

THE CONTROL ILLUSION

By Barbara Dahm

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Have you thought to yourself, “If only I could control my speech, I would be able to speak fluently”?

Maybe a well-meaning SLP told you to work hard to develop speech controls.

Whether the idea came from you or was given to you, the idea that you can overcome stuttering by control is leading you to greater frustration and in some cases increased stuttered speech.

I know that I stand in disagreement with my colleagues who argue that stuttering happens because of lack of control. They say that head jerks, facial grimaces, repetitions and laryngeal blocks are signs of a lack of control, but this is an illusion.

The fact is that speaking is an automatic system in the brain. Neurologist say this, psycholinguistic experts say this. The time has come for us to tell this to people who stutter.

David Richo said: “We do not let go of control; we let go of the belief that we have control. The rest is grace.”

In Dynamic Stuttering Therapy, clients prove that giving up control results in fluent speech. Whenever they are speaking fluently with ease and comfort, they report that they hardly feel that they are doing something.

They certainly are not thinking about how to talk.

On the other hand, when they go with that urge to control how they are talking, they are once again struggling to speak.

Letting go of control is not easy, because our mind and ego want to control our environment and us. The mind fears results and wants to

control what will happen.

The idea of letting go of control is scary. In fact, it is so scary that the more we desire positive results, the more we tend to resist letting go. It is far easier to let go when we don't care about the outcome. That is why it is easier for people who stutter to speak fluently when they are alone or speaking to animals or babies who do not judge them.

We cannot force ourselves to give up control, because that is also a form of control. However, we don't have to force ourselves to give up control when we believe that control is unnecessary.

We breath automatically because we know that's how breathing works.

We blink our eyes automatically, because we don't think that it can be done any other way even though we could theoretically open and close our eyes on purpose.

We also drive automatically and dance automatically (most of the time) because we know too much is required to carry out these activities by conscious thought.

For 99% of the population speaking falls into the category of something we do without any thought or effort.

I know that giving up control over words and how to say them is not part of the psychological or belief system of people who stutter. However, it is possible to to change thoughts, beliefs and feelings.

Giving up control is an essential part of the therapy process, because without giving up control, fluent speech will always be elusive.

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What's Wrong With Spontaneous Fluency?

Barbara Dahm

Several years ago I was invited to a fluency shaping practice group. The group leader suggested that I have my clients join the group, so I went to see what it was all about.

As we sat in a circle, each person spoke about what he (they were all males, except me) had done about speaking during the week.

As one young man spoke, I wondered what he was doing in the group. He spoke with natural fluency and apparent ease. When he finished talking, the group leader and other participants came down on him quite hard. He was doing it all wrong. His fluency was spontaneous. He wasn't monitoring. One would think he hadn't learned a thing.

Later another person who I would roughly rate as being in the 88th percentile of stuttering with a lot of secondary symptoms was praised for his exceptional monitoring. This might make sense to some, but I felt that I had entered the world of the mad hatter.

This experience is not out of the ordinary. Many people believe that spontaneous fluency is a negative, while controlled fluency is the gold standard.

I think I understand why they feel this way. Controlled fluency gives you something to do. Our ethic is that if you try hard, you will succeed.

After all, we've all heard it time and again, "Get control of yourself; keep it under control" People really believe that their hope for speaking fluently lies in doing some technique i.e. stretching syllables, taking a full breath, making light articulatory contacts, and pulling out of blocks, etc.

They believe that there is power in control.

The hope is that by controlling your speech every time you talk, you will be fluent.

The problem is that monitoring and using speech controls takes lots of effort, sometimes even more effort than it takes to stutter.

It is too bad that most people don't realize that spontaneous fluency also means doing something. *It means letting go, giving up the monitoring.*

Conceptually, this may seem strange, but when my clients do give up trying to control their speech, they do have the spontaneous fluency that comes from doing what everyone else does to produce speech.

Thoughts For The New Year

I want to wish all my friends and followers a very Happy New Year.

I also want to tell you one of my big hopes for the coming year, because if it is fulfilled, it will give people who stutter the ability to speak fluently. My hope for 2013 is that what happened to medicine in the mid 19th century will happen to stuttering treatment in the coming year.

By 1800 there were good anatomical textbooks. People thought that these books and knowledge about anatomy were nice and scientific, but no one thought it had anything to do with medicine.

Disease was defined by symptoms, and no one really paid much attention to what was going on in the body. If you had a fever, the doctor treated the fever. If you couldn't breathe, you probably had to learn to live with it, until you didn't live at all. No one connected the symptoms to an anatomical malady.

This was because no one knew what was going on inside the body and even if they did, they didn't know what to do about it.

This reminds me of how we look at stuttering even today.

Stuttering is still being defined by the symptoms we see. It is thought that stuttering is repetitions of speech sounds, blocks, laryngeal tension, anxiety, bad breathing, etc. Furthermore treatment is still symptom oriented.

People who stutter try to overcome their symptoms i.e. stuttered speech. This is because they don't know that what is going on inside their brain that unifies the many symptoms they are experiencing.

Even though researchers are finding evidence that stuttering is related to a malfunctioning speech production system, this is ignored in treatment, because people don't know what to do about it and think nothing can be done to change it.

My hope is that next year will be the turn around year that goes down in history as the year when stuttering becomes widely accepted as only a symptom of the way the speech production system is functioning.

I know the day will come when, just as anatomy became connected to medicine, brain processing will be connected to stuttering.

It will be known that there is something that can be done to effectively treat people who stutter, because changing system function does make people who stutter symptom free.

Let's not wait any longer. May the coming year be the end of the era of treating symptoms, instead of the system that causes stuttering.

By Joel Leyden Israel News Agency

Tel Aviv Barbara Dahm is responsible for providing survival skills. Survival skills for people who stutter. For one percent of the world's population and five percent of all children, stuttering affects one's approach to personal relationships and to how they manage in the workplace.

“Stuttering affects everyone,” says Dahm CCC-SLP who is a Board Recognized Specialist in Fluency Disorders. It cuts across nations, borders, race and gender. It affects people with all levels of intelligence and many with Downs Syndrome. But the good news is that there is a new therapy that is an effective treatment.”

Dahm states that there are genetic markers common in members in a family that stutter. Environment also plays a role. “People usually begin to stutter as they develop language as a child and it can continue into adolescents. Puberty may even play a factor with hormone and voice factors having an affect.

Barbara Dahm is a Board Recognized Specialist in Fluency Disorders. Most people describe stuttering as a disorder where the flow of speech is interrupted. But Dahm, the director of the [Communication Therapy Institute Ltd.](#), and an online Internet clinic that specializes in the treatment of stuttering, says that stuttering is a condition in which the brain produces speech with too many processes of control.

Dahm has extensive experience working with children and adults who stutter in both group and individual settings. Since 1987, she has been involved with the treatment of nearly 2000 people who stutter. Today there are branches of CTI in Israel and New Jersey. She is a member of the Association of Israeli Communication Clinicians, a founding member of the International Fluency Association, a member of ASHA Special Interest Division in Fluency and Fluency Disorders and a member of several self-help groups for people who stutter. She received her degrees – both Bachelor and Masters from Boston University and has over 35 years of experience as a speech pathologist.

While treating people who stutter, she discovered the benefits of the speech processing approach to therapy. She authored *Generating Fluent Speech: A Comprehensive Speech Processing Approach* (1997) and *Dynamic Stuttering Therapy* (2007).

She has presented her approach to professionals and people who stutter in The Netherlands, England, Germany, Denmark, Canada, Israel and the USA.

“Dynamic Stuttering Therapy is the therapeutic answer to the latest research that shows variations in the brain activity between people who do and do not stutter,” says Dahm. “Participants in Dynamic Stuttering Therapy learn to give up speech controls and make the cognitive changes necessary for developing the same automatic brain processes found in fluent speakers. The result is natural flowing speech that is generated with ease and comfort.”

When asked what motivated her to go into the field of

stuttering therapy, Dahm replied: “As a speech pathologist I wanted to help people who have problems communicating. I was intrigued about stuttering because it is a condition that can devastate the lives of many people who have great potential. Stuttering can have a highly negative impact on one personally, commercially and academically.”

Dahm states that people become more open, more free and their ability to speak fluently is greatly improved, by understanding the problem. They then know how to help themselves with more self-confidence.

Dahm was asked if different cultures create different problems? Dahm replied, “No, stuttering affects everyone.

She says that therapy usually takes between 20 to 30 hours.

“Some people who have gone through years of conventional therapy, accomplish more in these 20 hours of Dynamic Stuttering Therapy ,” says Dahm.

Dahm provides some interesting facts saying that most people begin stuttering as children from the ages of 2-5. And that four times as many males stutter than females.

“I am working with the speech production system from the inside as opposed to conventional therapy that tries to control the speech, says Dahm. “I help clients to speak automatically and normally. And to give up control which is a very big paradox.”

Dahm says that anyone who opens most Speech Pathology journals, will see that the focus has been on

the speech itself and not as a system.

In Stuttering research and practice by Nan Bernstein Ratner and E. Charles Healey, Ann Smith talks about looking for a unified strategy that will aid our attempts to understand and treat stuttering. “Up until now the myriad approaches to stuttering have created a fragmented and confusing literature on the disorder.” Stuttering is not a series of “stuttered events”, says Smith. “We need a major paradigm shift. We have to look at stuttering through a multifactorial and dynamic model. ”

Dahm responds that Dynamic Stuttering Therapy is the only therapy that looks at stuttering through the perspective of a dynamic model. Stuttering is the result of a speech production system that does not function in the normal way.

“All of the processes that are necessary for the production of speech and language as described by a psycholinguistic model such as Levelt’s work in parallel,” says Dahm.

“Dynamic Stuttering Therapy teaches people who stutter to use all of the speech production process in parallel.”

Brain imaging studies have shown that different brain areas are involved in stuttered speech than in fluent speech. Motor areas are over-activated in stuttering. This provides the basis for a stuttering system model that is testable and should help to advance the understanding and treatment of this disorder.

Dahm states that Dynamic Stuttering Therapy is the first

therapy for stuttering that is based on a system model that includes developing normal neurological processes.

“Although brain imaging studies have not yet been made of our clients to determine the differences before and after therapy, clients report that they are producing speech internally in a different way, much more automatic way and the result is flowing speech,” says Dahm.

“We have found that one of the differences between fluent and stuttering speakers is that fluent speakers develop speech in the brain while at the same time the brain sends a neurological signal to the vocal folds. Research in sub vocal speech has shown how this happens.”

“People who stutter on the other hand, try to get their words out by exerting effort either by pushing out air or exerting energy to make sounds with their mouth. During therapy we show our clients how to develop sub vocal speech while sending the neurological signal to the vocal folds so that the speaker can produce a normal voice that is heard by the listener.”

Dahm adds: “Most stuttering therapies require the person who stutters to speak slowly and monitor their speech or pay attention to their stuttering. In Dynamic Stuttering Therapy we help our clients to develop automatic processes that they use in non-threatening situations and in practice so much so that they are able to let go of controls when under pressure.”

“Dynamic Stuttering Therapy is unlike any other treatment approach for stuttering, because instead of

working from the outside as in focusing on the speech and trying to somehow get it to be fluent, it works from the inside out using the internal speech production in the normal automatic way so that the speech produced is automatically fluent.

Dynamic Stuttering Therapy requires a paradigm shift. In spite of the knowledge we now have about differences in neurological function and motor programs between fluent and stuttering speakers, treatment approaches still focus on speech rate, speech control, and the moment of stuttering.”

Dahm says that regardless of age or how one stutters, the treatment involves the same principles. Clients achieve the same goals, using the natural processes for speaking. Each person sets in motion a new dynamic between the brain and the organs involved in the execution of speech. It involves the easiest, most efficient and healthiest use of the speech production system.

“Dynamic Stuttering Therapy is not complicated at all, but initially it is hard to internalize because it contradicts the seemingly logical inclination to speak better by exerting more control,” says Dahm.

“While the new way of speaking is quite easy, it is difficult to learn without the guidance of a qualified clinician. Dynamic Stuttering Therapy involves concentrating on ideas instead of words and talking without thinking about speaking while the voice carries all the energy for speech. Speaking becomes an automatic uncontrolled process. The new pattern of speaking is kept going, not via physical or mental effort,

but by nothing more and nothing less than developing language without thought while producing a natural voice that contains normal patterns of intonation.”

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