

Cliffs Speech and Hearing Series

\$3.95

Stuttering

What It Is and What to Do about It

Stanley Ainsworth



STUTTERING

What It Is and What to Do about It

by

STANLEY AINSWORTH

*Alumni Foundation Distinguished
Professor Emeritus
College of Education
University of Georgia*



CLIFFS NOTES, INC. • LINCOLN, NEBRASKA

Library of Congress Catalog Card No.: 74-76252

ISBN 0-8220-1805-5

© Copyright 1975 by Cliffs Notes, Inc.

All Rights Reserved

Printed in U.S.A.

CLIFFS SPEECH AND HEARING SERIES

PHYLLIS P. PHILLIPS, *Editor*

Speech and Hearing Clinic

Auburn University

STUTTERING

What It Is and What to Do about It

STANLEY AINSWORTH

*Alumni Foundation Distinguished
Professor Emeritus
College of Education
University of Georgia*



CLIFFS NOTES, INC. • LINCOLN, NEBRASKA

Library of Congress Catalog Card No.: 74-76252

ISBN 0-8220-1805-5

© Copyright 1975 by Cliffs Notes, Inc.

All Rights Reserved

Printed in U.S.A.

Contents

INTRODUCTION	7
1. BACKGROUND	9
What is Stuttering?	9
How Many People Stutter?	12
Stuttering Through the Years and Around the World	13
The Impact of Stuttering	13
2. THE BEGINNINGS AND DEVELOPMENT OF STUTTERING	16
Early Childhood (Ages Two to Five)	16
Middle Childhood (Ages Six to Twelve)	18
Adolescence (Ages Thirteen to Eighteen)	18
Adulthood	19
Additional Information	19
3. THE SOURCES OF STUTTERING	21
Stuttering as a Neurosis	22
Stuttering as an Organic Problem	24
Stuttering as Learned Behavior	27
Summary of the Causes of Stuttering	30
4. WHAT CAN YOU DO ABOUT STUTTERING?	31
Orientation	31
The Prevention of Stuttering	33
The Older Stutterer	58
The Role of the Teacher	64
Summary	69
5. THE PROFESSIONAL TREATMENT OF STUTTERING	70
When and Why Is Professional Help Needed?	70
Who Should Work with the Stutterer?	73
Description of Therapy for Stutterers	82

CONTENTS

REFERENCES	95
GLOSSARY	96
READING LIST	100

Introduction

The stutterer has a unique difficulty that is frequently misunderstood. This book is a way of helping parents, teachers, students in training, school administrators, and stutterers themselves to have a deeper understanding of the many problems of the stutterer and his special needs for therapy.

Most of the content is directed to the parent for simplification in writing, but it contains concepts and suggestions that students, teachers, administrators, and stutterers can also use.

If you are a student, you will find—

An overview of the problem and a feeling for the needs of the stutterer.

Information for counseling parents and teachers.

Orientation to working with preschool stutterers.

Materials to put in the hands of parents and teachers.

A survey of what you will be doing as a speech pathologist in regard to stuttering.

If you are a parent or a teacher, you will find—

A description of the nature of stuttering and its management.

The roles that each of you can play in helping the stutterer.

A realistic understanding of what can be done for the stutterer.

If you are a school administrator, you will find—

An understanding of the communication problems of the stutterer.

The special therapeutic needs of the stutterer.

A knowledge of how the speech pathologist in your school needs to function if the stutterer is to be helped.

If you are a stutterer, you will find—

A better understanding of the possible sources of your difficulty.

A realization of what therapy may involve and how it might help you.

Some ideas in this book, or in the recommended readings, for helping yourself.

Chapter 1

Background

If your child or member of your family is a stutterer, you do not need to be told why it is a problem. If, on the other hand, you have known only a few stutterers, or perhaps none, it is difficult to appreciate the depth of feelings associated with this type of speech difficulty. Before going into the causes and management of stuttering, it is important to know something about the nature of the difficulty. Also, it may be helpful to talk about some of the history of this puzzling impediment and to look at its impact on the stutterer and his family throughout the years.

What is Stuttering?

Strangely enough, a description and definition of stuttering is not simple. It has been described briefly in many ways—but each approach focuses on only a portion of the problem. Some definitions are so long and involved that they confuse the ordinary reader and are useful primarily to the professional specialist in speech disorders. The element common to most cases is an interruption in the flow of speech. This has been described variously as a break in the “rhythm” of speech, a disruption in fluency—hesitations and repetitions—“spasms”—etc. All of us have interruptions that are usually associated with pauses to take in breath, natural breaks in sentences to give meaning, periods of time to decide what we want to say, or backtracking for various reasons. The stutterer, on the other hand, knows what he wants to say, but his speech is interrupted in ways that are noticeably unnatural. He gets stuck or blocked. Words do not start when the listener expects them to or there are breaks in the middle of them. Sounds (usually initial sounds) are repeated several times or prolonged before the word is said.

But this is not all for most stutterers. Several accessory features are added to the speech productions. These are actions that do not contribute to communication, such as gestures or movements of various kinds with head, eyes, hands, and body. Neither are they a part of the primary blocking or interruption. Thus, these characteristics of stuttering are “secondary” or “accessory” features. The most frequent is noticeable excess tension in the

speaking and breathing mechanisms or the accompanying jerky head movements, eye blinking, or exaggerated mouth postures. There may be an unusual number of interrupting noises, such as "ah"; the pitch may go sliding upward or jump erratically. Tremors may develop, particularly around the lips. Breathing may become disturbed. Backtracking may be excessive as the stutterer rearranges the sentence to include a synonym for a feared word. Even arm, leg, and gross bodily movement may erupt spasmodically. The stutterer may adopt bizarre forms of speech—acting roles, assuming accents, or whispering. Sudden gulping of air actually becomes a kind of loud hic-cough, or he blows out nearly all his breath and tries to talk on the limited air that remains. He may become withdrawn or noticeably eccentric in his social behavior. These and many other behaviors develop consciously or unconsciously for a variety of reasons. The stutterer originally found that by resorting to them he avoided "getting stuck," but this magical effect has worn off. Then he begins to try to postpone saying a feared word until he thinks he can do so without stuttering. He tries to cover his blocking with a barrage of irrelevant activity or he scrambles around for ways to get himself released from the tangle of blocking, noises, and actions.

Besides these observable behaviors there may be another element which is less noticeable to the casual listener, but to the stutterer it is most distressing. The inability to move fluently through words and sentences often causes the stutterer to experience deeply a wide range of intense emotional reactions—*anxiety, fear, hostility, depression, frustration, feelings of unworthiness and inadequacy, shame, and hopelessness.* These feelings sometimes become so strong that suicide is contemplated or even attempted. They may become so important a part of the total problem that the stutterer is willing to undergo almost any kind of treatment that promises a little relief. These negative feelings, in combination with the tiring struggle behavior, may cause the stutterer to avoid speaking and to write messages on a note pad, as if he had no voice. His entire adjustment to living may come to revolve around this devastating problem.

In the confirmed stutterer, then, we usually find to some degree three components that make up the disorder: (a) *blockages*, (b) *accessory features*, and (c) *emotional reactions to the speech difficulties.* Not all stutterers have all of these components equally, and the particular patterns of behavior and feeling differ among individual stutterers. Furthermore, the characteristics vary from time to time and from situation to situation for each stutterer. As he becomes older and continues to stutter, the problems change in character and intensity. Thus, the disorder is something quite dynamic—it does not stand still for easy observation or evaluation.

As if the definition of stuttering were not already complex enough, we find that specific instances of stuttering are sometimes difficult to identify

reliably. At first glance, this may seem strange. Stuttering, to the listener, is something he hears or sees. We often assume that everyone is hearing and seeing the same things every time they occur. Some research studies have shown that this is not correct. Listeners do not agree very well as to exactly when they hear a "stuttering." If we have difficulty knowing exactly when we hear "stuttering," how can we expect to label a child as a "Stutterer"? This problem arises from several related circumstances.

Not all instances of stuttering are accompanied by obvious accessory features or evidences of emotional reaction. They may be simple hesitations or brief stoppages and repetitions. Then, there is the similarity between hesitations or repetitions that are "normal" and "abnormal" (stuttering). Also, for these less obvious symptoms, the element of how often they happen influences our judgment of stuttering. These conditions are particularly apparent with young children. We expect children to stumble and repeat as they are learning to manage their rapidly increasing vocabularies and increasingly complex concepts. Many parents become anxious when their child appears to be repeating sounds a great deal. (This will be discussed at some length in Chapter 4 under the heading "Prevention of Stuttering.") The speech pathologist learns to detect qualitative differences in normal repetitions and stuttering in young children and combines this information with a more general observation of the child and some information from the parents before making a firm judgment about stuttering. Even with older persons who are generally recognized as stutterers, there may be some disagreements as to which interruptions (heard or imagined) represent "stuttering" in studies where counting the number of instances is important. However, once into later childhood (*if the listener can obtain a reasonably broad sample of the speech*), there is usually agreement as to the identification of which persons are stutterers. The judgment is not necessarily made on *frequency* of "stuttering"—one prolonged, difficult blocking may be enough for an identification.

If you label a young child a stutterer and then continue to react to him as if he were one (and, thus, abnormal in some strange way), this may be a factor in creating greater fluency problems. The label should not be applied thoughtlessly. Even experts may disagree—and anyway, the character of the interruptions in fluency often changes over short periods of time; so a decision one day is not necessarily valid a few weeks later.

A word should be said about the nature of the accessory features and emotions. Some are extremely distracting and bizarre. It should be noted, however, that they are essentially normal, learned behaviors—extensions of efforts to avoid, prevent, conceal, or release blocks. The normal character of them can be demonstrated easily. Most speech pathologists, at some time in their training, are required to become "stutterers" for brief assignments.

Initially, these speech pathology students may be told to effect mild, easy repetitions on a few words while asking directions of strangers or buying an article from a store clerk. The results are predictable. In nearly every instance they begin to develop recognizable accessory features. They regularly report that it becomes difficult to select a person to talk to. They make sure no one else is around; they choose older people who are not in a hurry and who presumably will be understanding. They do *not* repeat easily—tensions, jerky speech, eye blinking, and many other features appear. They report extreme anxiety—some are unable to complete the assignments. In one “easy” lesson, these normally speaking students are beginning to adopt some of the familiar behaviors of the stutterer! In spite of the severity of these distracting behaviors, they are essentially extensions of responses the stutterer initiated to “help” him get through a distressing and trying situation. Similarly, the emotions that develop are largely learned in reaction to anticipated difficulties and to actual experiences.

This effort to answer “What is stuttering?” may seem confusing—but it represents a relatively simple description of a complex disorder. Simple, direct, absolute statements are not appropriate because of the variable and changing nature of stuttering. Discussions of causes and treatment will necessarily be presented in a similar way, for disagreements and confusions are even greater there. Perhaps you can begin to appreciate why so many people continue to have trouble with stuttering—parents, teachers, therapists, and the stutterers themselves.

A word about the “stuttering” and “stammering” might be helpful. These are the same disorder. Some authorities separate them by the general type of disruptions—by repetitions or blockages—but nearly all stutterers have both. Other writers point out additional distinctions but there is no reason to believe that there is more than one basic disorder. In the United States, “stuttering” is the most widely used term.

How Many People Stutter?

Like many “facts” about stuttering, it is possible to obtain widely different answers to the question of how frequently we find stutterers in the population. Most studies (which have surveyed children, for the most part) yield results that cluster around the range of three-fourths of 1 percent to 1 percent (1). Thus, in every 100 to 125 people, we could expect to find one who stutters. This frequency would vary with age—with a greater percentage in early childhood and a smaller percentage in adulthood. Then, many individuals report having been stutterers at one period in their lives—perhaps as many as 4 percent. The frequency is not high and you may encounter relatively

few in your lifetime, but these percentages still indicate that several million individuals in our country have this problem. As nearly as can be determined, the frequency given above is somewhat comparable throughout the world.

Stuttering Through the Years and Around the World

Stuttering, in its many forms, has been around a long time—at least as far back as recorded history. Furthermore, it is a worldwide phenomenon found in all cultures and nearly all sub-cultures. A quick sketch of this universal disorder through the years may help you to understand the importance it has maintained, the struggles so many have undergone to eliminate it, and the fact that it has continued to be a puzzle through the ages.

Hieroglyphics from the twentieth century B.C. contain references to stuttering. Most people know of Demosthenes and his speaking with pebbles in his mouth. Even today some social self-help organizations formed by stutterers are designated as “Demosthenes Clubs,” although it may be that he had difficulties with articulation and voice, rather than stuttering. Similarly, we are not certain that Moses stuttered, although he apparently had a speech problem and demonstrated some evidence of behaviors very much like those of stutterers today. Isaiah (28:11) states, “For with stammering lips and another tongue will he speak to this people.” Ancient Chinese literature, some 2,500 years ago, contrasts eloquence and stuttering. Down through the years, many with famous names were stutterers: Virgil, Erasmus, Charles Lamb, Charles Darwin, Edward VI, to mention a few.

Not only have there been records of stuttering throughout recorded history, but even today we find it a problem that stretches across the seas and continents. Throughout the civilized countries and in primitive tribes we find words for “stuttering” and descriptions of stuttering behavior. From Europe to the Fiji Islands, from China to deepest Africa, from our cities to rural outposts, there come reports of individuals distressed by “tongues that stumble.” Occasionally, researchers have thought they have discovered a few tribes that did not appear to have words for stuttering, but similar nearby tribes were found to know the disability. Furthermore, it appears that in all parts of the world, in all languages and cultures, the characteristics of the stutterers are very similar. Whatever the cause of stuttering may be, it is rooted in some aspect that is common to all mankind (1).

The Impact of Stuttering

If relatively few people stutter—and if many have difficulty only a part of the time—why has it assumed such importance that innumerable books and

articles are written about it? Why are stutterers willing to go from one promise of help to another—and why do parents pray that their child will not become one? The easy way to get an answer is to listen to a stutterer tell you how it has warped and changed his whole life. Clinical histories accumulate to achieve an enormous impact. The desperation of stutterers for help is epitomized by the plight of many during the 1840s (2). Literally hundreds of stutterers underwent surgical operations to have sections removed from their tongues as a cure. And this, remember, was before there were anesthetics! The fad died out in a few years because the “cures” did not last. Misguided therapists and outright quacks have reaped enormous sums of money for temporary “cures”—or for no help at all. Innumerable devices have been developed to put in the mouth and elaborate exercise regimens have been tried. Hypnotists continue to promise relief, but stutterers continue to stutter. From the stutterers themselves, individually and in therapy groups, we learn the depths of despair and the acute distress that threaten to engulf them.

You may still wonder why this is so. As may be expected, it is a composite of many things. Part of the problem arises from our need to talk. Speech serves us in many ways that reach deep into our basic being. A complete discussion of this fact would go far beyond the purposes of this book but a few illustrations may make the point.

One of our main sources of *feeling alive*, rather than dead, is speaking. Early in life we learn that when we are “shut off” from others, so that we cannot talk freely with them, we experience a degree of loss of self. Then, verbal communication *reduces our sense of being alone*. Little children learn to extend the feeling of closeness from touching, being held, and other forms of physical contact to words, which can be used more frequently and at greater distances. Even in adulthood, we maintain meaningless phrases of greeting and a great deal of idle chatter, the primary purpose of which is to bring us emotional satisfaction from contacting another human being. We also need to *express ourselves* in a variety of ways. We need to share what we feel and learn to let others know the wonder and excitement of an insight, a bit of knowledge, and an experience that is meaningful and important to us. In this way, we crystallize it and make it part of us. We come to know that we are loved by being able to express our love for others. At other times we need to release our feelings, so that they will not overwhelm us. Beyond the need to express, we must *reach out*, to explore ways of expanding the self, to experience broadly and deeply. All of these needs are most completely served through speaking—to ourselves and to others. Anything that reduces or limits this act affects us deeply.

And what does stuttering do? It is a constant but aggravatingly uncertain threat to the ability to speak. The stutterer can never be certain when his flow of communication will be halted abruptly. Or he may be sure that when-

ever the communication is most important to him, it will be stopped or distorted. He knows, through innumerable experiences, that his jerky, blocking form of speech irritates and distresses his listeners. His parents or others may have ordered him to “stop that” or otherwise punished him in obvious or subtle ways, such as not looking at him while he stutters or unconsciously changing facial expressions as moments of stuttering occur. His repetitions and blocking, at best, make many listeners “nervous,” and at worst, vaguely uncomfortable, as if there were something mentally wrong with him. Others view him as stupid and odd so his attempts to meet his basic needs through speaking are thwarted.

Thus, the measure of the importance of stuttering comes not from its frequency in the population but from deep and abiding destructive effects on those individuals who stutter and on those who are close to them.