accepting in your attitude toward your stuttering; we have tried to show you ways to stutter more openly and to give up struggle reactions in the face of fear. By now you should have made progress in learning to stutter more easily and in learning more adequate responses to fear.

Here are two different ways to change your stuttering into an easier, more comfortable style. One of these is known as a “*PULLOUT*” and the other is a “*CANCELLATION*”.

1. The “*pullout*” is an active attempt, when you are struggling with a word to change into a more comfortable, easy, tension-free way of stuttering. This may seem difficult at first. You will find it hard to catch yourself in the middle of an uncomfortable speech attempt and try to change it. Many of you will continue to rush forward trying to get out the word as quickly as you can. See if you can resist doing this. Tolerate as much of the block as you can in an effort to do something about it. If you are able to do this, you will begin to experience a lessening of your fear and tension in your attempts to speak. More important, you will begin to feel that for the first time you have some control over your stuttering, rather than your stuttering having control over you.

One of the ways you can modify your blocks so they are less tense is to “*pullout*” of them with an easy, relaxed prolongation of the sound. Remember, what you do at the moment of stuttering is all-important in achieving the above aims. Every time that you fail to use one of these methods on a stuttering block you are losing an opportunity to do something about your stuttering.

2. If you find that you are unsuccessful in your attempt to “*pullout*” of a stuttering “block”, and it will be difficult for you to do this in the beginning, an effective way to handle the situation is to make use of the idea of “*cancellation*.” Cancellation simply means to cancel a failure of stuttering in your old way. Then you can cancel by pausing to analyze what you did and stuttering on the word again using one of the new ways of stuttering like a slide or a pullout. Be sure to finish the word the first time before you go back to cancel.

Cancellation can be used in many other ways as well. It can, for example, be used more generally to repeat whole situations in which you avoided or felt inadequate. Go back into such a situation and stutter openly, or “slide” voluntarily on certain words or on a set number of words. This process may be used to overcome fear of particular people or situations as well as individual, habitually mishandled words.

18b. CANCELLING YOUR FAILURES

After you have failed to do something you should do, then cancel this failure by trying it a second time. Examples:

1. After a block in which you have a preformation (be sure to finish the word -- do not stop in the middle of a block) cancel by saying the word again, bringing in the sound.
2. After losing eye contact during a stutter (block), cancel by saying the word again using good eye contact. Try it in the same conversation if possible. Otherwise seek out a chance in another similar situation.
3. Cancel the use of a starter by repeating the word without using the starter.
4. After catching yourself substituting, say the sentence over, using the right word before allowing yourself to continue the conversation. Or admit your failure to your listener as you repeat the sentence with the feared words. Be sure to stutter on the feared word.
5. Cancel a jerky release by saying the word again and letting it out smoothly.

PENALTIES

Sometimes it helps to make you aware of how often you use starters or avoidance tricks if you call them to your attention and penalize their use as follows:

1. Pull your left ear after using “well” or “uh” or some other starter. Do not explain why you are doing this.
2. Confess a substitution to your listener by saying something like this: “I used a stutterer’s trick and substituted there. I meant to say _____.”
3. To put a penalty on bad eye contact during a block, after such a failure force yourself to keep your eyes closed while you say the whole next sentence.

APPENDIX

SHEEHAN POINT OF VIEW ON THERAPY

It is very difficult to explain all about the Sheehan Therapy in a few sentences -- it usually involves hours of training, observation, and practice. But perhaps just outlining the basic ideas and goals will give you a way to approach your problem and to make some positive changes.

- 1) First, one must realize there is no cure for stuttering -- but a great deal of help and a chance to overcome the fears and bad habits which hold the stutterer prisoner.
- 2) You must learn to accept your stuttering -- you can't stop it. The harder you try, the worse it gets. Try to accept the fact that you will stutter and learn to cope with it -- realize it is not just something that happens to you, it is something that you do. This gives you power and allows you to change it.
- 3) Stop trying to hide it from others and especially from yourself. Be willing to talk about it. Get over the shame and embarrassment you feel, and the stuttering will lessen. Accept some stuttering -- everyone does some. Nobody is perfect. Your urge to be perfect must be conquered -- it only makes you worse.
- 4) Don't try to be fluent -- that is a false role for you -- accept your role as a stutterer and be a good one -- stuttering forward, smoothly, saying what you want to say, not changing words or starting over and over.
- 5) See if you can enter situations you have avoided in the past. Avoidance is your worst enemy -- do you avoid certain words, people, situations, etc.? Take them on, one at a time.
- 6) Fluency is not a success -- meeting a challenge is. Saying a badly stuttered word is a success. Not giving up is important. Facing your problem is the only way to reach success as a speaker.
- 7) Keep good eye contact with your listener even when, and especially when you stutter -- another success along your road to recovery.
- 8) Observe other people as they talk -- even "normal" speakers bobble, hesitate, and "stutter" -- give yourself an assignment to count the "stutters" of a normal speaker at home or on TV. You'll be surprised how imperfect the speech can be -- and is never noticed!
- 9) Instead of avoiding stuttering, try to stutter voluntarily. This is not something to do early in therapy and it can become a trick to sound better -- and anything you do just to "sound better" at a given moment is probably not a good solution. Aim to improve your whole approach -- feel proud of yourself when you talk and do not retreat even though you stutter. Overcome your shame about stuttering and overcome your need for fluency.

These ideas sound simple, but are far from it. We work intensively with stutterers -- to explain, demonstrate, practice, accumulate successes, and reduce failures. It means lots of talking.

THE THERAPY IDEAS

1. "COFFEE BREAK"

1. Talk to three people during the coffee break.
 - a. Keep good eye contact.
 - b. Note the crutches you allow yourself to use.
 - c. The main crutch you discovered is _____.
2. Do this: Stutter in five situations without allowing yourself to use your major crutch. What do you observe? What did you do differently?
3. Listen to other stutterers, to yourself, and to the clinic staff while you and they talk about stuttering. Get some examples of the following:
 - a. Speaking as though stuttering were happening to the stutterer. For instance, my eyes close; my jaw gets stuck; it won't come out.
 - b. Speaking as though the stutterer was accepting the responsibility for his stuttering. For instance, I closed my eyes when I stuttered on _____. I closed my jaws tightly when _____. I said the word _____; as I tried to say the word _____ I clamped shut.

2. "NIGHT ON THE TOWN"

Tonight you will have the opportunity to demonstrate in speaking situations outside the clinic the open, comfortable kind of stuttering that you have been working toward developing. These assignments may not be easy for you, but see if you can experience some success with your stuttering; that is, stutter openly and comfortably, without avoidance and shame, and go forward in spite of any fear you may feel.

1. Stop five or more strangers on the street and stutter voluntarily (using both bouncing and sliding) while asking simple directions or informational questions. Stutter forward through any blocks that you have. Your task is to go into the situation without postponing, avoiding, or covering up, and to make a strong, direct speech attempt. (Ideas for questions: directions to a bus stop, stores, streets, the university, medical center, a good place to eat, poll-type questions, etc.)
2. Bystander assignment: Ask a question or carry on a brief conversation with someone so that your stuttering is overheard by other people. Show that you can stutter voluntarily and openly, without embarrassment.
3. The use of silence: At the beginning or during the course of a conversation, stop before saying the next word (a count of seven), long enough to create a "dead silence," and then finish what you are going to say. In doing this assignment, make

use of the silence that you create to observe the reaction of others and to become aware of your own feelings and actions during the silences. Consider it a success if you can remain calm and unemotional during the period of silence, maintaining good eye contact.

4. Engage at least one person in a conversation about stuttering. Gather some reactions from them about your bouncing and sliding. Thank them for helping you with your assignment.
5. Trophy: See if you can enter one situation that is especially challenging for you. Choose something that you would not do if you weren't working on your speech and that is difficult because of the fear you have about doing it. Suggestions:
 - a) Ask for yourself aloud in a gathering of strangers.
 - b) Ask for something ridiculous in a store, explaining in detail what it is and why you want it.
 - c) Are you the stutterer I met the other night assignment?
 - d) Keep others waiting in line for a bus or at a theater while you ask a question, a second question, etc.

See how much you can continue "Night On The Town" activities during the week.

3. "CAMPUS NIGHT"

Tonight, you are going to have the opportunity to practice some of the ideas presented to you at the clinic. Maintaining eye contact, observation of your listener, stuttering openly, and monitoring should be part of each speaking situation you enter.

Pick a member of the group to be your partner. He will observe you; you, in turn, will observe him carry out his assignment. In this way, you can give and get feedback.

It is very important that you plan ahead exactly what you are going to do before entering each speaking situation. You are successful if you follow through with your plan. Do not change your plan at the last moment in order to avoid difficulty.

We suggest that you enter the following speaking situations:

- 1) Enter five situations in which you maintain eye contact and stutter openly. Let your listener see that you stutter.
- 2) Bystander assignment -- to show that you can stutter openly when someone other than your listener overhears you. Ask a question or carry on a brief conversation with someone so that other people (or person) can hear you stutter.
- 3) Two situations in which you delay, at least to the count of 10, starting to talk.

When you return to the clinic, we will all meet to discuss your experiences.

IDEAS ABOUT HELPING THE YOUNG STUTTERER

Parents always want to know what they can do. The following ideas will suggest attitudes and activities which can change the environment for a child, and in doing so will help to lessen the need for stuttering and provide good support for any therapy which may also be undertaken. It may even eliminate the need for formal therapy; but please understand that the stuttering has been developing slowly and will retreat slowly. Try to help by applying the following suggestions.

1. Listen to what your child says -- not to how he says it. Show a sincere interest in his thoughts. Let him know how important he is to you.
2. Let him speak for himself. Don't say words for him; don't interrupt -- let him finish. Keep others in the family from talking for him.
3. Look at him, especially when he is struggling to talk to you. Encourage him to look at you too.
4. Don't praise for being fluent. It is better to say how glad you are that he told you something, or that he didn't give up when it was hard for him. Keep him wanting to talk.
5. Insist on turn taking with other children; but don't demand answers: just encourage participation in family talking and sharing.
6. Beware of time pressure. It becomes internalized and the child begins to put it on himself, feeling that he must hurry if he wants to say something.
7. Beware of perfectionism -- yours, as well as the child's.
8. Don't give advice about talking. Don't suggest he slow down, take a breath, think about what he has to say, pause before beginning, etc. All these well meaning suggestions lead to more crutches and avoidance.
9. Model easy speech -- unhurried. Don't answer questions quickly. This does not mean abnormally slow speech -- maybe just speaking shorter phrases without time pressure appearing to urge you on.
10. Stuttering is really a simple repetition or prolongation of the first part of a word -- without struggle or forcing. It can be more like the normal disfluencies of "normal" speakers. To get your child to stutter easily without fighting it, without shame, without guilt, is the aim of good therapy.
11. The behaviors called stuttering you see are learned as the child tries to stop stuttering. They are tricks or crutches grasped in a desperate attempt to not show any stuttering. They are distractions for him and he becomes addicted to them even though they do not help.

They are the things which are ridiculed and laughed at. They are unnecessary, but can become bad habits which are difficult to overcome. We cannot expect the child to stop using them rapidly or easily. Seek the help of a therapist for any direct work

on habits and follow guidance. Just relieving pressures as suggested in other items on this list will automatically lessen the need for the child to struggle and use tricks.

12. Fluency will be a by-product of easy stuttering and the reduction of fear.
13. With a very young child, don't label his speech as stuttering; but probably a seven year old will already be aware of the word. In either case, don't be afraid to talk with your child about how he feels about talking. He should know that you understand. He should not be made to feel you are uncomfortable or ashamed -- or he will try hard not to let you hear him stutter.
14. Encourage activities he likes and social activities outside school, but don't push. Ask yourself if all the different appointments for extra-curricular lessons are truly necessary. His circuits may be overloaded.
15. Don't tell your child he will outgrow his stuttering. Most may, but only if they continue to talk without giving up or using avoidances. Have him realize how he and you can help him overcome his handicap if he learns to communicate even though he stutters.
16. Never punish stuttering or reward fluency. No comments about how fluent he is with someone else or how much trouble he has with another person. Let him tell you, and you listen.
17. Just having the child practice fluent speech in song, poetry, reading, or in memorized selections will not spread fluency. Participation in such activities may just be fun and a relief; but they don't cure.
18. Stuttering is not just an attention-getting device -- but stuttering should not become an excuse for getting out of doing something. Figure out a lesser load as far as talking is concerned.
19. Don't urge the child to control his speech. He can't, and will only resort to crutches to try to please you. This is implied pressure.
20. Build confidence in the child, not confidence he won't stutter, but confidence he can communicate even though he stutters.
21. The following are frequent implied parental urgings which are put on children, whether they stutter or not (and all of us as parents are guilty). Just recognize these behaviors and do your best.
 - a. Be perfect. (You did it wrong and you should do it right).
 - b. Be strong. (Don't yield to emotion - don't cry - feelings are a sign of weakness.)
 - c. Hurry up. (You are taking my time - I can't wait for you).
 - d. Try harder. (What if the child is already trying his best? He will be frustrated, have a deep sense of failure and suffer a loss of self worth; and he may stop trying at all).
 - e. Please me. ("Do it for me" tends to translate into "Do it if you want me to

love you.” The opposite, “How could you have done this to me?” has the same effect.)

22. Don't make the child's speech a performance. Don't say, “Tell grandma what you said.”

AVOIDANCE-REDUCTION THERAPY: A RESPONSE-SUPPRESSION HYPOTHESIS

METHOD OF JOSEPH G. SHEEHAN AND VIVIAN M. SHEEHAN

We have come to believe that stuttering is perpetuated by successful avoidance (Sheehan, 1983), by the successful suppression of outward stuttering behavior and the substitution of false fluency, or by inner patterns of stuttering.

With some individual variability, stutterers appear to have the capacity to suppress the outward appearance of their stuttering, producing an apparent reduction in frequency. We assume that response suppression is a central continuing cause in maintaining stuttering behavior. This suppression of outward stuttering behavior may temporarily “make the stutterer seem better”; actually, it moves into a retreat position that makes ultimate recovery enormously more difficult.

The suppression of stuttering behavior has given rise in current literature to curves showing how much the stutterer has improved, or how much fluency has been “established.” But at the end of this process, the stutterer is farther from a true recovery, not closer.

Though space does not permit us to develop it here, we hypothesize that stuttering becomes fixed or established in childhood when the stutterer learns successful suppression techniques. It is not so much frustration -- though that is a contributing factor -- or the successful use of tricks or crutches, though that is enormously important. Rather, the basic step is the learning of a suppressive mechanism.

This formulation is quite different from previous theories to the effect that stuttering results from the unsuccessful attempt to avoid expected stuttering, and it is different from the anticipatory struggle hypothesis of Bloodstein. It is not the struggle, but the successful avoidance of struggle that perpetuates stuttering. How is this possible? Through successful learning of a suppressive mechanism.

The suppressive hypothesis is consonant with and is a new part of the double approach-avoidance conflict theory of stuttering. Avoidance reduction is even more basic as a vehicle of therapy, improvements and recovery. Openness is a key to success, and suppression is a toboggan ride to failure.

We have seen enough relapses of the therapies of Schwartz and of Webster, although we do not mean to lump these in together, to be fairly sure that when response suppression is the basic vehicle of therapy, then relapse is inevitable. The consequences are that the stutterer is even more distant from a final solution to his problem.

Therapy also depends on the person, and we recognize this in ours. It depends on his motivation, personality, capacity for change, and the role that stuttering plays in his life. In our therapy the program is not the dominant feature but the person is. We do, of course, have a core of clinical methods, of clinical assignments, of role-taking activities. The therapy has always been an early form of behavior modification therapy. It is a social-psychological

therapy and fits in well with traditional psychotherapy, and any therapy in which there is a focus on understanding the person and an interest in his motivations and goals and ultimate successes.

All therapies are subject to arrangements: The frequency of meeting, age, family involvement in therapy, motivation, neurotic resistance, the giant-in-chains complex, which often lead to relapse even in the best of therapies. However, we feel that our relapses are closer to coming out of it again; that our people do not fall all the way down to ground zero; and that even with relapse there is still residual improvement. Moreover, there is a very clear directionality in the therapy. Get rid of avoidance, whatever the source. Stop pretending. Stop covering up from your listener, and stop trying to fool yourself and others that there is no problem. If you can really get a stutterer to do this, it has enormous potential for change. So we would argue that some of the suppressive therapies are not only temporary in effect and futile, but actually really harmful, in the sense that they encourage false hope in a technique that cannot help but fail. And that they move the stutterer away from eventual recovery by increasing his suppressive skills. He needs to decrease them and to be open. The techniques and steps in the avoidance-reduction, action-taking therapy that we have devised have some overlap with those of Van Riper, but it is really very different from Van Riper therapy.

For one thing, we do not use the control concept, and we try to set up Avoidance-Reduction as the main and almost the sole vehicle of therapy. We do teach stutterers how to stutter. And we point out the uselessness of the tricks they are using. And we point out the phonetic irrelevance of stuttering behavior.

We have sometimes tried to group our therapy into stages and it appears to work for some groups and for some stutterers. These stages are in general: First, Self-Acceptance Phase; second, Monitoring and Exploring; third, Initiative Phase; fourth, Modification of Pattern Phase; and fifth, Safety Margin Phase.

The Self-Acceptance Phase also begins with eye contact so it is not purely a cognitive activity. We especially emphasize silent eye contact before speaking. Contact, incidentally, isn't necessary; it is sufficient that the stutterer look at his listener. He needs to feel free to discuss his stuttering and the therapy, to conduct a "Gallop poll." He needs to explore his own feelings of shame and guilt in group discussion following assignments in meeting people on the outside. He needs to learn capsules of information on stuttering. Even intellectual processes in the case of stuttering may facilitate motivation and assist in therapy. The stutterer needs to understand that he is going to be changed, however, by action, by role-taking, and not by thinking bright thoughts in an armchair.

Monitoring, the second phase, is, for us, purely a sensory phase. It does not imply control and it does not imply suppression of stuttering frequency. It is a matter of becoming aware of what you are doing at the time you are doing it. It is a term that we used early and borrowed from the space program.

The third phase, Initiative, actually continues all the way through, as do all of these phases. It is a matter of, "Don't wait for fear to descend upon you; go out into situations and seek out fears and seek out difficulties. If you should stutter in the process, it will not be a tragedy, because stuttering is not a failure, fear is not a failure, and by initiative you can give yourself more moments of stuttering with which to analyze and with which to modify."

Fourth, the Modification of Pattern Phase is always in the direction of openness. This is an opening-up type of therapy. It is never in the direction of trying to sound better as far as the listener is concerned. Often we encourage the stutterer to sound worse to the listener as in the Safety Margin, the last phase of therapy. While we use voluntary stuttering, we do not use the duplication of the true stuttering pattern, nor the bounce, but we use a smooth pattern which we call “the slide.” We encourage the stutterer to try to stutter more easily, using the slide, not to suppress stuttering but to be more open in the style of doing it.

The last phase, the Safety Margin, is an effort to keep a margin between the pressures for fluency which are inherent in any situation in which the stutterer has to speak and his capacity to deliver that fluency honestly. He is to use a slide on non-feared words easily and effortlessly and not let his listener know how fluent he really can be. It is actually concealing some of the fluency instead of concealing some of the stuttering.

The results are tremendously different because the stutterer, who is already stuttering more openly and easily than his fear calls for, will be very secure in speaking. Eventually he gets a total freedom from blocking and a total freedom from fear. This is the product of the renunciation of the successful suppression of stuttering and the ultimate result of therapy when it is carried out conscientiously, thoroughly and to its logical end.

The data that are produced by many of the behavioral suppressors are not recovery figures; they are suppression figures. The indecent scramble for ever and ever higher percentages, like 90 or 89 or 93 becomes totally meaningless. We suggest that the figures published on the “establishment of fluency” are mostly behavioral suppression figures and not ultimate recovery figures, and that the more successful the suppression, the less the chance of eventual recovery.

EXCERPTS FROM THE WRITINGS OF JOSEPH G. SHEEHAN

Memorial Service, November 26, 1983

Human problems are largely communication problems. We grope for words to express our meanings and are never entirely satisfied with the result. Imperfect though they are, we can at least convert our word choices into speech. In that last sense, speaking is an easy process, and many are glib with nothing to say. But for the child or adult who has developed the problem called stuttering, the production of a spoken word can be fraught with dread and difficulty. The experience of stuttering is like a slice of life -- a mixture of comedy and tragedy.

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Stuttering is a disorder of the social presentation of the self. Basically, stuttering is not a speech disorder but a conflict revolving around self and role, an identity problem. The stutterer typically has no difficulty when alone -- a striking and significant feature of the disorder. He can speak freely then, for communication with other human beings is not demanded. Even when with others, he is a stutterer only when he talks -- an ancient joke that really tells us something important. For stuttering is role-specific behavior. It is specific to the speaker role and to the listener relationship. Just as it takes two to tango, it takes two to stutter. A listener, as well as a speaker, is required.

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Compared to the extreme meagerness of Freud's references to stuttering, there is a fairly abundant proliferation of formulations on stuttering from followers of Freud. The disciples have not hesitated to rush in where the master seemed reluctant to tread. Nor have they always agreed. Coriat has argued that the stutterer is primarily oral, while Fenichel argued that he is primarily anal, a discrepancy suggesting that these two may have been trying to peer into their subject from opposite ends.

Lest the majestic authority of Freud be invoked too readily to bolster what may actually be a current analytic view, it might be well to recall Freud's own apt disclaimer: "As for me, I am not a Freudian."

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Stuttering is not a unitary disorder but a cluster of disorders of varying degrees of complexity and relatedness. Stuttering is a bog one can enter from many different pathways,

and from which one may find a variety of exits. Many roads lead to Rome and to and from stuttering.

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The handicap of stuttering is traditionally defined in terms of the blockings, repetitions, mouth posturings, and grimaces that the stutterer goes through in trying to utter a word, but it is much more than that.

A stutterer is one who does not know where his next word is coming from. Moreover, he does not know when the next situation will arise in which he will need that word. Even his fluency may give him little more than a feeling of thin ice. The to-be-or-not-to-be, to-speak-or-not-to-speak is always with the stutterer, and from this gnawing, pervasive uncertainty springs the major portion of his handicap.

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Stuttering may be likened to an iceberg, with the major portion below the surface. What people see and hear is the smaller portion; far greater, and more dangerous and destructive, is that which lies below the surface, experienced as fear, guilt, and anticipation of shame. For an adult or an adolescent mature enough to tolerate it, public presentation of the self as a stutterer has major therapeutic effects. The portion of the iceberg exposed to the sunlight of public view melts away more quickly.

When the stutterer attempts to deny his stuttering behavior and to represent himself as a fluent speaker (which he is part of the time), he then creates tensions relating to fear of failure of the role expectation. But by experiencing his stuttering, a stutterer can get over his shame. By getting more of the stuttering behavior above the surface, the total amount of fear and handicap may be reduced.

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In terms of its simplest aspects, what we have to account for in stuttering is a momentary blocking. Almost mysteriously the stutterer is stuck on a word, and then, for reasons just as baffling, he is able to continue. An explanation of stuttering must account for these twin features of the stutterer's behavior.

Most theories of stuttering have focused on the hesitancy, on what produces the blocking. But from the standpoint of systematic theory as well as therapy, it is just as important to explain termination of the block as the block itself. Two questions then become essential in the explanation of the stutterer's behavior: (1) What makes him stop? (2) What enables him to continue? In response to these twin questions, two central hypotheses may be stated:

1. The conflict hypothesis. The stutterer stops whenever conflicting approach and avoidance tendencies reach an equilibrium.
2. The fear-reduction hypothesis. The occurrence of stuttering reduces the fear that elicited it, so that during the block there is sufficient reduction in fear-motivated avoidance to resolve the conflict, permitting the release of the blocked word.

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The conflict in stuttering is not simply between speaking versus inhibiting expected stuttering. In the double approach-avoidance conflict situation, there is both a conflict between speaking and not speaking and between being silent or not being silent. The avoidance does not come primarily from the fear of stuttering as such but from the competition between the alternative possibilities of speech and silence, with the stuttering a resultant of this conflict.

Speaking holds the promise of communication but the threat of stuttering; silence eliminates temporarily the threat involved in speaking, but at a cost of abandonment of communication and consequent frustration. Many stutterers show a fear of silence, and filibuster furiously in their speech to keep any pause from becoming dangerously long. Since most stuttering occurs initially, silence plus initiation of speech becomes a conditioned cue for the painful experiences of anxiety and stuttering.

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The listener, as well as the stutterer, is caught in a conflict. What should he do when the stutterer is struggling? Should he watch the debacle or avert his gaze? Should he help the stutterer with a painfully obvious word or let him flounder? Should he give some friendly recognition to the difficulty, or help the stutterer pretend it isn't there? Knowing little about the disorder, he gets his cue from the stutterer himself. Through the interplay of perceptions, the listener concludes that stuttering must be something shameful and joins the stutterer in pretending that nothing is out of the ordinary. By engaging in a false role, the stutterer draws his listener into an equally false role. In the manifest experience of his conflict between going ahead and holding back, the stutterer inadvertently places the listener in a conflict as well.

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Two assertions frequent in the literature are that stuttering is attention-getting behavior (especially as it first appears in childhood), and that stuttering is perpetuated by the sympathy it arouses. Interestingly, neither assertion appears prominently in the writings of those who have gone through the experience of stuttering. Those who stutter report clinically that overprotection is the hardest to bear of all audience reactions, that it is experienced by them as a rejection, and that other forms of rejection are at least as frequent as sympathy. As for the thesis that stuttering is a negative bid for attention, why then doesn't the stutterer display his

symptoms more freely and easily? Avoidance is characteristic of even the young child stutterer who develops the slightest awareness.

Stuttering involves a primary loss -- a defeat of the ability to communicate. Whatever “gains” accrue to this loss are secondary indeed. With the onset of the problem called stuttering, the primary loss far outweighs anything that may later be rationalized as a secondary gain. An amputee veteran may experience some sympathy (most of it unwelcome) along with a multitude of frustrating social reactions. But does the gain exceed the loss? Would he trade back, given the opportunity? These are the questions that must be asked of the stutterer. Consider how eagerly the stutterer has grasped for every straw of distraction that yielded quick fluency and the temporary illusion of cure. In considering whether secondary gain is a “reinforcer” for stuttering, we must not overlook the primary loss.

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Efforts to prevent a consequence can sometimes bring it about. We have used the plank-walking analogy. Anyone can easily walk across a 2-by-4-inch plank placed across the floor. But if it were placed between two tall buildings, or across a chasm, one would be in danger of falling off from the very effort engaged in trying to prevent it. For a stutterer, increased efforts to keep from falling off the fluency plank only increase avoidance behavior, associated conflict, and resultant stuttering.

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Every stutterer becomes in time a “walking museum,” or perhaps a “talking museum,” of those crutches, devices or mannerisms he has employed to conceal his stuttering. The history of the stuttering pattern of any one individual is clustered in what he does each time he stutters. In the adult, unraveling the tangle of false behaviors is a major goal of therapy.

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Stuttering is a complex problem whose nature forever tempts people to offer simplistic cures. Even intelligent people who should know better are taken in, or ensnare themselves in the unreasonable belief that a complex problem must have a quick and easy solution. But too much is known of the complexities of the disorder -- and for that matter, of human nature -- to entertain that hope intelligently. Self-presentation via speech is always going to be difficult for some, depending upon how they feel toward themselves and toward significant others. That kind of problem will and can never be “solved” by a simplistic gimmick -- or even a complex gimmick.

The problem of stuttering cannot be adequately defined in terms of disfluency counts or speech interruptions. Stuttering is always the problem of a person. Unless we understand the person, we will not understand the problem. In many cases the frequency of stuttering

is a trivial fact with reference to the totality of problems the person has. To understand the person, the stuttering behavior is not the only behavior in which we should be interested.

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By far one of the most important statements we can make about the disorder is that the majority of stutterers are able to speak most of their words fluently. Fluency is a fair-weather friend that deserts the stutterer when he needs it most: to say some thing important to some one important. His speech is the tire that appears to be flat on only one side, but the condition means that he can't count on getting there.

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All of us resist change, and the stutterer in therapy is no exception. Most stutterers have learned to be wary of efforts to help them, for so many useless suggestions are freely offered by anyone. Although such initial resistance is virtually a part of the presenting problem, the really substantial resistance is likely to come following a certain amount of progress. The stutterer who moves easily at one stage in therapy becomes unaccountably bogged down at another. Apparently, improvement and recovery in themselves involve role changes calling for difficult adjustments. The stutterer may become disappointed in the results of his new partial fluency, due to the loss of protective functions and secondary gains. He finds that he is not a "giant in chains" but an ordinary mortal who has many other limitations which had been obscured by his stuttering along with some of his capabilities. He discovers that there are two ways to be disappointed in life. One way is not to get what you wish for. The other way is to get it.

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What a therapist offers a stutterer is much like the teaching a parent offers a child -- part of it will be lost, and part may have great impact, but you cannot foresee which part will be which.

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One school of clinicians asks the stutterer to accept for purposes of therapy the role of stutterer long enough to study, recognize, monitor, modify, and eventually eliminate the false-role behaviors that comprise the vast bulk of the stutterer's handicap.

The other school, and a much older one, is the avoidance-cultivation, or distraction, method. It aims to prevent stuttering through active interventions to induce immediate fluency, to "establish" or nurture fluency in a sheltered "laboratory" environment, then to

transfer the programmed fluency and to maintain it.

With therapies that aim at the prevention of moments of stuttering, and the stretching of fluency through the cultivation of avoidance of difficult situations, there is never an assurance of a method for meeting future fear and failure. By their very nature, such therapies increase the penalty on stuttering, the avoidance component, and the conflict. That they work for a while at all is probably due to the novel-stimulus effect, or distraction principle. This means that their half-life is far less than the stutterer's full life.

The cultivation of fluency and suppression of stuttering behavior appeals to the worst in the stutterer: his tendency to deny the problem, to cover up, to conceal. And unless the cover-up is complete -- in itself a fantastic and unlikely achievement -- the stutterer will be worse off. His avoidance tendencies will have been strengthened.

The therapist needs to be on the side of the id, to accept the fears and failings of the client, not just to demand more perfection in performance. The stutterer has already had plenty of that. If it worked, he would not be there for therapy. Aiming for perfect fluency and encouraging denial of the stutterer role is merely a way of ensuring that the behaviors will continue.

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Competition in the marketplace of ideas and research findings is decidedly healthy; different ways of looking at the problem may be explored, and alternate hypotheses checked out. When we enter the matter of a competition on cure claims, or reported fluency "established" percentages, however, it is quite another matter. The crassness of the marketplace then enters in. Since commercial fame and publicity is heaped on those who report a new cure or an astoundingly high success percentage, a reinforcing state of affairs is thereby set up for success claims. The higher the better, the more sensational and attention-seeking. Although it is the victims of stuttering who are most frequently charged with attention-seeking, it is the experimentalists reporting spectacular results who are most often guilty of it.

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SHORT COURSE IN DIAGNOSIS AND TREATMENT OF STUTTERING: CONFLICT THEORY AND AVOIDANCE-REDUCTION THERAPY.

SUMMARY

1. Stuttering is viewed as a double approach-avoidance conflict, having its origins in the role uncertainties of the child.

2. As a role conflict and an approach-avoidance conflict, stuttering behavior is a result of opposed urges to speak and to hold back from speaking.

3. In the double conflict, there are competing tendencies for approach and avoidance toward speaking, as well as approach and avoidance toward silence. The stutterer fears silence, as well as speech.

4. Principal hypotheses concerning stuttering behavior spring from two fundamental questions: (a) What produces blocking? (b) What determines release?

5. The conflict hypothesis: The stutterer blocks or stops whenever conflicting approach and avoidance tendencies reach an equilibrium.

6. The fear-reduction hypothesis: The occurrence of stuttering reduces the fear that elicits it sufficiently to permit release of the blocked word, resolving the conflict momentarily and, enabling the stutterer to continue.

7. The fixations and oscillations found in organisms cast in approach-avoidance conflict situations are strikingly similar to repetition and prolongation, often called the primary symptoms of fluttering.

8. Secondary stuttering behaviors appear chiefly to be instrumental response clusters adopted in a compensatory effort to go forward in the face of avoidance tendency or to reach the goal by a roundabout route. The stuttering pattern is reinforced as serial behavior, moves forward in the response sequence, and becomes overlearned, like a skilled act.

9. In this manner, stuttering behaviors are periodically reinforced, and anxiety is "bound" within them. Stuttering is perpetuated by instrumental escape and avoidance behaviors, but tends to disappear when approach behaviors are strengthened.

10. In 80 percent of the cases in which it begins, stuttering is not perpetuated, but disappears without treatment by the time the person reaches college, provided he has faced the problem.

11. Principal ingredients in the psychology of stuttering include the following: Self-esteem threat, excessive role demand, intellectual-achievement pressure, shame, guilt, anxiety about oneself, fear of failure in speaking, self-imposed time pressure, authority threat, compulsion to continue speaking once started, use of fluent asides and other false-role behaviors, maintaining flimsy pretense with the listener that nothing is out of the ordinary,

frustration over primary loss of ability to communicate, occasional use of stuttering behavior as a power operation against the listener, and the ego-defensive function of the handicap in keeping the possessor out of demanding role expectations.

12. Stuttering is not a unitary disorder, but a role-specific behavior that can be carried by individuals with widely differing personality dynamics. Possible subtypes of stutters may be obscured by the group comparisons necessitated by statistical control.

13. Although no specific factor has ever been reliably isolated, the possibility remains of a physiological or genetic predisposing factor that vanishes or ceases before adulthood in 80 percent of the cases. Though scientifically unsatisfactory, this conclusion is made inevitable by certain persistent census-type facts: (a) universality of occurrence, (b) universal age of onset across cultures, (c) significant tendency toward spontaneous recovery or remission at puberty, (d) 25 percent familial incidence, and (e) overwhelming predominance of maleness (four- or five-to-one).

14. Despite possible predisposing factors, nearly all of what is visibly and audibly observed as stuttering behavior is learned both by emotional (classical) conditioning and by instrumental, or motoric, conditioning. Just as speech is principally a learned skill, so is stuttering.

15. Stuttering may be considered as an example of homeostasis reversal, of antihomoeostatic (positive) feedback.

16. Therapies may be divided into two classes: (a) distraction, or avoidance-cultivation, and (b) avoidance-reduction. The first was rejected, for distraction therapies have the adverse effect of increasing the avoidance tendency responsible for the stutterer's conflict, while offering him no means of coping with future apprehension and relapse.

17. Stuttering makes its first appearance in childhood, at a time when the child is speaking upward to adult authority, upward on the status dimension. A status-gap hypothesis specifies that stuttering varies with the twin factors of speaker self-esteem or status compared to listener authority or status.

18. With young children, members of the family are members of the problem and must be worked with to alter the demand-support ratio in the direction of reduced demands and increased support.

19. With adolescents, it is often necessary to combine the family therapy used children with an adaptation of adult avoidance-reduction therapy.

20. With adults, the basic goal of therapy is the total reduction of avoidance, including all tendencies to hide, conceal, use tricks or crutches, or deny the stutterer role. Paradoxically, role acceptance as a stutterer eliminates much of the false-role behavior that comprises stuttering, and leads toward more normal speech.

21. When stuttering is viewed as an approach-avoidance conflict, total avoidance-reduction is the basic and essential goal. Avoidance-reduction therapy for stuttering involves a role-taking therapy, a psychotherapy through action. Since psychotherapy and avoidance-reduction therapy both seek to reduce "holding-back" behavior, they are compatible, both in theory and in operation.

RELAPSE AND RECOVERY FROM STUTTERING

CYCLIC VARIATION

To grow up as a stutterer means, among other things, to experience intervals of relative fluency filled with hope, followed, by episodes of blocking filled with despair. We ride the roller coaster of cyclic variation with eternal optimism. In that sense, relapse from fluency is something we have known all our lives. Surely we must have learned something about what makes these intervals seem to come and go, as though we were children of an inexorable fate.

LAWFULNESS

Let's understand that stuttering behavior is lawful behavior. To the layman, what the stutterer does looks like random or disorganized behavior -- a hodge-podge. But what the stutterer does is highly patterned, depending to some extent upon the sound characteristics of the word. Stuttering behavior does follow general laws of behavior, even though that fact may not be readily apparent when we are confronted with the sheer irrelevance of the stuttering pattern to the speaking of the word.

Although stutterers exhibit great diversity and are far from being a homogeneous group, most of what we see and observe as stuttering behavior has been learned. The person wasn't born with it. It has a reinforcement history. It didn't just happen.

The stuttering pattern itself is the product of long years of shaping, of the irregular reinforcement of some tricks or grimaces or responses at the expense of others. Learning and conditioning principles underlie both the development of the stuttering pattern, and its perpetuation. The average stutterer is caught in a self-reinforcement pattern, or vicious circle, in which the laws work against him, or against her. Can we learn to identify sources and causes of relapse and to make those laws work for the stutterer, rather than against the stutterer? We believe we can.

ASPECTS OF RELAPSE

First, we need to consider some dimensions of the problem of stuttering, as experienced by individuals who have that problem. Second, we need to consider varieties and sources of relapse. Third, we need to consider some more or less immediate ways out of relapse. Fourth, we will deal with the pervasive and often unrecognized problem of adjusting to improvement or recovery, of accommodating to the unaccustomed role of mostly normal speaker. Frequently that accommodation is more difficult than the adjustment involved in making progress initially.

BEHAVIOR ABOVE, FEELINGS BELOW

The handicap of stuttering is fairly divisible into twin aspects of feelings, on one hand, and behavior, on the other. Much of the behavior is visible above the surface and is directly observable to the listener. This is the above-the-surface portion of the iceberg of stuttering—at least, a major part of it.

The feeling portion of the handicap is less accessible to the listener, and consists of heavy loads of fear, guilt, dejection, and the like. Such feelings do have their behavioral representations, more so in some stutterers than in others.

PUBLIC AND PRIVATE STUTTERING

Stuttering is a problem in which efforts at concealment and avoidance become conspicuous features of the problem itself. Defensive maneuvers tend to be the most revealing features in any personality; most of us are not well-equipped to conceal our central facets.

Nonetheless, a few stutterers achieve a fine expertise in poker face, poker voice, and poker body language. Such successful denials of the stutterer role become locked into the person's life style, and furnish nutrients for a lush undergrowth of falsity.

Thus stuttering has a public aspect and a private aspect. When we speak of handicap, we must take into account both aspects. Ditto for therapeutic improvement. Ditto for relapse from that improvement. It is astonishing that these two aspects have been so confusingly intermingled in the vast existing literature.

CLASSICAL VS. INSTRUMENTAL CONDITIONING

The public and private aspects of stuttering, roughly divisible into behavior and feelings, seem to have been acquired on the basis of two different kinds of learning: classical conditioning and instrumental conditioning. Operant conditioning is a term sometimes used for the instrumental type.

The classical or Pavlovian kind of conditioning covers fear or anxiety, guilt and shame, and physiologically involves the sympathetic nervous system with its smooth muscles and gut or viscera. Attitudes and feelings are mostly acquired through this kind of conditioning, and most of that portion of the iceberg under the surface is covered.

Instrumental conditioning covers the motoric or skill side of stuttering, the more or less overt behavior the listener sees. Timing movements, “uhs,” facial grimaces, overly wide mouth openings, head movements, or forcing or general muscle tension relate more to the instrumental type. But you can't understand stuttering by just looking at those two types of conditioning.

For one thing, the instrumental behaviors are always more available and more easily countable. The feelings of the stutterer are much harder to assess. So in a great many therapy

programs, only the outward stuff counts. But we suggest that it's the stutterer who counts, and what's going on inside him that counts even more. That's true for anybody, with or without a handicap: what goes on inside is centrally important.

SUPPRESSIVE CONTROL

Therapies that aim merely at suppressing the outward occurrence of stuttering tend to do things to the inner occurrence of stuttering. Even in the absence of suppressive therapies, we find implicit stutterers or inner stutterers, who have learned suppressive skills extremely well. They don't sound too bad, but they go through agonies of anticipation of what might happen. Response suppression has a cost, and the internal cues that mediate stuttering behavior do not automatically vanish because a few moments of stuttering are suppressed.

The kind of person who has the stuttering may be more important than the amount of stuttering the person has. And for a great many people, stuttering is not their worst problem. Too often, clinicians are trained to think of a person who stutters in terms of the frequency of the stuttering behavior. The result is that the person and his or her individuality tends to get lost in the shuffle. In this illusion the clinician is aided and abetted by the stutterer, who frequently suffers from the same misconception.

ATTRIBUTION

Because stuttering has a sometimes high, if intermittent social visibility, all problems tend to be attributed to it. As part of this attributional set, the feeling aspect of stuttering easily gets ignored, especially in the operant literature. The operant people say, we're going to be very scientific and just stick to observables, which is all right to a point. But it's like saying, "We're only going to search for gold where it's convenient for us to search." The inner experiences and feelings of a stutterer are far less accessible to observation, especially in terms of the assessment of results. A notable exception to this dismal trend is Gregory's carefully designed assessment of the results of stuttering therapy [Gregory, 1972].

In a broad sense, there is always a psychotherapeutic aspect of therapy for any stutterer, because the person and not just his designated problem should always be the central focus of therapy. The speech-language clinician may still be a therapist of choice in many cases, provided that he or she is willing to understand the person. Knowledge of the problem of stuttering is vital as well. That implies interest in more than the block-count.

AVOIDANCE

Stuttering is perpetuated largely by successful avoidance. To be sure, not all evasion that is attempted is successful. We fail even at being cowardly. The situation descends upon us, and somehow we flounder through it. Reality forces us to face the task of speaking, even when

we're doing it miserably. As a stutterer, you can retreat from speaking and you can forgive yourself for your weakness and cowardice. But the behavioral laws governing stuttering will not be equally forgiving. It's like the unforgiving sea. Make a mistake, and the consequences are relentless. Continue to make them -- continue avoiding words and situations -- and you have the problem forever. You may let yourself off the hook for the moment, but you build yourself a much bigger problem later on.

You find any stutterer who is still stuttering severely, or who has relapsed, and you'll find that he cheated on the principle of avoidance-reduction. In response to fear or anticipation he weakened, and yielded to the temptation to pretend that the problem didn't exist, we are always telling our stutterer's groups, "In a real sense, you continue to stutter because you give up when the going gets tough."

ADAPTIVE AVOIDANCE

Of course, there is an adaptive function to avoidance. We avoid common dangers and it helps us survive. The social situation avoidances of a stutterer can keep him from making a bad impression on his boss, or being turned down for a date, or from having to deal with the telephone, etc. But avoidance of feared social situations is quite different from avoidance of common dangers, and has different effects. Avoidance of speaking situations tends to increase the fear of the situations avoided, and others like them, when we shrink from the things we fear, we cannot test the reality of what would happen if we gave ourselves a chance to succeed -- or to fail. Even when we experience momentary difficulty in tackling fears, there is a meeting of current reality, and an opportunity to profit from that meeting.

SHORT STEPS AND LONG GOALS

It's probably all right for a speaker to avoid a speaking situation, provided he's not a stutterer. If he's a stutterer, then he ought to tackle it, if possible. Of course there are limits to human endurance and courage, and one can carry this Spartan regimen only so far. Neither Rome nor Avoidance-Reduction Therapy was built in a day. A severe stutterer cannot be expected to head squarely into every challenge that comes along, at least not in the beginning. There is a difference between the ultimate goal, and the smaller steps that lead to it. Challenge/Support ratios and Success/Failure ratios must always be maintained on the side of predominant success. Avoidances usually need to be reduced gradually, and fluency will spread gradually in response. For both the stutterer and the clinician, often it is not courage that is lacking, but patience.

SOURCES OF RELAPSE

1. False Fluency.

This form of fluent experience is so common to stutterers that very few of them ever

have to have the term defined. Stutterers themselves tend to be excited only momentarily by episodes or intervals of false fluency, for they know that nothing fundamental has happened. We would define as false, any fluency that results from the successful use of avoidance devices, such as an assumed foreign accent, or clowning behavior. Listeners and sometimes stutterers themselves occasionally delude themselves that such false roles constitute improvement. Relapse in such cases is so certain that the term is hardly applicable. When there has been no real improvement, based on some basic alteration of the stuttering or speaking pattern, or of the cues eliciting these patterns, return to previous state is automatic. We mention this source for the sake of completeness, to portray an illusion probably more common in listeners than in stutterers.

2. Suppressively Based Fluency.

Although overlapping with the False Fluency category to some extent, some different processes may be involved. Some stutterers may be observed to exhibit an ability to suppress the outward occurrence of blocking for at least brief periods of time. Since it is not always obvious that distractions are being used, this perhaps deserves separate mention. But response suppression can carry the stutterer only so far. When the level of stimulus complexity builds up beyond threshold, the stutterer experiences “The Return of the Repressed.” A reversion to baseline frequency is so inevitable that relapse must be viewed as an integral part of the process.

3. Return of Older Attitudes and Habits [Jost’s Law].

The basic statement of Jost’s Law is that when two habits are of approximately equal strength, but are unequal in age, at any given time in the future the older will be stronger, provided that neither is practiced in the meantime. The newer attitudes and learned behaviors acquired during any kind of therapy tend to be much younger than the handicapping learned behaviors that they have at the moment eclipsed. All the stutterer has to do to relapse is to rest on his oars. The fact that the newer habit is dropping at a much faster rate will ensure that he will have a relapse. That is why some overlearning is typically necessary with any kind of speech therapy, or any kind of psychotherapy as well. Usually, a period of return to the therapy setting for renewal and support is required, for the strengthening of newer and more fragile patterns. The process is similar to what Van Riper calls “stabilization” (Van Riper, 1982).

4. The Strangeness of New Fluency.

New roles typically require some adjustment, before they replace previously existing patterns of action. As in the case of those with voice problems, new patterns of speaking are not accepted automatically or with ease. First comes a feeling of strangeness and alienation. That which is familiar will feel “right” even though it is objectively wrong, whereas the unfamiliar will feel “wrong” even though it is objectively correct. Such a period of familiarization invites relapse for some time after the acquisition of any new response pattern. We take awhile to get used to ourselves, especially to the sound of improved speaking. In this situation, relapse may masquerade as a return to naturalness.

5. Role Change and Adjustment to Improvement.

Even after assimilation of the new sound into the self-concept, there are further

adjustments to improvement. Improvement in speaking brings about a new set of expectations. A correction has to be made for the overattribution of all problems to the stuttering handicap. Recovery of fluency may bring about reactions of disappointment. Other problems must be faced, perhaps for the first time. The assumption that stutterers will easily grasp and hold fluency if it is given to them often turns out to be incredibly naive. Yet that assumption, unrecognized, pervades most of the maintenance and outcome claims in current literature. That's why the claims don't hold up, when subjected to independent examination or follow-up. The naivety stems from viewing stuttering as a problem in behavioral frequency, rather than as primarily the problem of a person. Moreover, stuttering is the problem of a person trying to communicate with other persons. If he has always viewed himself as a "giant in chains," he may not readily accept the realization that he is after all an ordinary mortal with ordinary weaknesses. In psychodynamic terms, this would be described as the loss of the secondary gain component of the stuttering handicap. Despite the heavy primary loss of the ability to communicate, stuttering can be sufficiently woven into the life style of the stutterer that change brings new problems.

6. Return to Successful Avoidance.

The reinforcement situation is such that the stutterer is immediately rewarded for doing the wrong thing, namely pretending or avoidance, while he is immediately punished or nonreinforced for doing the right thing, namely speaking up and taking part in life. The sheer success of avoidance maneuvers probably is the central perpetuating factor in the problem, and overwhelmingly accounts for the commonness of relapse in the treatment of the disorder.

7. Tragedy, Illness, and Life Stress Events.

Possibly as a reminder that life is a constantly changing stream of events, we must note that recovery is never a permanent condition. Human beings can always change, and the world around them can change, and the assumption of constancy never holds.

The medical model term of "cure" implied a permanent respite from a particular illness, often with an immunity against future infections, as with chicken pox or German measles. No such conditions attach to the future of any speaker who has ever been a stutterer. In fact, even normal speakers may break down under extreme stress conditions such as military combat or catastrophic bereavement.

For improving or recovering stutterers, a certain amount of morale seems required to maintain forward motion, to serve as a countering force to the avoidance tendencies that have been bred into a lifetime of stuttering behavior. When physical illness, the loss of a loved one, or a major disappointment strikes, it would be improbable that some regression in morale and speaking behavior would not occur. Though there is little the clinician can do to prevent tragedies, we must expect that they will take their toll on fluent word production.

A clinical success can always become a failure, just as a clinical failure can always become a success. No human being is ever permanently either.

RELAPSE INDUCTION AND RECOVERY

The process of therapy is never aimed to be interminable, nor should the stutterer have

to be forever dependent upon the clinician for inspiration, ideas and support. Early in therapy, there is a natural dependent relationship between the stutterer and the clinician. For one thing, the stutterer typically arrives full of ignorance and misinformation; the therapist's initial tasks include some direct teaching functions. Otherwise we let the stutterer flounder in the sea of misconception that the public tends to impart.

During therapy the responsibility should shift gradually to the client, to inform himself and to take action appropriate to the therapy principles or program. Ultimately, if he is to become a success, the stutterer must become his own resource, his own clinician.

Many stutterers who have improved dread the thought of slipping back, for relapse to any degree seems catastrophic to them. This attitude in itself is a problem in the maintenance of improvement. You can't go through life waiting for the other shoe to drop. It is better for the stutterer to experience some regression or relapse, to analyze the factors or inactions producing it, and to learn how to pull out of it.

Occasionally, we have found it clinically advisable to induce relapse, either through direct suggestion or through "therapy reversal." One way to get over a fear is to experience what you fear and to discover that the consequences are not irreversible. The "second time around" tends to involve a much greater share of responsibility on the part of the client, and this is all to the good.

The stutterer learns that an occasional fear of a situation or a word does not mean the end of the world, and that an increase in the frequency of blocking need not be treated as a failure. It is better for the stutterer to learn that he need not be perfectly fluent at all times, that speech within an acceptable range is enough, and that some bobbles are best tolerated. That's what normal speakers do!

What the stutterer needs is not speech that is stumble-free or stutter-free, but speech that is avoidance-free. Yet that can require no special effort. Without avoidance of words or situations, the stutterer can be himself. And he can be himself with ever widening circles of fluency -- not perfect -- just normal or acceptable. No therapy can be judged a success or complete if the person must maintain an eternal vigilance over the mechanics of speech production. The ultimate aim of therapy should be to produce an independence of the therapist, just as the eventual aim of every parent should be to produce a child that can become his own person.

TALK TO “RECOVERED” STUTTERERS

This is a symposium of “recovered” stutterers. Somehow in printing the program the word “recovered” was put in without quotation marks, with which I think most of us would feel more comfortable.

By this time we have in this country and in this association accumulated quite a number of individuals who are now very fluent and sometimes too talkative, although they have in the past stuttered very severely in various degrees. Sometimes the process by which recovery takes place is even more mysterious than the process by which an individual begins to stutter. We felt that it might be stimulating, and possibly provide some leads for research if we could give, from a personal point of view and as unacademically as academic people can, an account of what went on, of how we got from there to here. Just as there may be more than one way to become a stutterer, perhaps there is more than one path of recovery from stuttering. From the symposium this afternoon, we hope to provide leads both for research and for therapy.

I know that once a group of stutterers, especially “recovered” stutterers, gets together it’s very hard to get a word in edgewise. Hence, I’m going to take advantage of my situation as chairman here to get in my first say. I am also going to keep my own presentation, I hope, fairly brief and thereby set a pattern so that we can have ample time for discussion.

Some of the questions which I have tried to consider in my own case and which might be worth considering for the panel generally would be these: First, what were the predominant features of your own particular case as you see them now? Second, by what process did you improve? Third, what problems resulted from your improvement? That is, what adjustments did you have to make as a result of the improvement.

We had two cases which illustrate how problems can result from improvement. One was an adolescent who at the age of 15 made a startling recovery. His parents brought in a revealing complaint. His father was a prominent attorney and had this to say, “We’re very pleased about Bill’s speech, we think he’s made a wonderful recovery and his personality has changed, but we’re a little alarmed at the direction it’s taken. He’s not respectful of our authority any more. He sasses his teachers and he tells us to go to Hell. He’s doing a lot of things he’s never done before.” You see, Bill was apparently celebrating his fluency like a “yes” man on his vacation, saying “no” to everything and to everybody.

In another case a recovery from stuttering almost produced a divorce. An accountant named George, who was 31 years old, had married a woman possibly as an escape from the necessity of talking, and she was attracted to him as one who would never dispute her verbal domination. When he made a pretty good recovery from his stuttering, the balance of power shifted. He had found his tongue and he used it to lash back at her, and the storms that followed almost broke up the marriage. I wonder whether some of us have had problems of these kinds.

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Anyway, to the case of Joseph Sheehan as one stutterer. In terms of the problem itself, unlike a lot of stutterers, apparently my symptoms at first didn't appear in the home; my stuttering seemed to start in school. I had a pretty easy time talking to my parents in the home situation long after I began to have trouble in school. I never did have a lot of trouble talking to my parents except when I had to call up my father, who was managing editor of our local paper, at his office and go through the telephone switchboard, especially under the time pressure of a news deadline. Then I would feel pressure and I would have more trouble. But I did have a lot of trouble talking to other authority figures, to teachers, and in school generally. The fear I felt was not a fear of stuttering as doing a specific thing (that is, it was not a fear of doing that particular act), but rather a devastating fear that I could never say the word that I had to say at all. Sometimes I couldn't.

Like most stutterers, I became in part a ham actor. I learned to play phony roles; I learned to use distractions; I learned that most of the suggestions that people make didn't really help me. I had an understanding fourth grade teacher, and I must say that most of my teachers were really pretty helpful. Even though I had trouble in school, it wasn't any direct consequence of any improper handling on their part. I had one teacher who put a copy of Blanton and Blanton Speech Training of Children, 1924, in my hands, and there I found a phrase that somehow fitted my needs. It was this: "Under no circumstances should a stutterer ever be put in a situation in which he can't say what he wants to say," or words to that effect. I tried to live up to this prescription as much as I could, and that probably helped me.

I found that I could sometimes take a role, be somebody else, be something other than myself and get along pretty well. In high school I surprised everybody who knew me and had heard me by giving the verdict fluently while serving as foreman of the jury in one of these mock trials they have in high school. I was able to say very fluently, "We, the jury, find the defendant not guilty." I was able to deliver that verdict with perfect fluency. Possibly if we had found the defendant guilty, I couldn't have done it, but at least that was one high point in the occasional moments of fluency I had. I used to alternate, as I suppose a lot of us have, between false hopes that I would wake up next Tuesday morning and find myself speaking fluently, and a feeling of utter discouragement that anything could ever really be done for this thing that I had.

When I used to hear three times daily, as most of us have, the story of Demosthenes, I would wonder whether if I didn't stutter I would be a great speaker. When I went into college, I chose a non-speaking vocation, chemistry, because I could get along in a laboratory. I could work with things even if I couldn't communicate so well with people. I even got a Bachelor's degree in chemistry and spent about four years as a chemist.

In the meantime, I had reached Dr. Van Riper, who I would say got me started on the right track, although he would tell you that I had the brakes on most of the way. Like many other stutterers before and since, I was resistant to therapy -- something of a black sheep. He has always labeled me as one of his conspicuous earlier failures, though I don't count myself on that side of his ledger -- not with the amount of talking I have done ever since. Later on, while assisting Wendell Johnson, I also had a chance to learn a somewhat different point of view on stuttering and a number of new points of view to me. I learned that perhaps I could lick this problem without 'controlling' anything or controlling my stuttering. In ways that I can't fully verbalize, I feel very deeply indebted to both Dr. Van Riper and Dr. Johnson.

I spent a couple of years in Van Riper's clinic, being one of his more resistant stutterers. I tried to work in a student clinician role with some other stutterers and I found that I was avoiding things more than they were, that I was stuttering more than they were, and that I was following my advice or suggestions or recommendations, or the clinic's recommendations, probably less than they were.

It was mostly on my own later on while working as a chemist that I was really able to do something about my own stuttering. I know that looking back you have a hindsight and you probably have a process of intellectualization. I probably use what knowledge of clinical psychology I have to construct still more ingenious defenses than stutterers ordinarily have. But here are some of the principles and the processes that I would specify as being important to me in my own particular case. First, complete reduction of any avoidance, of any holding back, a complete reduction of this approach-avoidance conflict of going ahead versus holding back. Like some other stutterers, I somehow stuttered my way out of it. A good deal of it was simply a blind attack, a blind going forward. I have never really been able to control my stuttering in any special way, and I never know from one moment to another whether I will have a severe block. I have taught enough years now so that I don't have very much apprehension about it, but theoretically if I got in a block right now, I have no special string I can pull to get out of it. I would only try to handle it in such a way that I would not be covering up, I would not be holding back, and in the future in such situations, I would be getting along better and I would have less avoidance tendency.

A second process that I think was very important to me was the reduction of guilt. My stuttering bothered me, sure, but after awhile I got used to it in a certain way. I got kind of accustomed to it like you get accustomed to any old ache or any old inconvenience, but I could see that I kept bothering other people. I used to feel more sorry for them sometimes than I did for myself, and I used to feel guilty because I knew that my stuttering would bother others. By learning that it was all right to be a stutterer and that perhaps I wasn't hurting people as much as I had feared, I lost some of the guilt. I think that was an important dynamic.

Third, there have been a number of changes of self-concept. I think of myself as a stutterer. I have tried to integrate my own thinking about myself in that sense. I think probably going into speech pathology has been one positive step in accepting very fully this role of a stutterer and in incorporating the stuttering in my own concept of myself.

Fourth, as a process I would specify integration of role. Before I used to suffer from role conflict. Through devices familiar to most adult stutterers, I was a part-time stutterer, and a part-time fluent speaker. Part of the time I could fool people through false fluency, part of the time I had fluency that didn't seem to be so false; "it just happened." I never knew where I stood, in a way. I used to alternate between trying to be a normal speaker and being the stutterer that I was. I think I have managed to integrate my own role. I have adjusted to the fluency I now have; I have adjusted, I think, to the disappointment that comes or that did come for me to a certain extent from the fact of my recovery. Oscar Wilde had a saying that there are two ways to be disappointed in life: One way is never to get what we wish for; the other way is to get it. I think with me fluency has been something like that. I discovered that the Demosthenes legend is not particularly true, that I am not a "giant in chains." I am not an orator mysteriously blocked, but rather an ordinary person, a teacher, an ordinary speaker; and I have lost my own "giant in chains" conflict.

Other than that I don't think I have suffered a lot of problems from my recovery; perhaps people around me have. I don't think I ever enjoyed my stuttering, consciously of course. I think that the adjustments to my recovery have been fairly comfortable in my own case. I enjoy speaking a great deal but then I did even when I stuttered, and I bet most of the rest of us have done that, too.

Here are a few high points I'll mention just as episodes, and then I will close my presentation of Joseph Sheehan, stutterer. One is the influence of an older stutterer, a very stubborn Dutchman, who had worked with Van Riper. His name was Jack DeBoer. I was very impressed when I saw him stuttering very openly and comfortably to his roommates. I had never seen anybody stutter and not be ashamed of it before. Always before it had been something very shameful, and I think this really had quite an impact.

Then there was the time I spoke to the Optimist Club of Kalamazoo, Michigan, and gave the world's shortest speech. In about two minutes of struggling, all I got out was my old bugaboo, the highly personal pronoun "I." It was significantly enough, my most feared word through all my years of stuttering. Dr. Van Riper was making the presentation. He had a group of stutterers before and after. I was before at that time and after I finally finished this one block, he figured that I had had about enough struggle for one situation and he asked me to sit down. I sat down feeling very low. After the presentation, Dr. Van Riper made his usual fine talk and people came up afterward to congratulate him, but a surprising number came up to congratulate me, saying such things as, "Boy, you've got guts, you'll get along all right -- the idea of your getting up there and trying to speak even when you have that much trouble doing it." I think that was kind of a high point, too. I had done about as much stuttering in that situation as I ever thought I could possibly do. Everything after that was kind of an anti-climax in terms of the stuttering I did. Some people have no liking for Babbitt but I've always had a very warm spot in my heart for the Optimist Club.

A third high point was my new role as a therapist, treating other stutterers. In Van Riper's clinic and in Percy Jones Army Hospital, and later as Wendell Johnson's assistant working with stutterers at the University of Iowa, I found that my role as a therapist fed back upon my self-acceptance of my role as a stutterer. Other significant role changes, such as a family of my own, a Ph.D. in Clinical Psychology, and lecturing to university classes reduced my awe of "authority figures" and brought me closer to a feeling of being one of them. My status gap problem diminished, my self-esteem increased, and my fluent speech output has been expanding geometrically ever since.

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The Sheehan Stuttering Center is a nonprofit organization dedicated to providing group and individual therapy for people who stutter