

Letter to the Editor

My Personal Experience with Speech Therapy for Stuttering at the Stuttering Center of Western Pennsylvania

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I am a person who stutters. My stuttering began in the preschool years and has continued to increase or decrease in severity. Since childhood, I have felt great shame and inferiority associated with my stuttering. I was disappointed by my disfluent speech and often wondered "why me?" I hated speaking on the telephone and have avoided talking in front of large groups of people, including professional meetings.

When I was in primary school, I went through speech therapy several times. I was taught to speak at the rhythm of a metronome, which was temporarily effective, but did not yield any significant changes in my speech outside the therapy room. Sometimes I was taught to avoid and change words that were hard for me to speak fluently. This was also temporarily useful, but sometimes the more I avoided stuttering, the more I stuttered.

After I became a medical doctor, I was obligated to make some presentations about my patients in front of my colleagues because I was a clinical surgeon. I felt very uncomfortable giving presentations to my peers regarding my research or clinical work. I felt that my speech had been getting worse over the past few years as stress increased. I accepted it as part of what I, as a person who stutters, had to do to communicate.

Although I knew that stuttering was difficult to cure,

I consulted psychologists when I felt increased stress about my stuttering. They gave me a minor tranquilizer and suggested that I relax before presentations. These things did not help me at all.

In January 2000, I moved to the United States of America for research of organ transplantation. I felt increased discomfort with a totally different language, culture and work setting. For me, a natural physical response to such emotional discomfort is muscular tension, which is a correlate of stress that made my stuttering worse.

Fortunately, I had an opportunity to consult the Stuttering Center of Western Pennsylvania, which is a joint venture between the Department of Communication Disorders at Children's Hospital in Pittsburgh, Pennsylvania and the University of Pittsburgh. I was referred there by my supervisor and attended 3 months of speech therapy. The therapy that I received was very exciting and totally different from that in Japan. As medical professionals, we sometimes treat patients who stutter. But most of them, including me, have not received any helpful, professional and satisfying treatment. I want to share my feelings and my own experiences with people who stutter and speech therapists.

The speech therapy at Children's Hospital of Pittsburgh/Stuttering Center of Western Pennsylvania

It was essential for me to be able to determine specifically what my speech muscles were doing when I stuttered. The speech-language pathologist showed me that my lips and jaw exhibited a great amount of tension when I was stuttering. In my speech therapy program, a core objective was to stutter with less struggle, less tension, and no panic. I received 10 individual speech therapy sessions. The aim of the therapy was to reduce the frequency of disfluent speech, modify my stuttering to reduce physical tension, and develop healthy communication attitudes toward stuttering. I was provided with several techniques to reduce the frequency of disfluent speech and reduce tension in my stuttering.

1. Reduced Rate of Speech. This technique is used to make a habit of talking more slowly and deliberately whether you stutter or not. The 2 essential parts of this strategy are pausing and phrasing. In this technique, longer sentences are divided into smaller parts and pronounced slowly. For example, a sentence such as "It has been snowing very hard for 2 straight days." might be pronounced this way: "It has been snowing / very hard / for 2 straight days." Between the words, the following strategy of "easy beginning" is also used.

2. Easy beginning. "Easy beginning" is the strategy to reduce the tension in speech. In this procedure, I was asked to start the sounds of the words at a slow, easy, smooth rate by gently and easily sliding extremely slowly through the first sound. This could mean taking as long as a second to slide through the beginning sounds that start my words. A slight "h" sound can be placed in front of the target sound as a way to glide into the sound. It is important that speech continues to sound natural with this technique. Thus, it is critical to fade the initial "h" sound quickly to ensure natural speech. This can be accomplished over the course of 1 or 2 sessions. This manner of talking can be used on both non-feared words and feared words.

3. Cancellation. This is another strategy utilized to reduce tension and struggle. It may also reduce the frequency of disfluencies, as well. After I begin to block on my words, I cancel saying the word, take a brief pause, and begin the word again using an extremely easy beginning. Rather than struggling to push through a speech block, it was important for me to learn to "ease

up" and work my way through it without pushing and increasing physical tension.

Effect of the therapy

I was able to reduce the frequency of disfluencies in my conversational speech with the clinician from 25% of total utterances at the initial sessions to 10% of total utterances at the final session. At the time of this writing, I find that my stuttering is still there, in cycles. But I have a confidence in my speaking skills and have become very comfortable with strategies to enhance my speech. I am trying to adapt these strategies to the daily conversations.

Discussion

Stuttering is not a simple speech disorder. It has both physical and emotional aspects. A person who stutters said that stuttering is like an iceberg [1]. That means the part that is above the surface, what people see and hear, is really the smaller part. By far, the larger part is underneath—the shame, the fear, the guilt, all those other feelings that come to us when we try to speak a simple sentence and can't.

Most people who stutter have a similar speech mechanism as anyone else. Although I have the ability to talk fluently, I was doing several things to interfere with talking at times. I sometimes tense the muscles of my chest, throat, mouth, *etc.*, in an effort to try and fight the stutter. But these are the same muscles that I need to use in order to talk fluently. It is difficult to complete a physical activity smoothly during a period of extreme muscle tension. It is like trying to swing a baseball bat or a golf club with straight, tight arms. It takes away your flexibility. Therefore, it is extremely helpful to begin studying how to control tension.

What is the best way to reduce tension? Unfortunately, at this time, there are no drugs with documented success which can be recommended specifically for stuttering. Since the exacerbation of stuttering by anxiety is a common experience, it might be assumed that drugs that relieve anxiety would be beneficial. However, I have tried minor tranquilizers many times without success. First, we need to break up the habit pattern that we have built up over the years. This cannot be done instantly. So far, the best way may be to use the aforementioned strategy. But a speaking habit is powerful and cannot be

changed instantly because it has built up over the years. We need to break up the speaking pattern and to implement these strategies during stuttering episodes [2]. Additionally, we should do our best to stop all avoidance, postponement or substitution habits which we may have acquired to put off, hide or minimize our stuttering. The goals of stuttering treatment should be to reduce the impact of stuttering on a person's social environment.

In conclusion, when clinicians see patients who have severe stuttering, they should attempt to understand it and recommend an appropriate speech therapy program. A successful speech therapy program should attempt to help the person who stutters maximize his communication skills. This may involve helping the person speak more fluently in situations that require fluent speech and speak with less tension and struggle during periods of

disfluency. It is also important to help the person understand what stuttering is and how stuttering impacts him personally. This is likely to be accomplished by discussing the person's attitudes and feelings about stuttering and communication in general. No sure 'cure' for stuttering has been discovered. But we can control our stuttering by using appropriate strategies and developing positive attitudes toward communication.

References

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