

THE PROBLEM OF STUTTERING
AND A PROGRAM FOR ITS CONTROL

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PREFACE

Problem of the Stutterer

Much has been said about the handicaps suffered by those who are blind. We all recognize the problems of the crippled individual, not only the problem of his short-coming but also the damage done to his outlook on life and his capabilities in reacting satisfactorily to other people.

There is a tendency to laugh at those who stutter, yet stuttering is not humorous and provides a tremendous handicap for many of those individuals so afflicted. Ideas bottled up within do no good in promoting our careers or well-being.

The stutterer is forced by his sensitiveness to keep much to himself. His problem, being so much psychological, is often much more acute than the problem of the physically crippled. The stutterer can ordinarily get little sympathy and, because of the nature of his problem, this fact intensifies its difficulty and magnifies his maladjustment.

In our society, we put a premium on the individual who can be carefree, relaxed and easy-going. The stutterer can be none of these, due to the very nature of his difficulty. The harder he tries the worse, more often than not, his speech impediment becomes.

It is very distressing to be able to talk to a dog or a small

child and then be unable to make a sales talk or apply for a job or appear to advantage in an important contact, or, even appear socially adequate.

This paper will not be concerned with speech difficulties other than stuttering. An attempt will be made to outline a program of physical care that will help to bring speech under control. There is also an outline of procedure involving mental hygiene that should help the ordinary stutterer or anyone else possessing tendencies to maladjustment.

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CHAPTER I

INTRODUCTION: REVIEW OF CERTAIN RESEARCH MATERIAL WITH REGARD TO THE PROBLEM OF STUTTERING

Stuttering has been defined as the speech disorder characterized by blockings, prolongations or repetitions of words, syllables, sounds or mouth postures, all of which produce interruptions and break into the rhythmic flow of speech.

Stuttering may affect anyone, king or beggar, Hebrew or Hottentot. Moses, King Charles I, Charles Lamb, and Charles Darwin were so afflicted. There are 1,400,000 stutterers in the United States and one out of every hundred children is destined to suffer from this embarrassment. (1)

Stuttering usually begins in childhood. About 85% of those who stutter start before the age of eight. Most of the others stutter by the time of adolescence. More boys than girls stutter. Some investigators say two to one, others say ten to one. In a survey of Missouri schools, 6.5 times as many boys as girls were found to stutter. There is a large amount of evidence supporting the popular belief that girls speak earlier, more easily, and oftener than boys. Some stutterers are more fluent with friends than with strangers, others less. Some

1. C. Van Riper, Speech Correction, New York: Prentice Hall Inc. 1946, p. 316-7.

read better than they speak, others have as much difficulty with the one as the other.

Stutterers vary in their speech from individual to individual, and the same individual has good and bad times. Stutterers have more stuttering ancestors than non-stutterers have. As a group, stutterers are reported to show more tendency toward left-handedness and ambidexterity than non-stutterers. Nearly all stutterers can sing or read in concerts with fluency. Nearly all have greater fluency when talking by themselves. For some reason, diabetics do not stutter, or at least very rarely, and North American Indians do not stutter.

It is difficult to say exactly how many school children suffer from speech disturbances of stuttering. Shaffer says

It is estimated that from 1 to 2% of school children suffer from these disturbances.... The difficulty usually starts in early childhood, one estimate being that 80% of stuttering begins before the age of six years. A fair number of persons with this class of speech defect recover spontaneously but no methods have been discovered that will possibly cure a large majority of cases. (2)

Another author states

From surveys that have been made, we learn that one person in every hundred in the United States is handicapped by stuttering, a staggering total of more than a million for the nation. (3)

Another author says

There are approximately 1,400,000 stutterers

2. Lorraine Frederic Shaffer, The Psychology of Adjustment. Boston: Houghton Mifflin Company, 1936, p. 246.

3. Harry Joseph Heltman, First Aid for Stutterers. Boston: Expression Company, 1943, p. 73.

in the United States alone, and one of every 100 children is destined to suffer from this abnormality. (4)

All research shows that more boys than girls are afflicted. Some say the ratio is eight to one, some say three to one. (5)

Stuttering seems to reach its greatest frequency in the fourth, fifth, and sixth grades, being twice as common in the fifth as in the first. Only about one in a hundred even start high school courses.

Another author says that the percentage of colored children who stutter is twice that of white children. Terman and Almack believe that girls enjoy greater speech powers because (1) girls receive a greater amount of language correction and instruction from their mothers, (2) girls have a quieter and less exciting mode of living, (3) girls have a preponderance of chest type breathing, and (4) the innate superiority of girls in grace and accuracy and physical movement in general is seen also in their superiority over boys in writing, drawing, and other hand work. Objective four is probably a correct one, but leaves the fundamental differences in the physical dexterity of the sexes unexplained. (6)

Shaffer would seem to agree with the above when he says

Some of the best-known characteristics of stuttering and stammering lead to the conclusion that they are caused by psychological processes. That most stammerers can speak well when alone but not when observed, that they can sing words

4. Van Riper, Op. Cit., p. 316-7.

5. Class notes at Oregon Extension, Portland, Oregon. Summer, 1946. Instructor: Wells.

6. Harry J. Baker, Introduction to Exceptional Children. New York: MacMillan Company, 1945, p. 134.

that they cannot say, that the disorder disappears temporarily when they are distracted from paying attention to it, all suggest that the problems involved are those of adjustment and habit formation.

Shaffer expresses Dunlap's theory, growing out of Freudian psychology, of the "Vocal Taboo" origin of stuttering, as follows:

Robust children with vulgar backgrounds seldom stammer, while well brought-up little boys do have a greater incentive for inhibition. That girls seldom stammer is ascribed to the fact that proper little girls do not use these obscene terms as much as do boys, even among themselves. Another theory of stuttering, proposed by Adler, is that it constitutes a withdrawing mechanism due to an attitude of inferiority. The stutterer feeling inferior and ill at ease hesitates to speak lest he be repulsed, hence the inhibition develops. Adler also suggests that the stutterer uses his disability as an excuse for his lack of accomplishment and privately blames all failures on this disability which thus acquires adjustive value of a rationalizing type.

The theory of stuttering that holds most in common with the objective psychological viewpoint is that of Fletcher (1928) which holds that the condition is not true speech defect but is a personality mal-adjustment.

The stutterer suffers his greater difficulty when speaking as a social participant. His trouble is therefore a subtle fear of social contact and an emotional response to the presence of his audience. (7)

About 1840, the surgeons of Europe found what they believed at that time to be a cure for stuttering. They operated with great gusto on every case submitted to them for they assumed that stuttering was the resultant of physical defect. At the end of about a year, a

7. Shaffer, Op. Cit., p. 247-8.

cry of warning went up and those who had tried the experiment admitted their grave error. (8) Modern research indicates beyond the shadow of a doubt that stuttering is not usually due to physical malformation.

(9)

Stuttering seems to be due to causes other than the speech organ defect. Some insecurities which increase stuttering are protruding teeth, effeminacy, lack of spending money, extremely short stature, illegitimacy, red hair, and a reading disability. Some differences often viewed as securities are athletic ability, personal beauty, ownership of a pony and many playthings, a brother who was a prize-fighter, and high intelligence. The difference itself is not so important as the interpretation of the speech defective's associates.

(10)

The elimination of malformation as the primary cause of stuttering did not make the true causes clear. Hahn gives the opinions of some twenty-five American and European authorities as to the causes and cures of stuttering. (11) Following are some of these opinions:

Dr. Smiley Blanton of Cornell Medical College believes that psychological factors are the primary cause of stuttering, and that fear states of the stuttering prevent the cortex from exerting control over the organs used in speech.

Dr. John M. Fletcher at Tulane is convinced that stuttering is a psychological difficulty,

8. James S. Greene and Emilie J. Wells, The Cause and Cure of Speech Disorders, New York: The Macmillan Company, 1927, p. 6.

9. Dr. Leon Lassers, How Parents and Teachers Can Help Prevent Stuttering in Children, State Department of Education, Salem, Oregon, 1945, p. 5.

10. Van Riper, Op. Cit., p. 65-6.

a morbidity of social consciousness, a hypersensitivity of social attitude, a pathological social response.

Mabel F. Gifford of the Bureau of Speech Correction of the State of California says stuttering is purely psychological in origin--a problem of emotional maladjustment involving the total personality.

Samuel D. Robbins of Emerson College believes that stuttering is one of the many symptoms of certain psychoneuroses. It appears most frequently in nervous individuals who inherit a tendency either to stutter or to exhibit other nervous traits.

Dr. Lee Edward Travis of the U. of S. C. formulated while at Iowa that stuttering is caused by a conflict between the two hemispheres of the brain. Speech muscles are paired--hence the lack of dominance may make for lack of control.

C. Van Riper believes that the average child who begins to stutter does so because his nervous system is less capable of co-ordinating the paired speech musculatures; or his communication is subjected to such tremendous pressures that his normal nervous system is incapable of the intricate integration involved.

Dr. Robert West of the University of Wisconsin believes that stuttering comes from an inner psycho-physical condition. He also found that the blood of the stutterer contained more inorganic phosphates, calcium and sugar and less potassium and protein than the normal speaker.

Alfred Appelt of Munich, Germany says that when we work we get a callous growth, when cut we bleed, similarly, in the field of mental life, security or safety tendencies develop which form the basis not only for stuttering but also for other neurosis. It is of interest to note that Appelt thinks spoiled children are in greatest danger of becoming stutterers.

Dr. E. J. Boome of London, England says that the instability of the nervous system is the primary cause of stammering, while the environmental factors by weakening the individual's

physical resistance, serve to reveal the latent tendencies. (11)

There would seem to be little doubt that the treatment of stuttering is a problem of psychology. Certainly the emotions enter into the picture, if not at first at least later as the patient becomes conscious of his shortcomings.

Heltman probably summarizes the situation when he says the causes of stuttering are unknown and that a considerable number of explanations are nothing more than hunches. The theory of nervous shock, dietary predisposition, personality difficulties, the changing from left to right-handedness are examples of theories that cannot be sustained. (12)

Exhausting play, tickling, startling sudden noises, or gestures and breath-taking pastimes all seem to increase the difficulty. Probably one of the worst environmental factors contributing to the severity of stuttering is emotional instability on the part of one or both parents.

Heltman adds that stuttering cannot be inherited any more than any other social trait, nor is it likely to be acquired by imitation. (13) It is a strong opinion among speech correctionists that it might be possible to acquire the habit of stuttering through imitation.

Not all theories as to the cause of stuttering emphasize psychology. Dr. West performed an experiment in an effort to determine whether physical or chemical make-up of stutterers was different from that of other people. Here is a short summary of his results.

11. Eugene F. Hahn, Stuttering - Significant Theories and Therapies, Palo Alto, Stanford University Press, 1943.

12. Harry Joseph Heltman, Op. Cit., p. 276.

13. Ibid, p. 35.

In collaboration with Dr. West, Dr. George Köpp began a series of biochemical studies to ascertain physiological differences between stutterers and non-stutterers. Studying chemical entities in the blood, the following results were achieved: the blood of the stutterer is found to contain more inorganic phosphates, calcium and sugar and less potassium and protein than that of the normal speaker. Although the larger quantity of sugar in the blood may be the result of emotion, it might be expected that the body would make adjustment to the constant fear of embarrassment status of the stutterer. Although the amounts of inorganic phosphates, potassium, protein and calcium differ from the average, they do not affect the health of the stutterer.

Apparently the specific amount of any one of these components is not a matter of meaning in explaining stuttering;..it is rather the ratio of one component to another that is involved in dysphemia. (14)

Another common cause of stuttering lies in the twilight zone of psychogenic disorders, in other words, a disorder originating in or produced by the reaction of the individual to his physical and social environment. This type of stuttering is caused by a psycho-physical complex, the outward manifestation of which is the speech defect. (15)

Another cause of stuttering is supposed to lie in the relationship existing between laterality (sidedness) and the speech control mechanisms. Some recent studies tend to corroborate the conclusion that on a whole stutterers differ from normal speakers in being characterized by a relative lack of unilaterality of motor lead control. This theory has been frequently attacked but there can be no doubt that the research

14. Hahn, Op. Cit., p. 110.

15. West, Kennedy, Carr, The Rehabilitation of Speech, New York: Harper and Brothers, Copy. 1937, p. 53.

on this topic has made some contribution to our knowledge of stuttering. (16)

Lee Travis originated and developed the idea of stuttering as a sign of the rivalry between the two sides of the brain. Although at present he has modified his theory somewhat, it is interesting to note his introduction to Johnson's book in which he says that, in his opinion, the symptoms of stuttering are mainly signs of rivalry between the two sides of the brain. The neurological basis of stuttering is lack of a sufficiently dominant center of activity. Earlier, he believed that this lack of dominance is in some instances brought on by environmental conditions and that in others it is due to heredity. (17)

In this same book, Johnson tells a story of the experiment in changing him from right-handedness back to what he believed to be his original state of left-handedness.

I have been trying to become left-handed. Left-handedness is, of course, only a symptom of the cerebral dominance. By becoming left-handed, then I have hoped to re-establish native dominance in its original intensity, and by so doing to harmonize the functioning of my speech organizations. The severity of my stuttering has decreased markedly, although I have not yet become entirely left-handed. At this stage of the game, however, I am quite willing to conclude that as soon as I have succeeded in shifting completely to left-handedness, I shall talk without stuttering. That is merely carrying the logic, based on my actual experience, to its ultimate conclusion. (18)

In spite of the success of Travis with Johnson and other individuals,

16. Van Riper, Op. Cit., p. 321-2.

17. Wendell Johnson, Because I Stutter, Introduction by L. E. Travis, New York: D. Appleton & Co., 1930, p. XII, XIII.

18. Ibid, p. 96.

the theory of dominant hemispheres is not considered any longer to be the sole cause as was originally stated by Travis. Nevertheless, it would seem that this factor should be considered in the treatment of any case of stammering or stuttering. (19)

The question is often asked concerning the intelligence of speech defectives. Baker, in his book, "Introduction to Exceptional Children", makes the claim that individuals who stutter are of approximately normal intelligence. He says in part

Children speech defectives tend to be below the average in intelligence. This is probably to be expected in view of their handicap. Stutterers, however, according to a study by Pintner, Eisenson and Stanton are approximately normal in intelligence. In any case, there is a wide distribution of I Q's and each individual should be considered on his own merits. (20)

There would seem to be differences between the breathing of stutterers and non-stutterers during speech. These breathing abnormalities include, according to Van Riper,

prolonged inspiration, strikingly different simultaneous breathing patterns for abdomen and thorax; speech attempt during inhalation; synchronism of laryngeal and respiratory movements; diametrical opposition of the action of the thorax to the abdomen; speech attempt using residual air; the presence of a marked tremor; shallow and irregular respiration; and many others. (21)

Irregularities other than in breathing present in stutterers and not in non-stutterers are as follows:

19. Class Notes, Op. Cit.

20. Baker, Op. Cit., p. 131.

21. Ibid, p. 323.

The presence of tonal rigidity in the voice; extremely brief approximation of the vocal bands before and between tones; ability to read mirror script; disarrangement of the pupillary reflex; odd proportions of inorganic phosphates, potassium, protein, sugar and calcium found in the blood; an increase in brain volume during the block; the presence during block of marked vaso-constriction; incoordination of the limbs or eyes during speech block; brain-wave characteristics; poor ability in performing a temporal pattern with the paired musculature. (22)

There are other important facts concerning stutterers that seem to be quite universal.

The better studies have shown the following important facts; most of the adult stutterers have marked fear of words and certain speech situations; These fears are set off by cues which are associated with general or specific memories of past speech unpleasantness and abnormality. The greater the penalty placed upon stuttering, the more frequent and severe are the blocks. The fear is increased by avoidance of speech attempt on feared words or in feared situations. Fear is frequently accompanied by rehearsal of the abnormality prior to speech attempt and by preparatory sets to stutter in certain specific ways. Stutterers can frequently predict the occurrence and duration of their blocks. Fear often manifests itself in the form of diametrically opposed urges to attempt and to retreat from the speaking of the word feared. (23)

The exact nature of the stuttering block is hard to determine. Probably it is a temporary inability to move certain speech musculatures. The temporary inability is due to lack of simultaneous volleys of nervous impulses sent from the brain to the paired speech musculatures.

22. Van Riper, Ibid, p. 323.

23. Ibid, p. 323-4.

Theory alone can as yet not explain why the impulses do not arrive at the same time. (24)

Stuttering, as the term is commonly used, is nothing but a "waste basket" term. It includes symptoms of all kinds, many of these symptoms being nothing but reaction due to fear of stuttering.

In summary, it would seem that the problem of stuttering is probably functional. Good mental hygiene and a sound health program would, in the opinion of many authorities, probably be the best way to cope with the difficulty.

24. Van Riper, Ibid, p. 324-5.

CHAPTER II

MENTAL HYGIENE FOR THE STUTTERER

The parents of a child who stutters should first seek a reliable source of help. The Oregon State Department of Education provides help to all Oregonians who care to avail themselves of it. A speech pathologist is in charge of the program to aid those who stutter. The parent would do well to read the Department manual, "How to Help the Child Who Stutters."

Another source of aid can be found in the Portland Public Schools. There is usually a speech correction program during the summer, if the pupil does not reside in Portland for the regular winter work. The summer sessions and State-wide classes are held by the Oregon State System of Higher Education Extension Service.

Both the University of Oregon and the Oregon State College are sources of guidance for those having difficulty in stuttering. (25)

A reaction of a stutterer to his handicap is likely to be one of regressive or withdrawal behavior. He may isolate himself in an attempt to live a solitary life. He may indulge in day-dreaming and fantasy. He may develop a tremendous interest in other things.

25. Notes on Speech Correction. Summer Session 1946. Portland Extension Center.

Another reaction may be aggressive or protest behavior. The victim of the speech defect may blame his parents, teachers, or playmates for his objectionable difference. He may attempt to shift the blame for his rejection from stuttering to some other weakness, such as lack of good clothing. He may refuse to cooperate with a group. Behavior problems which may be due to a protest reaction against the group's penalty include lying, enuresis, constipation, temper tantrums, stealing, arson, suicide, use of obscene language, cruelty to pets, truancy, fighting, destruction of property, disobedience, attempted suicide, sexual promiscuity, and feeding difficulties. Speech defectives sometimes resent proffered aid.

In contrast to the regressive or aggressive behavior, there is an attitude of intelligent unemotional acceptance as a reaction to the penalty of stuttering. This is the attitude that should modify either of the other two if the victim is to be helped. Popeye, the cartoon character, has good mental attitude when he says, "I yam what I yam". The individual with such an attitude says, "Of course I stutter", or "I am overweight, have freckles, or a big nose, or big red ears, but what of it". If a speech defective honestly admits his difference, the group will accept it more easily and unemotionally. (26)

Leon Lassers urges the prevention of stuttering if possible. He puts in big print the following statement:

THE LESS THE CHILD CARES IF HE STUTTERS...
THE LESS HE TRIES TO HIDE IT...THE MORE FREELY
HE TALKS ABOUT IT AND ADVERTISES IT.....

26. Van Riper, Op. Cit., p. 72-5.

THE MORE OBJECTIVE HE BECOMES ABOUT IT
AND TRULY ACCEPTS IT AS HIS WAY OF TALK-
ING FOR A TIME--THE LESS HE STUTTERS. (27)

One way to help the child master the situation is not to increase his problem by labeling him as a stutterer. Do not let him become ashamed of his way of speaking. Remember that all children repeat and hesitate in speech for a time while they are growing up. The child who is continuously advised or corrected may pass from the simple repetitions of the growing child into stuttering. This, according to Lassers, is the first rule in the prevention of stuttering.

In a matter of mental hygiene, there are several things that we could do to help prevent stuttering. Those things that would help prevent stuttering are also helpful in the control of stuttering.

Leon Lassers says that we must do all we can to give a child the feeling of security, confidence, and success. He must feel that his parents love him. A new-born infant is encouraged in good breathing by proper "mothering". Good breathing helps the baby to vocalize. The time to begin developing the sense of security is the day that he is born. "Be loving and affectionate, not critical and disapproving". Do not pamper and pity. You can be kind and still be firm.

Find the things that your child is successful in. Praise him for it. Do not demand perfection or hold to too high standards with regard to table manners, toilet habits, etc. Try to avoid nagging and scolding. Normal speech is more important than good performance or high marks on his report card.

27. Leon Lassers, How to Help the Child Who Stutters, Oregon: State Department of Education, 1946, p. 3.

Another key in the program of mental hygiene is found in the effort to make the child's home a calm and pleasant place, free of family conflicts. Anything that tends to worry the child or make him tense may also tighten up his speech mechanism. The child is handicapped who lives in a home where tension, insecurity, pampering, too much or too little discipline, and lack of routine are the rule. The family should attempt to reduce frictions and quarreling to a minimum.

One should slow down the pace of living and cultivate an easier, more relaxed manner in the way of talking. A child should have an opportunity to talk under the most favorable circumstances. Careful observation will show that the child has least difficulty in situations and circumstances where there is relatively little anxiety, tension, or excitement. His speaking will be smoother when he does not feel anxious or hurried or crowded. He should not be overstimulated. The child should have plenty of opportunity to talk, and his family should take the time to listen to him with interested courtesy.

One should try to find the situations that are most favorable to the child's best speech and give him plenty of opportunity to talk during these periods. The entire family should try to cultivate a calm, slow, easy way of talking. Do not ask the child to speak slowly, "to take a deep breath" or "think of what you want to say", etc.

One should solve the child's difficulty by reducing the pressures by which he is surrounded. The problem of stuttering is seemingly one of pressure-tensions. Classroom experiences should be made happy and successful. Everything possible should be done to give the child a real sense of achievement and participation. His duties should be small, while praise is generous and honest. Rhythm work, group

speaking, unison reading, and chanting are excellent. He should have the best pre-preparation for his oral reading assignments. This gives him a feeling of sureness and reduces tension.

The teachers should, early in the school year when the speech repeating child is absent, take the rest of the class into her confidence and invite their cooperation in helping "Billy". They should understand that Billy's speech machine is growing a little more slowly than theirs, and that they can help "oil" Billy's machine if they listen quietly and patiently. Offenders who may be teasing him on the playground should be solicited for cooperation by pointing out that they actually may be harming Billy. One should not insist upon oral work. The teacher herself should be calm and well poised and handle situations in a quiet unemotional way.

Bryngleson believes that a patient can be helped by imitating his so-called habit. This would give him control of his speech. The stutterer needs to learn of the insecurities and their defences which are developed around the fact that he is a stutterer. He must take a new outlook toward himself as a person. (28)

There are exercises and assignments for the stutterer, a sample of which is this:

Your assignment for next time is to tell five different people about your stuttering, and if you have no real blocks or repetitions of speaking to them, fake something. (29)

Other activities that will help are, according to West, as follows:

28. Hahn, Op. Cit., p. 24.

29. Bryngelson, Chapman, Hansen, Know Yourself - a Workbook for Those Who Stutter, Minneapolis: Burgess Publishing Co., Copy. 1944, p. 29.

1. Pantomime
2. Simple dramatization with some speaking
3. Reading in unison
4. Speaking familiar lines
5. Speech games for younger children
6. Speeches--brief expositions requiring blackboard or other demonstration. (30)

In this activity, the speaker does not have to depend entirely on what he says to make his meaning clear.

As part of the program of mental hygiene, the stutterer should have an opportunity to play happily with other children. This gives him a sense of security and of belonging, which probably cannot be attained in any other way. West says:

The Stutterer should learn to play happily with other children, preferably about the same age. His play should be moderate, for he is likely to become over-stimulated and easily fatigued. (31)

It would seem to the writer that a club program, such as the Boy Scouts, Gra-Y, or any other club which promotes a feeling of unity and belonging would be of value to the stutterer. Summer camps would also help. Hobbies that would give him a feeling of confidence and would also give him something in common with other individuals enjoying the same hobby would also be valuable.

Heltman says:

While getting plenty of rest, the stutterer should also have many opportunities for recreation with others of his own age, particularly in groups. (32)

30. West, Kennedy, Carr, Op. Cit., p. 266.

31. Ibid, p. 261.

32. Heltman, Op. Cit., p. 107.

The Blantons point out that the stutterer usually lives an isolated life because he is unable to mix freely with other people. It is their belief that a summer camp or any group that would bring a number of stutterers together would work to advantage. Thus, the stutterer would not feel that he had to fight his battle alone. (33)

In this paper, we are concerned particularly with children of Junior High School age. This is a difficult period. The following quotation summarizes the situation rather adequately.

From 10 to 14 is a period of real difficulty in treatment. This is a period in which children are beginning to reject adult guidance, and it is very difficult for them to accept the proffered friendship of even the most sympathetic older person. (34)

Probably at this age emphasis needs to be put, as in all others, on self-discipline. Somehow or other, the pupil must be made to take the responsibility upon himself and to begin the analysis of his own difficulties. Van Riper makes the following comment:

Before one begins such training in self-discipline, it is necessary to make a behavior analysis to determine wherein the weakness lies. Such an analysis would require examples of behavior which indicate 1. when to make a prompt decision, 2. avoidance of responsibility or opportunity, 3. procrastination of inevitable tasks, 4. leaving tasks or projects unfinished, 5. refusal to undergo temporary unpleasantness for future good, 6. disorganized and wasteful effort, 7. half-hearted effort, obviously inadequate to the task, 8. inability to perceive or respond to a subgoal leading to fulfillment of a strong desire, 9. self-deprecation, 10. day-dreaming, and other substitute satisfactions. (35)

33. Smiley Blanton and Margaret Blanton, For Stutterers, New York: D. Appleton Century Co., Inc. 1936, p. 112.

34. Ibid, p. 125.

35. Van Riper, Op. Cit., p. 86-7.

The relative frequency of behavior falling under these categories will indicate the proper direction of training in self-discipline.

In connection with this instilling of responsibility, the stut-
terer should undertake the study of mental hygiene either by himself
or in a group. A good assignment for him is the book, "The Stutterer
Speaks". (36)

Another aid to the building of responsibility and in aiding the
pupil to understand himself is a work book for those who stutter, "Know
Yourself". (37)

It is very important that everything possible be done to promote
good mental hygiene for the individual who has stuttering difficulty.
Traps of self-pity, self-indulgence and self-deception are to be
avoided if possible. (38)

It is interesting that stuttering does not cause insanity. A
trip to a mental hospital will reveal no stutterers. The writer has
personally tried to find stuttering patients in at least one mental
institution. The doctors there said that the people in their hospi-
tals had solved their problems, and that a "Napoleon" or "Bismark" was
not suffering from insecurities. (39)

This viewpoint is born out in the following quotation:

Now stuttering does not cause insanity. The
naturally depressive type of person may be
unable to take the correct steps toward re-
covery on account of stuttering, but there
are many other things other than stuttering

36. Conrad F. Wedberg, The Stutterer Speaks, Boston: Expression Co. 1937.

37. Bryngelson, Op. Cit.

38. West, Kennedy, Carr, Op. Cit., p. 264.

39. Lecture notes, Portland Extension Center, Summer 1946. Instructor:
Roeder.

that may have this effect. (40)

Remedial procedure may be undertaken either in groups or with each individual alone. According to West, the group approach has about four advantages:

1. Expediency--in free clinics or public school systems, it is always necessary to work with as many patients as possible in as little time as possible.
2. Socialization--working in a group gives an opportunity to let an individual know that there are others with the same problem.
3. Audience situation--an audience of fellow stutterers is more friendly in a formal speech situation and also it provides an opportunity for informal give and take in general conversation.
4. Reciprocal encouragement--those who are not severely handicapped by stuttering will probably feel encouragement merely by realizing that there are other more severe cases. Those who are the more severe cases reason that others have improved and why not they.

There are, of course, according to West, disadvantages in group work.

1. Stigmatization--group work sets the stutterers apart as a special group and in a sense increases their awareness of their defect.
2. Suggestion--if stuttering is responsive to suggestion, the presence of other stutterers has an unfavorable affect.
3. Inefficiency--in all classes, the larger the group, the less each individual can receive. (41)

40. Blanton, Op. Cit., p. 164.

41. West, Kennedy, Carr, Op. Cit., p. 263.

There are moot questions concerning stuttering about which clinicians are often consulted. West gives eleven of these with his opinion as to the answers.

1. Should the listener supply the word when the stutterer hesitates? In general, no. He prefers to find his own word in his own time.
2. Should he use a starter, such as, "Well", "Why", a cough, a click? He should be encouraged not to do so.
3. Should the stutterer avoid "difficult" words and phrases by substituting others which are not "difficult"? No; substitution is a subterfuge and should be discouraged.
4. Does learning a second language cause stuttering in a young child? If he picks it up casually there is no likelihood of its causing him to stutter. If, however, he has to use one language at home and another in school, the resulting strain is likely to act as a precipitating cause for a latent speech defect.
5. If, in addition to his stuttering, a person has another speech defect, should the clinician undertake corrective work to eliminate this other defect? Yes, Ordinarily. But one should not bring any undue pressure to bear on him, and should guard against undue emphasis on results. He wants confidence in speaking; and if the clinician can honestly assure him that his speech is good, or excellent, in any particular, the assurance will increase his self-confidence.
6. Will it harm the stutterer to take piano lessons? In other words, do piano lessons increase stuttering? If the lessons and the practice do not interfere with the child's rest, recreation, and inclinations, there will be no harm.
7. Is there danger that school contacts with a stutterer may cause another child to stutter? Unless the child has a pre-disposition to stutter, or an unfavorable environment, this association is harmless.

8. Does a child ever feign a stutter? A clever child may "malingering" if he finds that to do so will satisfy his curiosity about what goes on when other children attend the speech clinic, relieve him from routine duties in the school room, or gain attention for himself.

9. What attitude should be taken toward the exploitation of the stutterer as a comic figure on the screen and stage? This practice is deplorable and a concerted effort should be made to stop it. (42)

The writer feels in regard to number six above that there will be no harm unless a child is ambidextrous or there is reason to believe laterality is confused.

Speech defectives are usually taught by somewhat different plan than other types of exceptional children. They are with the normally speaking children in the regular classes with the exception of short periods one or more times per week for instruction with a special teacher of speech. In the Detroit system, the speech teacher takes not more than ten pupils at a time and preferably a smaller number for about thirty minutes. Many types of self-practicing material have been developed so that the pupil may proceed intelligently with his own drill exercises under the teacher's supervision. (43)

In conclusion, it would seem that while the problem of stuttering is not in all cases psychological in origin, all are psychological in symptom and treatment, and that in order to give control, mental hygiene would play an important part. The pupil must take the attitude of calm

42. West, Kennedy, Carr, Ibid, p. 266-7.

43. Baker, Op. Cit., p. 134.

acceptance and full responsibility for his actions. Most of the means of control will work better if the pupil will seek to control rather than eliminate difficulties.

Bryngelson emphasizes particularly in all his work that the stut-terer should practice deliberately in order to bring his trouble out into the open. The family of the stutterer and the stutterer himself should do everything to avoid tension-making problems because these only lead to further difficulty.

The stutterer, like most of the rest of us, needs to slow down his rate of living. There are some speech activities that will help him. He should go in Oregon to the State Department of Education, to the Oregon State College Speech Clinic, to the University of Oregon Speech Clinic, or, if he qualifies, the Portland Public Schools for help.

In addition to this, there is the problem of physical care, which will be brought up in the following chapter.

CHAPTER III

A PROGRAM OF PHYSICAL CARE

According to Heltman, the stutterer should be kept in the best possible health. This implies proper diet, proper exercise, and proper mental hygiene. (44)

In the program of proper mental hygiene, there would, of course, be organized group and team games. If the stutterer can make body building a special hobby, two ends will be served at once. There will be the mental benefit of the hobby and a body building exercise of the physical education program. Bar work or weight lifting are desirable.

Other individual exercises that can be built into a program of body building are the cane grinder, crab walk, duck walk, forward roll, frog head stand, human ball, jump the stack, log roll, measuring worm, rising sun, rocking horse, seal crawl, sit up, through the stack, and turk stand. (45)

The writer encountered one individual who had a job that he liked. He was a fireman. At this fire station, the boys were interested in weight lifting and there was time to practice. This stutterer was in

44. Heltman, Op. Cit., p. 107.

45. Salt, Fox, Douthett and Stevens, Teaching Physical Education in the Elementary School, New York: A. S. Barnes & Co., Copy. 1942, p. 288-90.

a good position to conquer his trouble and appeared to be making progress.

It is probably well to watch that the games or exercises do not become a drain. Heltman says:

Exhausting play, tickling, startling sudden noises or gestures, and breath taking pastimes all seem to increase the difficulty. (46)

All authorities agree on the necessity of relaxation and rest. Wedburg claims that he has never found a stutterer who could not speak fluently when thoroughly relaxed and not consciously interfering with his speech. Wedburg believes that all stutterers can talk to dogs, horses or small children. He gives the following formula for complete relaxation.

Choose a quiet place where you know you will not be disturbed for at least fifteen minutes. Lie down on a couch or sit back in an easy chair, letting the body fall into a comfortable position. To younger people I suggest the limpness of a soft rag doll, devoid of any bodily movement. Rest the head in such a position that the lower jaw relaxes, the teeth sufficiently parted to admit the small finger between them. Close your eyes to shut out anything that might divert your attention for this type of relaxation must be deeper than anything you have ever before attempted. Think of each part of the body; first the feet, then the knees, abdomen, shoulders, face muscles; forehead, lips, and jaw muscles. Think of these parts of the body as being in the most relaxed state possible, absolutely still and quiet. Turn now to your breathing, gradually slow down your breathing to approximately one-half of your normal rate. Do not hold your breath after inhaling, for that tends to cause jerkiness, but permit the lungs to remain empty for a few seconds after exhaling. (If your shoulders move you are not breathing correctly with the diaphragm but using only the apex of the lungs, a common fault of many stutterers. The abdomen must push outward on inhalation.) Think of stillness throughout the entire body as it rests quietly, loose and relaxed.

Continue to breathe slowly, deeply; from the diaphragm, assuming as nearly as possible the state of physical relaxation that you would need in normal sound sleep. Go back now to the beginning and repeat, step by step, the physical relaxation of each part of the body until you feel the weight of yourself on the couch or in the chair.

Think of a sand dune or some other peaceful place. (47)

The stutterer should have a period of probably fifteen minutes sometime during the day when he can relax completely. West gives some exercises for relaxation. They are:

1. Seat yourself comfortably, feet flat on the floor. Fold your arms loosely on a table before you. Close your eyes, relax your jaw and your back. Drop your head, so that it rests easily on your arms. Hold this relaxed posture, enjoying the freedom from strain.
2. Assume an upright sitting position, tensing all the muscles that before were relaxed. Suddenly release all tensions. Note the contrast between the tenseness and the relaxation.
3. Seat yourself comfortably; drop your hands loosely in your lap; close your eyes; relax your entire face and jaw. Slowly drop the head forward on the chest. Note the pull upon the muscles in the back of your neck and shoulders. Slowly, maintaining the relaxation of jaw and facial muscles, lift the head and let it drop backward as far as it will go easily. Your jaw will drop loosely of its own weight. (Never mind how you look or how foolish you feel!) Return your head slowly to the upright position.
4. Begin as in 3. Rotate the head from side to side, maintaining freedom from strain. Rotate from right to left, and reverse.
5. Repeat exercises 3 and 4 while standing, and extend the relaxation into the back and trunk muscles.

The interrelationship between laughter and muscle tensions is frequently demonstrated in daily experiences. A modicum of genius, happy laughter is an aid to relaxation. (48)

In addition to these, West suggests the following exercises to enable the clinician to help the patient relax.

To help children relax, have them lie down on cot. It may be more convenient to have older patients sit at ease in comfortable chair that will support the head.

1. While the patient is lying down or seated at ease with hands lying in the lap, lift his hand at the wrist, and let it drop of its own weight. Similarly, lift at the forearm, elbow, and upper arm. Continue this passive exercise until both arms and legs have been manipulated.
2. Roll his head from side to side until his resistance to the movement decreases to a minimum.
3. Now grasp the hand, then shake the entire arm; grasp the leg at the ankle and shake the foot; lift the leg at the knee, and shake it gently.
4. When the neck and facial muscles are relatively free from tensions, grasp the chin and shake it gently. (The jaws must be slightly separated).
5. Have the patient lift in turn his arms, legs and head, letting them fall without resistance. Suggest to him that they should feel heavy as they drop.
6. Have him tense every possible muscle--clench his fists and his jaw and push down with arms and feet--then suddenly relax and note the contrasting relaxation. (49)

Leon Lassers urges that we give adequate mouth, ear, and rhythm stimulation. Use daily rhythm, rhyming, and listening activities,

48. West, Kennedy, Carr, Op. Cit., p. 202.

49. Ibid, p. 291.

sound play, and speech games. The small youngster should hear simple rhythmic melodies and simple stories daily. Marching, jumping rope, swinging, are all good exercises. Rhythm bands are excellent activities to develop a sense of timing.

A child should not be changed from left-hand to right without the guidance of an expert. Many speech authorities feel it is not advisable for a child to use both hands or both sides of his body interchangeably. It is believed that the more completely and definitely bodies are one-handed and one-sided, the better it will be for speech.

A child who shows a marked tendency to repeat and hesitate should not practice two-handed skills. The piano, the violin or clarinet should probably be avoided. The trumpet and trombone, however, are excellent.

(50)

Instead of asking a parent or the child as to his handedness, tests can be given that are more reliable. One is to determine which hand has the better grip. The greater strength will ordinarily be exhibited in the dominant hand. Another test is to have the person write the figures "1" to "7" on the blackboard in two vertical columns, simultaneously using one hand for each column and at the same time looking at his toes. The definitely right-handed person will make an accurate performance with the right hand, and the left will produce a mirrored image. A left-handed person will do just the opposite. There may be some importance in the fact that right-handed people are usually right-eyed.

(51)

A questionnaire that can be used to help determine native sidedness is

50. Leon Ladders, How Parents and Teachers Can Help Prevent Stuttering in Children. Op. Cit., p. 15-37.

51. West, Kennedy, Carr, Op. Cit., pp. 132, 134-5.

NATIVE-SIDEDNESS

NAME: _____

AGE: _____

HANDEDNESS: With what hand
do you:

		Always Right	Always Left	Both R & L	Mostly Right	Some- times R	Mostly Left	Some- times L
1. Write	1.							
2. Draw	2.							
3. Throw	3.							
4. Hammer	4.							
5. Chop with a hatchet	5.							
6. Cut meat	6.							
7. Butter bread	7.							
8. Hold glass or cup	8.							
9. Bring food to mouth	9.							
10. Hold ping-pong bat	10.							
11. Hold books or small packages (hand or arm)	11.							
12. Reach for things within easy reach	12.							
13. Reach for things when you have to stretch	13.							
14. Take things	14.							
15. Give things	15.							
16. Turn a screw driver	16.							
17. Whittle (knife hand)	17.							
18. Hold needle when threading	18.							
19. Deal cards	19.							
20. Brush teeth	20.							
21. Comb hair	21.							
22. Cut with scissors	22.							
23. Pull a trigger	23.							
OVER WHAT SHOULDER DO YOU SWING								
24. Bat	24.							
25. Ax	25.							
26. Golf club	26.							
27. Other	27.							
28. Other	28.							
FOOTEDNESS: With what foot do you								
29. Kick	29.							
30. Hop	30.							
31. Balance	31.							
32. Take first step when climbing stair or other high object	32.							
33. Other	33.							
EYEDNESS: With what eye do you								
34. Sight	34.							
35. Aim	35.							
36. Other	36.							
TOTALS								

(continued on next page)

(Native Sidedness - continued)

- A. Do you consider yourself (Right) or (Left) handed or (Both)? (Underline)
- B. Have you ever been changed from Left hand to the Right hand? (YES) (NO) (Underline)
- C. If you were changed was it before you went to school? _____
- D. If you were changed around what grade were you in? _____
- E. About how old were you when you were changed? _____

COMMENTS: (By child, parents, teacher, etc.)
(Also Examiner): (52)

In any event, care should be taken in changing the handedness of a stutterer. In all cases, this should be done only upon the recommendation of an expert.

When it is determined that the child is either predominantly left or right-handed, then activities to develop the dominant side are suggested. Weight lifting, activities with the same hand, such as tennis, handball, and throwing, involve use of both foot and hand. (53)

Leon Lassers summarizes the physical education program pretty well by recommending that all children receive a regular and thorough check-up by a physician. All sources of physical infection or irritation should be properly taken care of. The speech repeating child should have plenty of rest. He recommends a quiet period of relaxation at some regular period during the day. He urges proper nourishment with a mid-morning snack, and normal play with other children.

52. West, Kennedy, Carr, Op. Cit., p. 266.

53. Lassers, How Parents and Teachers Can Help Prevent Stuttering, Op. Cit., p. 41-4.

While he warns against overstimulation, he also warns against robbing the child of a normal child's life. (54)

In conclusion, it would seem that, in addition to a good program of mental hygiene, the stutterer should practice a physical program that will build up strength, poise, and possible rhythm. In addition to this, it would seem very essential to have a period of relaxation each day, such as may be practical at the clinic. Such a physical education and mental hygiene program should aid the stutterer in his control of the speech difficulty.

54. Lassers, How Parents and Teachers Can Help Prevent Stuttering, Ibid, p. 40.

CHAPTER IV

CASE HISTORIES

The following is the case history of a speech defective as he was observed at the Speech Clinic at Shattuck School in Portland in the summer of 1946.

STATEMENT OF PROBLEM--He stutters, easy repetitions, some hesitancy, slight blocks. No mannerisms apparent during his interview for the speech clinic. Stuttering usually confined to school. The information we have has come either from him directly or from observation here at the clinic. He has attended regularly from the first.

FAMILY BACKGROUND--His father is a native of Norway. At one time he held a position as interpreter in a store. At present he unloads tires for the Kelly-Springfield Co. He claims his father repeats words occasionally. His mother is American-born. She works in a down-town office. He has an older brother, a pupil at Franklin. The parents would seem to be tolerant, understanding people. He takes part in all sorts of club work and other activity suitable for his age. Although his folks are not Mormons, they encourage his going to Sunday School at a Mormon Church close to the family home. He shares bunk beds with his brother with whom he occasionally has rather hard words.

PERSONAL HISTORY--Normal in every way as far as we know.

HEALTH HISTORY--He claims that as a baby he took a fall from some steps that injured one side of his head causing malformation of his teeth. This condition of orthodontia is

one possible cause of his stuttering. He walks in his sleep. It has been nearly a month now since he walked last, and his mother has promised him the top bunk bed if he holds out until July 25 without walking again. He was born November 19, 1935. For a boy of his age, he is rather large and as might be expected, a little awkward. He cannot lift his own weight off the floor by pulling an overhead bar.

INTELLECTUAL DEVELOPMENT--He will be in the sixth grade next fall. He has never repeated nor has he been double promoted. He reads orally as well as his fellow-pupils who are in the eighth grade.

PLAY INTEREST--He plays on the Arleta Center Peewee teams, both basketball and softball. He plays on his class teams. He goes to the "Y". He seems to get along well with the two girls who are in his group at the clinic. He says boys have asked him why he stuttered but have not made fun of him. He claims that when he is rather angry in the process of disputing a decision in a game that he does not stutter. As soon as the decision is made, especially in his favor, he begins to stutter again. He seems to enjoy going to his Sunday School regularly. At first he made statements to the effect that he did not stutter as badly as the other pupils, and that he was a better ball player. He no longer does this sort of thing in our hearing, at least. He shows aggressive behavior in class.

PERSONAL APPEARANCE--He is always neat and clean. His folks provide well for him.

EMOTION--He tends to solve his troubles by aggressive attack rather than by withdrawing. He says that he has temper outbursts occasionally. He says that he is a little afraid in large crowds. Also, he hates a teacher he had in the fourth grade. She used a green ruler to slap the hands of those who talked out of turn. He was hit only once, but became very much afraid. He started to stutter about this time.

COMMUNITY--The community provides him with parks, programs, and playmates. He gets to the "Y" for swimming and craft work. The P. E. teacher in his school is very capable.

REMEDIAL ACTION--There has been much discussion

as to the true nature of stuttering with emphasis on the responsibility of the person who stutters. The group read and discussed Wedberg's book on his personal experience as a stutterer. Stress has been placed on the importance of relaxation periods, muscular control, and good health habits generally. Every day all of this boy's group have worked with pencil and paper either writing as they talk, making the first letter of each word, or making score marks in rhythm with their speech. He shows some interest in calisthenics.

PROGNOSIS--He has shown some improvement. It would seem that we have not yet gotten to the bottom of his trouble. Perhaps the teacher with the big green ruler will prove to be the key. Perhaps the fact that his mother works and is not home enters into the case. He will continue to gain in health and physical activity in a normal pattern. It would seem unlikely that the work being done on his teeth will help the stuttering. A program of good physical health, good mental health, plus specific activity provided by speech experts will enable him to reduce his trouble to a minimum.

Another case on which we do not have full particulars was that of George. George came to the Veterans Bureau and asked for help. He also asked for a program to help control his stuttering. The following program was given him:

HEALTH--Essentials that we all should watch. Sleep, diet, control of common cold.

Calisthenics--deep knee bend on right leg only, (help maintain hemispherical dominance), pull-ups, and others, being sure to include some to promote flexibility.

If possible, some sport, handball, wrestling, boxing, horseshoes, tennis, even bird walks.

MENTAL HYGIENE--Sincere resolution that you alone can do anything about the stuttering.

Take over Popeye's attitude that, "I yam what I Yam" and while other people do not stutter,

they are overweight, freckled, short, crippled, diseased, not so bright, ugly, and still get by.

Face conflicts (if you have them, we all do) on religion, vocational choice, sex, home relationship, whatever the problem may be.

Clear up any phobias, such as claustrophobia.

Relaxation periods.

Try for control of stuttering with elimination of secondary symptoms rather than complete elimination.

Get a hobby, an avocation, become an expert in something.

SPECIFIC CORRECTIVE PROCEDURES--Write as you talk. Write the first letter of each word as you talk. Read back writing from #1. Make a score for each syllable as you talk. Draw designs on a board as you talk. Bounce a ball as you talk. Practice deliberate stuttering.

Sources of help: Oregon State College, Dr. Earl W. Wells; State Department Superintendent of Public Instruction, Division of handicapped children, Dr. Leon Lassers; Oregon Extension classes held in Portland.

This young fellow had a wonderful opportunity to carry out such a program because he was a fireman and was initiating a hobby of weightlifting which he could practice at the fire station.

It was of interest that he did not stutter in the presence of his wife. Of course, he did not when petting the dog or talking to small children. This man was honorably, not so long ago, a soldier. One day, a general was inspecting the troops. He stopped in front of George and said "Soldier, what is your name?". George could not answer. The general wanted to know what this man was doing in the army and suggested discharge at once. George had had some trouble with his speech before. At one time he had been rather severely beaten by a colored woman who

had been taking care of him and his smaller brother, but the speech difficulty had never been too much of a handicap. George couldn't say "Pharmacy", and this is the subject he wanted to study.

Hypnosis was used on George during the first meeting. Later he was invited to a class in the psychology of guidance to assist in a demonstration of hypnosis. George was placed under hypnosis. There were what I presume to be the usual tricks of the trade. George was told that he could not walk, and he could not. George was told to write his name as though he were once again six years old. George did and the writing was different from his present signature. George was directed to write his name as though he were, once again, four years old. George was not able to write anything at all.

George was told again and again that, when he was done, he would be able to talk fluently and that he should be relaxed. He was told that he was to put the lights out when he left the room. After a bit, George came out of the hypnotic state which was not of the deepest type but of rather an intermediate variety. George could even say "Mississippi". He "rode on the Mississippi bus". He could say "Pharmacy" and talk fluently after about the first five minutes. The above took place in the summer of 1946. There has been no known follow-up study on George.

The same is true of the following case:

Another lad who was not quite so fortunate as George came into the office. He had been a sailor during the war and was now an unemployed baker's helper. His secondary characteristics were very severe. He had key words that he used to "prime the pump". He would interject these whenever his speech was blocked and then go along again. At other

times, he had speech area spasms and had to stop altogether. He too was brought in front of the clinic group. He yielded readily to the hypnotic process. The time required for this was less than five minutes. This boy had had "a rare rugged time" in his earlier years. He had evidently been farmed out to different boarding homes as a boy.

After he came out of his hypnosis, he said that he had never felt more wonderfully relaxed and that he had never been able to talk as freely as he could then. The particular incident which may have started his stuttering was not determined.

This young man was given the same directions that had been given George. He was told that he must solve his vocational difficulties, that he must not depend upon the hypnotism as a permanent solution. He was also told that he could learn to control his talking to a degree, but that probably he must not expect to eliminate his difficulty entirely.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The control of stuttering lies largely in the field of psychology. For that reason, professional skill is needed in the improvement of the speech of anyone who has a speech defect.

The first step should probably be that of getting in touch with a source of professional help.

A second step is the scheduling of a program for the promotion of physical health. Provisions should be made for adequate sleep, wholesome diet, and exercise suited to the individual needs of the patient.

Care should be exercised to make sure that the child is using the proper hand. If the individual is left-handed and has been writing and doing other activities with his right, this possible source of strain and stuttering should be changed gradually. Tests are available to help determine which hand should be used.

An activity program should be outlined that will promote the individual's sense of rhythm, muscle building, poise, and confidence. Special attention should be paid to the process of relaxation, and a certain time each day should be set aside for deliberate and complete relaxation.

A program of mental health should be provided by this professional assistant that would enable the stutterer to face his problems. He should learn to take responsibility for his actions and to develop a sensible non-emotional outlook on his trouble. His parents and friends should not shield him from facing legitimate problems, but should do all that is possible to ease his tensions and reduce the number of deadlines he must meet.

Most people need to move a little more slowly and to attempt a less strenuous schedule. There are work-books and other means of promoting good mental health under competent guidance. It will probably help for any one individual to work with others having more or less the same problems.

Reid summarizes the management of stuttering as follows:

Many theoretical differences are resolved in actual practice. A study of published material by a selected list of twenty authorities shows the extent to which they approve the following clinical procedures:

Fifteen modify the stutterer's environment so that he will feel more secure.

Fifteen modify the stutterer's attitude toward his speech.

Twelve use various rest and relaxation procedures.

Ten modify the stuttering, or encourage the stutterer to experiment with different patterns of pitch, loudness, duration, or quality in order to break up fixed habits of speech.

Eight set up simplified speech situations, in which the stutterer can be expected to participate successfully, and thus gain confidence. Seven specifically recommend reading or reciting in unison.

Eight encourage participation in group or social activities.

Six use some type of speech training such as improving breathing and sound production, or modifying vocal fold action.

Five recommend some form of voluntary stuttering or negative practice, encouraging the stutterer to imitate his own particular type of stuttering.

Four suggest that handedness be shifted, or that the preferred handedness be strengthened.

Three use rhythmical procedures.

Two employ simultaneous talking and writing techniques.

Two recommend psychoanalysis.

One emphasizes motokinesthetic techniques.

One advocates 'breath-chewing'. (55)

It should be emphasized to a stutterer that the program, if properly followed, will aid him in his control of speech. It should be made clear that control is probably all that can be expected and that the difficulty cannot be eliminated entirely. There is also the danger of a relapse even after considerable improvement, if the stutterer fails in health or is subjected to undue tensions.

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