STUTTERING : A PSYCHOLOGICAL PHENOMENON.

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LATIHAN ILMIAH
BAGI MEMENUHI SEBAHAGIAN
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Stuttering : A Psychological Phenomenon

Latihan ilmiah saya mempersembahkan masalah 'Stuttering' yang dihadapi oleh sebilangan daripada setiap masyarakat. Kebolehan bercakap adalah sangat penting supaya terdapat komunikasi antara ahli-ahli sebuah masyarakat, dan 'Stuttering' menghalang komunikasi yang cekap.

Oleh kerana 'stuttering' tidak dapat diterangkan oleh sains perubatan, sains psikologi telah mencuba untuk mewujudkan teori-teori untuk memahami fenomena ini.

Saya telah memberikan hujah-hujah dua teori akan fenomena 'stuttering' berserta dengan definasi yang digunakan oleh pakar-pakar percakapan.

Pertama ialah 'Anticipatory Struggle Theory' yang cuba melihat 'Stuttering'sebagai satu kesan pengalaman yang lepas yang buruk tentang percakapan.Oleh itu seseorang akan menjangka ia akan berlaku sekali lagi lalu berasa takut akan situasi yang sama dimana ia akan bercakap terhenti-henti.

Teori kedua ialah satu teori konflik yang melihat 'stuttering' sebagai dua kemahuan yang bertentangan. Kedua-dua kemahuan, satu untuk bercakap dan satu lagi untuk diam sahaja didorong oleh tekanan-tekanan dalaman dan luaran.

Akhirnya kedua-dua teori ini dinilaikan dari segi kebolehannya untuk dikaji dan dibuktikan berdasarkan dua pengkajian yang dilakukan keatas 'stutterers' di Amerika Syarikat.

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Foreword

Stuttering and the theories formed thus far to explain its possible origin cannot be said to be conclusive. Therefore it is not the intention of this research paper to do what massive researches have tried and failed.

Instead I will attempt to discuss this particular disorder of speech in relation to the psychological approach used in current theories, and how these theories are significant to a child's acquisition of language.

Researches have shown more than half the children who stutter develop this speech phenomenon during the pre-school years of their childhood.

However I have made a general rather than a specific overview because stuttering is a traumatic and recurring speech problem for both the child and the adult.

Despite our modern sophistication in communication techniques, society is still cruel to those who fail to impress her with a fluency in speech and language, often signifying a higher status symbol.

Introduction

Laura was 30 years old. She was a college graduate trained as an occupational therapist. Her husband was a young successful attorney and she had three children aged eight, five and two.

Before her marriage she had worked for a short time on an assembly line in a factory and as a waitress while in college. She had applied for a job as an occupational therapist only once and was turned down, she felt, because of her speech. She never again applied for such a position.

She had an open and ready smile for her children and husband but two years before, soon after the birth of her third child, she had become extremely depressed and attempted to commit suicide. Her psychiatric therapy was brief. Laura attributed her depression in part to having a very severe problem of stuttering.

She openly cried when recalling how, in her childhood, her parents had forbidden her to talk when guest were in the home. Her embarrassment and sadness and anger over these thoughts overwhelmed her. Wherever she went she carried little index cards on which she had written out brief messages as substitutes for oral communication, in case she needed information, was lost, or was in an emergency situation that required communication. On one occasion she had wandered around for 30 minutes trying to locate a gate and flight in an airport, without talking or asking for help.

She had finally found her destination in silence.

She tearfully stated that because she stuttered, she could never say "thank you" to people, who as a result thought she was rude, aloof or ungrateful. She never used the phone, depended on her husband for talking, shopping and so on. She constantly stayed at her husband's side during social outings.

She felt she was a failure as the wife of a professional man and as a mother. She had been in and out of therapy for 25 years and although her hopes for help had been dashed many times, and she carried the scars of many years of disappointment and futility, she was still more hopeful than sceptical.[1]

In my own preliminary research, I found many parents in Malaysia reluctant to acknowledge that their child had a speech problem. Those who can afford it, send their children to the only 2 or 3 private therapists in the country. Even this is true only in cases where parents recognise it as a problem that can be helped and are not ashamed to acknowledge the deficiency. One parent I spoke to at a private clinic said they never had guests at their house and never allowed their son to mix with other 'normal' children. Protectiveness of this nature can be very harmful to the development of the child.

Note

1 A summary of a case report quoted in George H.Shames, "Disorders of Fluency", in Human Communication Disorders, eds., George H.Shames and Elizabeth H.Wiig, (Columbus, Ohio: Charles E.Merill Publishing Company, 1986), pp.243-244.

DEFINITION OF STUTTERING

Most clinicians in the field of speech pathology, today, make a distinction between speech disorders and language disorders. This basic division leads to subsequent classifications that are at once varied and difficult to distinguish even for the experts. Fortunately we are only interested in one classification, stuttering, which is considered " the great white whale of speech disorders".[1]

Such maybe an exaggeration but it underlies the basic problem of any attempt to study it. Stuttering can occur in any age group or social context. Most of the time it cannot be attributed to any single root cause or even a group of causes. If one cannot determine the origin of the problem how does one cure it? Even before we enter into the problem of therapy there is the problem of definition. Who decides a speaker is stuttering? How does this person distinguish between stuttering and other speech disfluencies? Perhaps the speaker is merely experiencing a normal disfluent manner of speaking.

One definition offered to describe stuttering is " a neuromuscular dysfunction, always associated with neurotic manifestations, and with anxiety always present".[2] I will not even attempt to decipher such a definition offered in 1943, a time when interest in stuttering had just begun but little was known about it.

Instead I will use the more simple and often used definition of the problem.

"Stuttering occurs when the forward flow of speech is interrupted abnormally by repetitions or prolongations of a sound or syllable, or articulatory posture or by avoidance or struggle reactions".[3]

Now one should ask what is an 'abnormal interruption'. Research data has shown conclusively that stutters have more syllabic repetitions per 100 words and more of them per word than normal speakers.[4] They also have more sound prolongations.

A normal speaker rarely has to repeat a syllable and when he does he uses the correct vowel and repeats it at the regular tempo of his other syllables, eg. " Sa-Saturday".

By comparison the stutterer tends to say, "Suh-Suh-Sih-Suh-Seh-Sa-Saturday". Also a normal speaker tends to repeat words and phrases, not syllables and sounds.

The term "posture" is used in this definition to indicate that not all repetitions and prolongations are vocalized. The stutterer may be making several silent mouth postures, before a word is spoken. He may even assume a fixed position and struggle silently before blurting out what he wants to say. He could be holding his breath, protruding his tongue or twisting his lips to one side. All of which are considered as articulatory postures which break up the normal sequence of speech.

Avoidance and struggle is used to describe the visual rather than the inner difficulty that can be seen when a person stutters. However avoidance and struggle result from a more complex conflict within the stutterer which has laid foundation to the theories that will be discussed later. At this point a description of these reactions would be more useful.

For example, when someone stutters he may protrude his lips grossly, make sucking and clicking noises and suddenly throw back his head before his utters the word. Sometimes there are no facial contortions but instead stuttering moments are marked by sudden gasps. These can be so deep his shoulders jerk upward. There are also stutterers who show very little of this overt struggle by dodging speaking situations or saying feared words which they normally stutter in. They pretend to be thinking or interject "ah" or "um" or "well" to postpone the expected misery. They become very skillful in these avoidance tricks by scanning and planning, in order to anticipate every eventuality.[5]

Another popular definition used by clinicians divides stuttering into primary and secondary. This classification is indicative of the awareness of the stutterer in order to plan for an appropriate program for therapy.

"Primary stuttering consists of repetitions, hesitations and prolongations in speech which occur without apparent awareness and anxiety and without evidence of struggle on the part of the speaker".[6]

When there is no self-awareness avoidance or struggle of his disfluency, the term "primary stuttering" applies. It occurs especially in conditions where a disfluent child is placed in speaking situations with fluent children, and commits speech abnormalities automatically and frequently enough to interfere with communication.

But when the speaker becomes aware of his non-fluencies and attempts to modify or avoid them stuttering is said to be secondary. "Secondary stuttering" includes the added problem of the stutterer's reaction to himself as a person and to the act of communication in general. While all stutterers are relatively free from difficulty in some situations this increased and constant self-awareness during communication can result in cases like Laura's, where one decides to live a life constantly fearful of one's own sufficiency.[7]

Search For A Stutterer's Profile.

One interesting result of the problem of stuttering is how many early researches, especially those conducted by students in Britain and America have tried to find common physical and psychological traits in stutterers. Proponents of "biologically inherited background" and those who believe it to be "a matter of tradition rather than genes"[8] have presented hypothesis on the relation of intelligence, home influences, social learning, cultural background and psychological traits to the phenomenon of stuttering.

One such research found the mean intelligence quotient of 166 stutterers to be slightly above 99.[9] Some studies claim stutterers test higher upon entering college than other freshmen. Parents who are overprotective and pamper their children, and who are described as over-anxious and excessively perfectionist is also said to have a significantly higher incident of stuttering children. Personality traits such as anxiety, undue sensitivity and embarrassment, fears and depressions have been claimed to be characteristic of mature stutterers.[10]

But for every such finding there are similar ones to prove otherwise. So, instead of drawing a stutterer's profile, I would like to list here a few of the facts and not interpretations of the research that has been going for more than half a century in much of the Western nations. These 'truths' about stuttering is followed by some Do's and Do Not's meant for those of you who might encounter child stutterers in your circle of family or friends.

Facts To Know About 'Stuttering'.

- There are more boys than girls among stutterers. The ratio is about three boys for each girl.

- Stuttering tends to run in families. Families that include a stuttering child are more likely to have relatives who stutter than families without a stuttering child.

- Families with twins are more likely to include a stutterer than are families in which all children are singletons.

- Stutterers are likely to be somewhat slower in beginning to talk than non-stuttering children.

- Stuttering is almost always a problem of early childhood, as it usually begins between three and nine years of age. Only rarely does a child begin to stutter in the adolescent years who has not been a stutterer, for however brief a time, between the ages of two and ten. In fact, onset after age ten is notably rare.

DOs

* Establish as tranquil a home environment as you can achieve without suppressing other members of the family. Try to avoid or reduce the need for speaking in situations that have heightened excitement or produce frustration (as in some games). Children need to learn to live with and accept occasional frustration. But they do not need to talk during or immediately after experiencing it.

* Listen to your child with full attention and patience.

* Speak to your child in a calm, unhurried manner. However, do not slow down so much as to be "dragging out your words" or with an absence o normal rhythm. Occasionally, your speech should include an easy, bouncy repetition, if only to demonstrate that anyone, even a parent, sometimes indulges in hesitation behavior.

* Keep your child in the best possible physical condition. Illnesses are likely to bring on an increase in hesitation behavior. Expect this and accept it if it happens.

* Expect that your child, like many adults, may have a greater urge to speak than to say anything in particular.

  If your child starts something he or she cannot finish, smile pleasantly and take the child off the hook. One way is to ask an easy question or make an observation to which the child can readily respond. The question or observation should have some relation to the situation the child is talking about, however, and this may require a bit of creative thinking. Your question or observation may refer to an earlier part of the conversation.

* If your child appears to be groping for a word, or for a "turn of phrase" to complete a statement, wait a decent time for the word or phrase to come. If it does not, calmly and casually provide the work or phrase. If at all possible, do so by using the word or phrase in a statement or question of your own.

  This technique has the added benefit of providing a complete-sentence grammatical model that your child may imitate. With practice, the child may even make it part of habitual speech behavior. But remember that children (and adults, too, for that matter), are likely to be most dysfluent when learning and trying out new words and new verbal constructions.

* Although you should casually provide a word or phrase when your child needs it, don't be in a hurry to jump in and obviously complete your child's thought. Give the child a chance.

* Do all you can to make speaking pleasurable. Engage in "party talk", but talk as an adult. Don't talk down to the child. Tell short, amusing anecdotes and play riddles, especially ones the child can guess correctly. Read to your child, especially at time when you have noted that your child is likely to speak with increased hesitation behavior. Your child will learn that there is pleasure in listening as well as talking.

* If your child asks whether there is anything wrong with the way he or she speaks, or demands to know, "Why can't I speak right?" assure the child that he or she is speaking "right". If the child insists that "sometimes my words don't want to come out," explain that you know and that this happens to you, too. It happens to everyone. Do not go into long explanations, however, that reveal your anxiety. Most children can easily tell when their parents are worried about something.

* If you need help in understanding or following these directives, consult a competent speech or language clinician in your community. Be sure that the person you consult is qualified and competent.

DO NOT's

* Do not use the word stuttering or stammering or any equivalent about your child's speech. If the child does hear such a word, he or she will want to know what it means - and somehow will figure out, no matter what you say, that it is not good to be stutterer.

* Do not tell your child to slow down, to stop and think before speaking, or to "start over again and do it right this time". Nor should you say or do anything that will make your child feel or suspect that there is anything wrong with how he or she talks.

* Do not look at your child anxiously, afraid that the word flow may not meet your hopes for fluency. Neither should you sigh in relief when the child somehow does manage to speak without the usual hesitations.

* Do not ask the child to speak if he or she prefers to engage in some other activity. If you make a mental note, or a written note, about situations that are associated with an increase in hesitation behavior, you can avoid asking or expecting your child to speak in such situations.

* Do not discourage the child from speaking on any occasion when the child wishes to talk. If you can, however, "control" the overall environment so that the child will not feel a need to talk in the situations where, as you have noted, he or she is likely to be excessively hesitant or repetitious.

Notes

1 Oliver Bloodstein, Foreword, The Problem of Stuttering by R.W. Rieber, ed. (New York: Elsivier North-Holland Inc., 1977).

2 J.L.Despert as quoted in Muriel E.Morley, The Development And Disorders Of Speech In Childhood, (London : E & S Livingstone Ltd., 1965) p.363.

3 Charles Van Riper, Speech Correction : Principles and Methods, 5th ed. (New Jersey : Prentice Hall Inc., 1972) p.249.

4 Van Riper, p.250.

5 Van Riper, p.251.

6 M.F.Berry and J.Eisenson, Speech Disorders, (London : Peter Owen Ltd., 1964) p.249.

7 Berry, P.250.

8 W.Johnson as quoted in M.F.Berry, p.252.

9 Berry, p.253, n.10.

10 Berry, p.253.

11 Jon Eisenson, Is Your Child's Speech Normal? (Canada : Addison - Wesley Publishing Co., 1977) pp.95-105.

HISTORY OF THE PROBLEM OF STUTTERING

Stuttering was first mentioned by Hippocrates (460-377 B.C.) as "trauloi", although this term probably refers to several speech defects as a whole. Subsequent mention of it in the books of Epidemics are quite obscure. This however did not stop Galen (131 - ca 200 A.D.) from trying to make sense of it in his commentaries.[1]

As I have mentioned earlier there was no definitive distinction made between stuttering, cluttering, disarthia, functional articulation problems and even some types of aphasia. At least not until the 20th century.

Instead we get terms such as 'traulosis', 'psellismos', 'blaesitas' etc... which describe the conditions rather than classify the defects.[2]

In medieval medicine, mind and body were inseparable, so the cause of stuttering was traced to a person's supposed humoral system. The ancient view believed there exist four qualities in the entire universe; heat, cold, moisture and dryness. When combined in parts, heat and dryness produce fire, heat and moisture produce air, cold and dryness produce earth, and, cold and moisture produce water. These are the four elements in the human organism as in the universe, because man is a microcosm of the other.

In the human organism these four elements are the four humors, yellow bile, blood, black bile and phlegm. They are responsible for the conditions that affect a man's mind and body. In every individual, there is the natural temperament, depending on which is the predominating humor (see Fig.1).[3]

ELEMENTS	PROPERTIES	HUMORS	TEMPERAMENTS
Air	Warm & Moist	Blood (spleen)	Sanguine (hopeful)
Earth	Cold & Dry	Black Bile (spleen)	Melancholic (sad)
Fire	Warm & Dry	Yellow Bile (liver)	Choleric (erasible)
Water	Cold & Moist	Phlegm (brain & Lung)	Phlegmatic (apathetic)

Fig.1

Speech defects, like stuttering, was attributed to a humoral imbalance and knowledge of the natural temperament of each patient was a pre-requisite for treatment. Stuttering in a phlegmatic' was believed to have an entirely different aetiology from stuttering in a choleric person.[4]

In the eighteenth century, the focus on scientific methods created one of the first classification systems of communication disorders. Boissier de Sauwages (1768) identified clinical entities and listed them according to similarities. Subsequently other classification systems were developed such as Erasmus Darwin's discussion of speech disorders which dealt with stuttering as a psychological problem. As such, it deserved a psychophysiological analysis. Giovanni Battista Morgagni (1682-1771) followed a system stressing the pathological state of the organism. He concluded that deviations in the hyoid bone were the cause of the majority of cases of stuttering.[5]

Another group know as "associationists" such as David Hartley believed that we arrive at an understanding of one another through the power of association. Interpreted in a similar fashion, stuttering was said to develop from fear, eagerness or violent passion that prevents the child from using his speech mechanism in the correct manner.

Moses Mendelssohn (1783), another such associationists postulated another theory of stuttering. He felt that the occurrence of emotions and passions detrimental to the physiological order could result in stuttering.

In the nineteenth century Jean Marc Gaspard Itard, a renowned French physician formulated a theory in which he attributed the major cause of stuttering to a generalized deficiency in the nerves. This in turn would fail to stimulate proper innovation of the muscles of the larynx and tongue.

The general shift of the century from universality to the individual was a philosophy which had an effect on the theories of stuttering, that were developed at that time. Edward Warren (1804-1878) the first American to write a scientific paper on stuttering noted that there was no organic defect of the physical speech organs in stutterers. He pointed out that stuttering varied in individuals and sometimes disappeared. He concluded that stuttering was a very complex disorder, originating in childhood, and aggravated by fear and by the habitual nature of the problem. He was interested in the personality of the individual stutterer and said that stutterers were usually of nervous temperament, the cause being both mental and physical.

In 1841 Andrew Comstock also quoted psychological reasons and the the basic problem could be alleviated if the peripheral mechanism could be made to "obey the command of the will".[6]

In the twentieth century, the concept of debility in organs or processes was exchanged for debility in internal systems such the "endocrine, autonomic nervous, central nervous and metabolic systems".[7] The perennial concept of conflict was also to become an approach to may theories of stuttering.

But the one important aspect of twentieth century theories is that it has the advantage of research findings. Clinical and research date could be used to derive or confirm a viewpoint. Stuttering became the subject for much investigation and speculation. Hypothesis were formed, and often could be supported or refuted by the massive researches being performed.

The aetiology of stuttering managed to present much that could help to a better understanding of the problem. At the same time, it has also been said, "when scrutinized closely, they [the theories of stuttering] are more like myths than theories". This is because both theory and myth are systems for providing explanation of events and while they make assertions about the real world, it cannot be proven in the ultimate sense. Theories of stuttering thus far cannot provided substantive understanding. Like myths, they were designed simply for explanation.[8]

The following chapter contains three of the more prominent theories of stuttering and certainly the most recent that is available for this research paper. It is for you to decide how far is it a myth or a theory of stuttering.

Notes

1 R.W.Rieber and Jeffrey Wollock, "The Historical Roots of the Theory and Therapy of Stuttering," in The Problem Of Stuttering, ed. R.W.Rieber (New York : Elsevier North-Holland, Inc 1977) p.3.

2 These are Latin terms which no longer have clinical entities in our century. For further explanation of its uses, see R.W.Rieber, ed., Part II. "Historical Roots of Stuttering," The Problem Of Stuttering.

3 Rieber, pp.4-7.

4 An elaborate example of this renaissance approach to speech defects is found in "Hieronymus Mercurialis, Treatise on the Diseases of Children, Venice, 1583 (excerpted)" Rieber pp.127-140.

5 Throughout I follow the account of the early theorists of stuttering in The Problem Of Stuttering, ed., R.W.Rieber.

6 Rieber, p.17.

7 Rieber p.19.

8 Marcel E.Wingate, "The Relationship of Theory to Therapy in Stuttering," in The Problem Of Stuttering.

TWO THEORIES OF STUTTERING

"Fifteen million of our fellow throughout the world..... speak with words whose wings are broken. As stutterers they are one of the very largest contingents of the disadvantaged, and since first their predicament was recorded by the ancients it has been held to be among, the more baffling of mankind's many woes".

Wendell Johnson (1959)

(i) Anticipatory Struggle Theory

This theory by Bloodstein says that stuttering is a struggle reaction which reflects the speaker's moment of doubt about his ability to say a word or other element of speech. In trying to develop an adequate theory of stuttering he not only explains the moment of stuttering but also the aetiology of the disorder.[1]

The question to ask when trying to understand the moment of stuttering is why a stutterer who has spoken normally for so many seconds, minutes or longer suddenly repeats, prolongs or blocks on a sound again. This then is the moment of stuttering and to frame it in conceptual thought we say it is a reaction of tension or fragmentation resulting from the threat of failure. Stutterers behave as though they have acquired a belief in the difficulty of speech, and appear to struggle against an imagined obstacle in the process of articulation.

In any motor skill, if the person believes it is important to carry it off well, he tends to try too hard. He becomes tense and produces muscle tension. If he believes the whole thing to be too difficult to do all at once, he may take the activity apart. He then carries out the activity in fragments.

Unfortunately talking is one thing that can be done well only without trying. It is also subject to cultural standards and social scrutiny which makes it an activity liable to failure yet with considerable importance attached to it.

In behavioral terms, the anticipatory struggle theory states that stuttering is governed by stimuli. Based on past research data and Bloodstein's own laboratory tests, stutterers were said to show a consistency effect, Stuttering tended to occur on the same words; so much so it became a predictable response to identifiable stimuli [the particular words].[2]

However, the stimuli that functions for one does not necessarily operate for another. The individual factor such as past experiences with particular cues largely determines when the stutterer will experience a block in speech.

One maxim of this theory is that stuttering is due to anxiety about speech or stuttering. W.Johnson (1959) felt that the more the stutterer felt anxious about his situation the greater the struggle will be to get the words out correctly. Because Johnson's emphasis was on anxiety as a function of stuttering he listed the factors determining degree of anxiety in his theory. (see Fig.2)[3]

Factors Determining Degree Of Anxiety.

* Severity and discomfort of past stuttering.
* The penalties consequent to past stuttering.
* The stutterer's insight into the nature of his stuttering behavior.

* The stutterer's familiarity with ways of modifying his stuttering responses to decrease tension, discomfort and feelings of helplessness and lack of control involved in them.
* Stutterer's own sense of personal security, at being able to stutter and his basic personal and social adjustment.

Fig.2

As one can see although Bloodstein's theory does not emphasize anxiety as an important element, most of the ideas on anticipation and self awareness has already been expounded by its predecessors like Johnson.

But instead anxiety is defined in terms of avoidance reactions. In anticipating moments of stuttering, speech avoidance reactions produce the very thing stutterers despair of. Social penalties is said to make stutterers persistently anxious about their disfluency. Fear of stuttering means more anticipation of stuttering which becomes the basis for stuttering again.

Since this hypothesis believes that stuttering grows out of past experiences of speech failure (like Johnson's) which produces a belief in it reoccurring, the search begins for how one acquires this belief.

In dividing the factors into two broad categories, we get first the immediate provocations for stuttering and second the factors that create a general atmosphere of communication pressure.[4]

Delayed speech is the first of the immediate provocations for stuttering. Children who are slow in developing speech and language skills and are regarded by the parents and other as defective in articulation, are apt to become intensely concerned about their speech. They may then begin to find communication a struggle that requires laborious preparations and special effort. Many of these children may not even be experiencing delayed speech acquisition, parents and relatives could be just over-demanding and impatient of infantile errors.

Defective articulation is said to constitute the most common single provocation to stuttering. Parents often assume their children's ordinary defects of articulation to be due to carelessness, a "lazy tongue" or excessive rapidity. Criticism, bribery or commands makes them fearful of speaking and it becomes an acquired habit.

Among other provocations are reading difficulties and cluttering and those that are non-psychological like aphasia, cerebral palsy, brain injury or mental deficiency.[5]

Speech pressure essentially stems from the home environment since that is where the preschool child spends his childhood most. Parental perfectionism or over-concern has been shown to exact environmental pressures on children to live up to excessively high standard of speech and behavior. Even the most articulate child is pressured to exceed his speech or language capability. But such family background is true of stutterers and non-stutterers so home environment is only one source of unusual pressures on speech.

Sometimes the personality of the child can be associated with stuttering. He may have traits such as an excessive need for approval, perfectionism, sensitivity or anxiety. These are also factor that may facilitate stuttering.

Some times the child may put pressure on themselves by having demanding speech models, If a parent or older sibling with unusually rapid and fluent speech is picked as the model to emulate, it makes it twice a hard to the early speaker.

Other factors that are not mentioned here have been extensively researched and the correlations discovered are very interesting. But for discussion of this theory we have concentrated only on those espoused by this theorist.[6]

In the attempt to understand the aetiology of stuttering one must be reminded that even non-stutterers may undergo extreme speech pressure in the home environment. Children's disfluencies are also quite normal in their early years of speech acquisition. That is why anticipatory struggle behavior can also be observed among non-stuttering children though not among non-stuttering adults. Thereby does this theory suffice as a conceptual model of the problem of stuttering?

Notes

1 Oliver Bloodstein, " Stuttering as Tension and Fragmentation" in Stuttering : A Second Symposium, ed. Jon Eisenson (New York : Harper & Row, Inc., 1975) pp.3-95. The theory of anticipatory struggle reactions is excerpted from here and is discussed throughout with reference to Bloodstein's viewpoint.

2 For further details on the particular experiments see, W.Johnson and J.R.Knott "Studies in the Psychology of Stuttering" in Journal of Speech Disorders, 1937, 2, pp.17-19.

3 Wendell Johnson, The Onset of Stuttering, pp.25-26.

4 This division can be found in Bloodstein, p.35.

5 Bloodstein, pp.41-42.

6 Other such factors can be found details in Wendell Johnson and Associates, The Onset of Stuttering (Minneapolis : University of Minnesota Press, 1959) and M.F. Berry, Speech Disorders.

(ii) Conflict Theory

In defining stuttering this theory presented by J.G. Sheehan distinguishes between three critieria; speech behavior, speech anxiety and perception of self. In trying to understand the problem of stuttering, he felt that it was important to understand these three categories.[7]

Speech behavior consists of blockings, stickings, grimaces, foringo, repetitions, prolongations or other rhythm breaks or interruptions in the forward flow of speech.

Speech anxiety is represented by fear or anticipation of blockings, fear of inability to speak, or related symptoms prior to words or to speaking situations.

Perception of self is defined as a self concept which includes a picture of himself as a stutterer, speech blocker or a person lacking normal speech fluency. This idea of self perception and expectation can put a lot of pressure on the stutterer.

However, the stutterer is not the only one experiencing self doubt and anxiety during moments of stuttering. The listener's perception of the situation is equally demanding because he does not know what is the right response. Should he watch or should he avert his gaze? Should he help with the word or not? Should he recognise the disorder or pretend it is not there?

The conflict of the listener is somewhat similar to the approach-avoidance conflict that this theory expounds. Only this time the stutterer's conflict is not just an uncomfortable moment. It is a recurring problem.

The stutterer experiences two opposing urges; one to speak and the other to hold back. Stuttering is only a momentary blocking. It will occur when the conflicting approach and avoidance tendencies reach an equilibrium. (See Fig.3)[8]

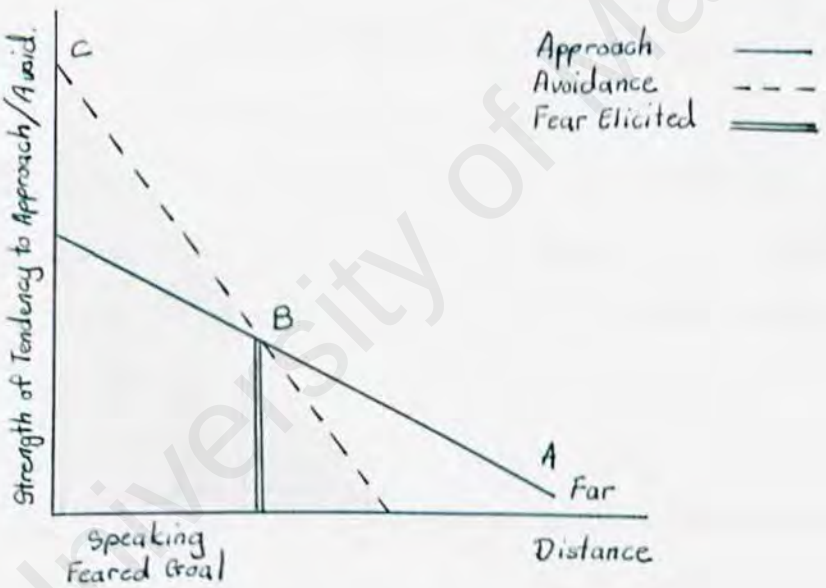

Fig.3

Johnson (1963) had actually talked about the two forces in a communicative situation; the facilitory and the inhibitory, This positive and negative, the progressing and retreating behavior was already claimed to be a duality which results in stuttering. However it was then only a general model to facilitate a relationship between the psychological and physiological phases of stuttering.[9]

In presenting a conflict hypothesis which would allow for a more direct behavioral modification eg. avoidance reduction therapy, Sheehan also introduces the double approach avoidance conflict model. Both the simple approach conflict and double approach-avoidance conflict were actually two of the four basic kinds of conflict listed by Miller (1944).[10]

The double approach-avoidance conflict is considered to be a more comprehensive and significant contribution to the problem of stuttering. Conflict is analysed not only as that between speaking and not speaking but also the conflict within these tendencies.

The conflict on speaking is because there is an approach tendency for fulfilling the socially demanded role of speaking. But speaking would entail the danger of stuttering. Fear of this danger would result in an avoidance tendency.

The conflict on not speaking is analysed as an approach tendency towards silence because it is an attractive alternative to the danger of speaking. But in situations that demand speech, not being able to speak is also a threat to be feared. Many stutterers is said to show a fear of silence and that many of their unintelligent symptoms is a measure to release the block and prevent silence.

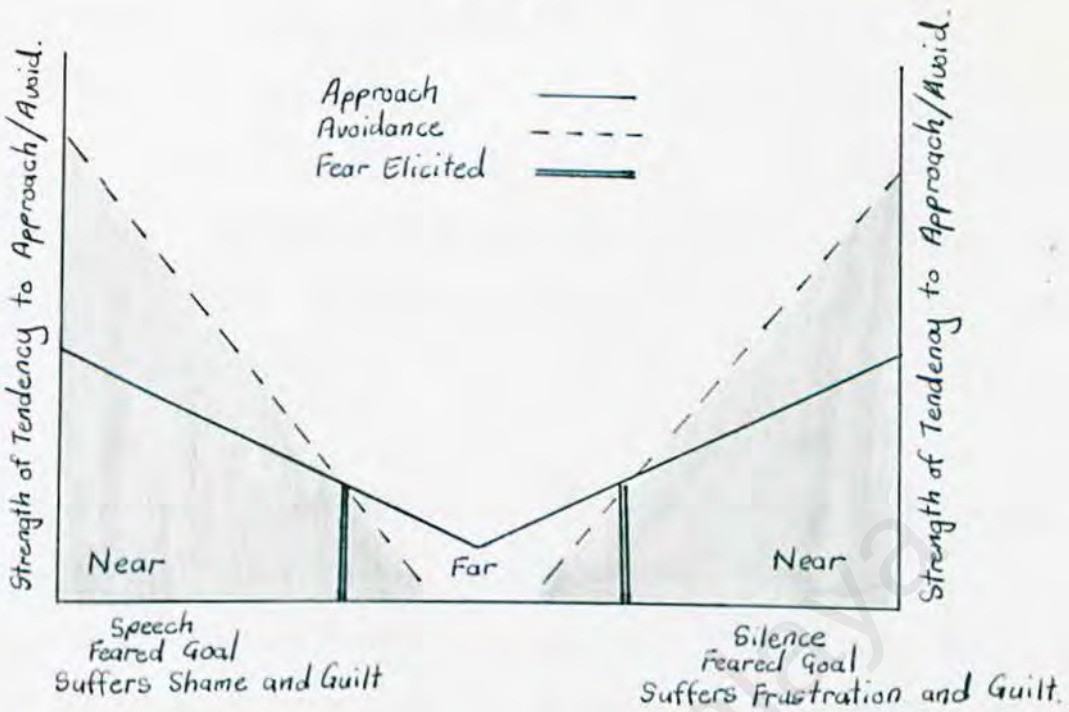

Fig.4

Fig.4 illustrates the conflicting urges toward speech and towards silence in the double approach avoidance conflict model. Movement toward either feared goal (speech or silence) will elicit more momentary fear, which increases until the goal is reached and quilt follows either choice.

As there is an approach and avoidance tendency for either choice the stutterers will always view the more distant goal as the more desirable. In approaching speech or silence it becomes too feared, so he will turn around in order to reduce fear and instead favour his avoidance tendency. The situation becomes somewhat like a pendulum and such behaviour is said to be characteristic of the stutterer.

The conflict theory is based on quite a few assumptions eg. the tendency to approach a goal is stronger the nearer the subject is to it, the tendency to avoid a feared stimulus is stronger the nearer the subject is to it, the strength of avoidance increases more rapidly with nearness than does that of approach and etc...[12]

The approach-avoidance conflict model is claimed to relate stuttering to anxiety and avoidant behavior in a systematic, meaningful way and also to show how anxiety leads to stuttering. It also states that primary and secondary stutterers are victims of the same conflict. It can also explain hesitations in normal speakers. But perhaps as a formal theory, skepticism is desirable because it has not proven itself able to explain the aetiology of stuttering, only the moment of stuttering; though it does do it better than the anticpatory-struggle theory.

Notes

7 Joseph G.Sheehan, "Conflict Theory and Avoidance - Reduction Therapy," in Stuttering : A Second Symposium, ed., Jon Eisenson (New York : Harper & Row Publisher Inc., 1975)

Even though the concept of conflict is not completely original, the analysis of the stutterer in these three categories is an additional contribution. The value of it in clinical terms has yet to be determined.

8 A theoretical model to enable the analysis of the process in which equilibrium is reached subject to the relative strengths of the gradients of each, in Sheehan, p.107.

9 Wendell Johnson, ed., Stuttering in Children and Adults (Minneapolis : University of Minnesota Press, 1963) p.27.

10 Sheehan, p.111 lists the four basic kinds.

11 Sheehan, p.112.

12 All of the more significant assumptions can be found in Sheehan, pp. 1114-118.

RELATING RESEARCH TO THEORY

Instead of reviewing the research data that either Bloodstein or Sheehan has presented as evidence for their theories, I have decided to test their theories based on some independently made studies.

The first test is based on a study by G.Miller Friedman. The purpose of the study was to devise a means of quantifying stutterers evaluations of stuttering. As both theories have explained the moment of stuttering in terms of internal processes such as anticipation and anxiety or approach-avoidance conflict, a review of how stutterers characterise their own moments of stuttering is relevent.

The subjects were 326 stutteres and 100 non-stutterers and they ranged in age from 11 to 53 years. They were required to answer questions in a test.[1] (see App.a)

There were so significant differences in comparing the hobbies of stutterers and non-stutterers. In the data concerning their foremost wishes there were also no significant differences except that with respect to improved speech. 68% of the stutterers said that it was their most desired wish and of course non of the non-stutterers even thought of it.

One relevant result was the difference of 14% for stutterers and 5% for the non-stutterers when asked if they considered themselves "shy" or "very shy". The fact that more of the stutterers rated themselves as shy and nearly half said they were not good mixers. Since personality factors cannot account for the difference it can be concluded that stuttering has made them appear shy to themselves. Being shy and not good mixers can be convenient excuse not to put themselves in a social environment which require them to speak. Also "shy" and not "good mixers" are more acceptable labels for their reluctance to put themselves in speaking situations.

So far as inclination to worry was concerned slightly more than half for both groups admitted to it but 34% of the stutterers to 3% of non-stutterers were "very much" more worried.

While some of the statements made in the test were ambiguous and more general than advisable we can still see how a stutterer's perception of self can be manipulated to help therapy.

In the conflict theory, an avoidance-reduction therapy is suggested. What the stutterrers hope to avoid need to be made less fearsome. Based on this study the therapist can try to build self-confidence and encourage the engaging of less demanding social roles. If stutterers can be made to feel themselves less shy and perhaps better mixers, they would not fear and avoid speaking.

The same is to be applied in the anticipatory struggle theory. Previous experience must be made to seem unreliable. Intense worrying about a forthcoming word makes one ignorant about the people around you. Hence the term "shy" or not "good mixers".

Also the fact that stutterers consider themselve inadequate in social environments imply a certain expectation of what is considered acceptable. Since they cannot fulfill their own demands, each new speaking situation will have greater speech pressure as their belief in their own inadequacy intensifies.[3]

In another study by Jeanette Frasier which attempts to obtain pertinent assumptions amde by the stutterers themselves as to their disfluency, subjects were again required to answer questions. Only this time the questions were open-ended rather than the Yes/No type.

This stutterer's personal evaluation is important because the theories thus presented uses psychological processes to explain the phenomenon of stuttering. By obtaining their interpretation of their situation we can then relate their perceptions and feeling to the theories.

This study examines stutterers written responses to five questions.[4] Of the nineteen stutterers investigated thirteen were male and six were female, and they ranged in age from thirteen to eighteen years.

In response to questions as to what they felt was the cause of their stuttering, eight of the subjects replied nervousness, self-consciousness, tenseness, excitement, or lack of self-control. Only two replied they didn't know what caused their stuttering. The others were more specific; loss of speech one month preceeding a tonsillectomy resulted in stuttering when speech was regained, improper breathing and viability to find the right words you want to say or meeting strange people.

The first category of answer reflect an awareness of their psychological profile prior to stuttering. While terms like nervousness and tenseness are vague, in the conventional sense they do reflect some kind of nervous anticipation and internal conflit. Terms like lack of self-control indicate a behavior that is opposite to their intention and desire.

Such vagueness and abstraction are accurate in the sense that a majority reported that they had never read up on sutttering so the description given is as accurate as they can get. Also it is impossible to prove the anticipation struggle model or the conflict model without influencing the results by using the terms anxiety, anticipation, approach-avoidance tendencies etc... to the subject. In desperation for an accurate description, subjects would then tend to repear the terms used.

Other physical descriptions such as a general bodily tension, excessive perspiration and increased rate of heart beat are just more evidence of tension and anxiety. They could be merely a reaction to the fear of stuttering.

Scientific observations are impossible in order to substantiate the statements made by the subjects. But the assumptions represented by these statements does fortify some of the claims made by the two theories presented earlier. Such as certain words are more difficult to say than other substantiate the consistency of stimuli in the anticipatory struggle theory. That stuttering is socially disapproved but is impossible to avoid is another conclusion that points to the approach-avoidance argument. Also the fact that it is more difficult to speak to certain people and in certain situations imply a range of factors such as speech pressure in certain perceptions of the environment, past experience of similarly difficult situations or an overestimation of the role demanded of stutterers in society.

Conclusion

The two studies here were picked simply because they were made based on the stutterer's perspectives. The statistics that can be found in literature on stuttering is endless and unfortunately quite irrelevant to an explanation of the problem. Much has been made of the psychological factors and I feel rightly so. There is sufficient justification for the stress on the catiology of stuttering. In studying any psychological phenomenon such as stuttering the concern should not just be on the development and origins of the problem but also how such information can be used or manipulated for treatment. I cannot hope to expand as to what constitute a sufficient program for therapy as a mere student of psychology but I do understand that in dealing with people, we must see each stutterer as an individual with his/her own personal experiences to the problem. Theory here merely helps to guide one's perspective, mainly the clinician's on how to evaluate a stutterer. For my purpose, I merely hope for a better understanding and acceptance of a problem in this country that is not even acknowledged.

Notes

1 The attitude scale was actually constructed by W.Johnson. The scale sheet can be found at the end of the chapter and is reprinted from , " A Test of Attitude Toward Stuttering", by Gladys Miller Friedman in Stuttering in Children and Adults, ed. Wendell Johnson, (Minneapolis: University of Minnesota Press, 1963) pp. 317-334.

2 These results can be found in G.M.Friedman, p.323. See also the reliability coefficents.

3 These conclusions I have made are mere correlations of the theories in relation to the research data.

4 The list of questions is in Appendix B.

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