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## THEORY

Stuttering is a symptom of an emotionally disturbed personality that profoundly affects the physical, mental, and emotional life of the stutterer. It is a complex, functional speech disorder that has its roots in fear, or in some deep-seated mental and emotional conflict within the self. In most cases the original as well as the subsequent contributing causes have been forgotten. They have been relegated to the subconscious because the memory of them was too disturbing or too painful to be retained within the conscious mind. Since they were repressed without being understood and without the emotional content being dissipated at the time they occurred, they have continued to wage an internal conflict below the sufferer's conscious thought and will control. They lie apparently dormant and inactive within the subconscious until some unexpected situation arises in his everyday life, that may be directly or indirectly related to these hidden unresolved emotional experiences of the past. It may be a chance word, a tone of voice, a critical remark, or one of a countless number of real or imagined situations, that will throw the stutterer without warning into a paroxysm of fear or into the grip of some other destructive emotion. As a result of these upcroppings he finds himself in the grasp of an uncontrollable over-all bodily tension, which is concurrent with a nervous agitation and tension within

the speech mechanism. The result is the formation of a "blockade pattern." Once this pattern becomes habitual, the stutterer finds himself conditioned to faulty speech.

Along with these deeper, unconscious memories the stutterer also has many unhappy recollections associated with his stuttering that lie within the fringe of his conscious memory. These experiences may be recalled at will, or they may "flash back" unbidden to disturb and frighten him when he encounters situations similar to those that have gone before. Such occurrences tend to increase his fear, undermine his self-confidence, and lessen his faith in his ability to overcome his speech handicap. The average stutterer often attributes his faulty speech to these secondary causes, which he rationalizes about in an effort to explain his difficulty to himself and to others. This prevents him from looking for the deeper, underlying causes that lie buried and forgotten within the subconscious, the storehouse of memory.

There are as many causes for stuttering as there are people who stutter. It may have been precipitated by some severe physical or emotional shock experienced during infancy, childhood, or adolescence. It may be due to some unresolved, perhaps irrational childhood fear, or to some terrifying circumstance over which he had no control and which he was too immature to understand or to cope with at the time it happened. It may have been brought about as the result of a long period of strain and pressure due to some untenable close personal relationship during his formative years. It may also have been brought about as the result of emotional insecurity in the home, at the time he was just beginning to acquire articulatory co-ordination.

\* This summary statement was written by Mrs. Gifford in 1955.

Most stutterers and those suffering from similar speech disorders have been sensitive children, who have been deeply affected by the emotional life of the home. Often a parent's lack of understanding of the child's emotional needs, faulty discipline, continuous destructive criticism over an extended period of time, or inconsistent dealing with everyday problems may have contributed to his speech disorder. Fear of parental judgment, deeply hurt feelings, the belief that he has been rejected or that he has been deprived of parental love and affection may be at the root of the difficulty. Contributing factors may also include lack of love and conflict between parents, broken homes, separation from those he loves by war, death, or divorce, remarriage of one or both parents that often results in complicated family relationships, competition between children for parental affection, and inharmony or friction between different members of the family. Sometimes alcoholism or other character weaknesses may produce an emotional conflict that will reflect itself in his speech. His own hidden feelings of anxiety, insecurity, inferiority, or guilt, shame, resentment, or hatred may also give rise to his halting speech. If a child is unjustly berated by an impatient parent or teacher for his faulty speech, or if he is repeatedly scoffed at by his classmates or other companions, the tension within the speech mechanism is intensified and his stuttering is greatly increased.

It is experiences such as these that lie behind the symptoms which manifest as stuttering. If the stutterer receives no speech therapy and if he is given no assistance in understanding the mental and emotional aspects of his difficulty, he is likely to become more and more con-

fused and frustrated. This is especially true as he grows to maturity and is faced with increasing responsibilities. Some stutterers do make a fairly satisfactory emotional adjustment to their speech handicap and to life situations. But there are hundreds of thousands who have become so victimized by their conscious and unconscious fears that they live far from normal lives. Fear colors their outlook and response to people and to life situations. Some become moody and depressed and take to daydreaming, retreating into a world of fantasy and make-believe. Their perception of reality becomes warped because they are blinded by fear and discouraged by their repeated failure to acquire fluent speech. In cases such as these, in spite of the fact that there is nothing wrong with the speech mechanism, the conviction that they cannot speak normally has become more powerful than the conviction that they can speak fluently. Caught between a lack of faith in their own innate ability to become master of their own thought and feeling world, and the belief that they cannot control their speech mechanism and speak normally, they present a serious problem to themselves and to those who try to help them.

#### THERAPY

The speech therapist's ultimate goal is to help the stutterer acquire fluent speech through the acquisition of inner poise, or a state of equilibrium, by which he may gain self-control, emotional stability, and mental balance. This is accomplished by means of a threefold approach: (1) helping him to uncover the underlying causes that have been responsible for his deviation from normal speech; (2) the re-education of his mental-emotional

life and his attitude toward himself and his speech problem; (3) the developing and retraining of the control of the speech mechanism.

An important aspect of the therapist's work is the securing of a thorough case history. This is accomplished by personal interviews with the stutterer and a written autobiography. With school-age students, parents, teachers, and others who have been closely associated with him are also interviewed. During these conferences with the stutterer the therapist endeavors to assist him to gain a more objective, impersonal attitude toward himself and his speech problem, as well as an understanding of the psychological factors within himself and his environment that produce tension within the speech mechanism. Whenever possible an attempt is made to secure the cooperation of both the home and the school in enabling the stutterer to establish an environment that will be more conducive to mental and emotional stability, and to assist all concerned to a better understanding of the problems involved.

The rebuilding of the mental and emotional life calls for an understanding of (1) the normal function of the mind in relation to the body in general and to the speech mechanism in particular; (2) the effect of the emotions upon the mind and body, and ways and means of controlling them; (3) one's own innate ability to change destructive habits of thought into constructive thought, speech, and action. The understanding of these together with the application of the necessary remedial techniques will in time bring about the desired change in the stutterer's thinking and feeling world.

Coincident with the rebuilding of the mental and the emotional life of the stutterer is the retraining of the con-

trol of the speech mechanism. The following seven steps form an important part of the training process:

1. The technique for the relaxation of the entire body with special reference to the speech mechanism.
2. The acquisition of poise and mental stillness after bodily relaxation has been acquired.
3. Learning how to release the voice on the outgoing breath stream, using the "sigh principle" with the breathy tone quality.

The free release of the "sigh voice" counteracts the mental and emotional tensions that are associated with the fear of words, the blocking on initial consonants, or the meeting of some difficult speech situation. The degree of the "breathy tone" and the amount of volume used gradually diminish as fluency is gained. This manner of speech is an *intermediate* step between the old incorrect speech pattern and the new "fluency pattern."

4. The practice of the "silent recall" of both the sound of the voice as it is released on the outgoing breath and the feeling sensation that accompanies it as it flows through the speech mechanism.

The repetition of the auditory and the kinesthetic sensations, as experienced through the "silent recall" helps to impress upon the mind the memory image of both the sound of the voice as it flows through the speech mechanism and the feeling sensation that accompanies it. The act of focusing the attention upon these sensory stimuli and mentally recalling them helps to strengthen and deepen the new speech pattern.

5. Learning how to speak with a light mouth action. The overcoming of the fear of the initial consonants may be accomplished by keeping the whole mouth area

as relaxed as possible and learning how to speak with a "breathy" tone. This is developed through the following steps: (1) with no mouth action (vowel reading); (2) with slight mouth action; (3) with a light mouth action. In the beginning the sounds will only approximate the correct articulation because some mouth action is required in the formation of most of the vowels as well as the consonants. The aim, however, during this practice period is not clear enunciation but the release of a free continuous voice stream through a passive mouth.

6 and 7. Learning to speak and to read in short phrases with a pause between phrases and at the end of the sentence.

The time lapse between phrases and at the end of the sentence allows for frequent inhalations of the breath, and greater control of the breath, and it also helps to establish a more normal rhythm.

The continuous daily application of these foregoing steps, together with the remedial techniques for the re-education of the mental and emotional life of the stutterer, will enable him to speak more fluently. He can acquire greater bodily control, peace of mind, emotional stability, and eventually fluent speech. The degree of success attained will be contingent upon his willingness to face himself and his mental and emotional problems honestly, and his determination to apply the principles involved in this co-ordinated and integrated technique. The stutterer's power to change lies within himself. No technique can do more than show him how to obtain his objective. This technique claims only to be a guide to free speech, the stutterer's right, and to a richer and fuller life.

### James S. Greene, M.D.\*

#### THEORY

The late James S. Greene, who had been Medical Director of the National Hospital for Speech Disorders, New York City, placed the individual who demonstrates stuttering in what he termed the "stutter-type group." The individuals in this group are characterized by a basic tendency toward excitability and disorganization, an exaggerated capacity for response to stimuli, and a relatively high potentiality for the spread of emotional tension. Their mental and physical activities are continually being disturbed or inhibited because of uncontrolled reactions. This disturbance is manifested by arrhythmia or hesitancy, not only in speech but in many other forms of psychomotor activity. The stutterer's predisposition to emotional instability and psychomotor disorganization appears to be a hereditary trait, since more than seventy per cent of Dr. Greene's patients show a family history of stuttering. (When other forms of psychosomatic disorders in the family history are included, the percentage is considerably higher.) Although the exact nature of the inherited weakness is not known, Dr. Greene believes, basing his conclusion on multiple evidences of vegetative imbalance in the stutterer, that in all probability it is an involvement of the vegetative nervous system and that the involvement is resident in the hypothalamus. However, the individual's inherent psychosomatic

\* Approved and edited by the late Dr. Greene in 1938.