

Treatment Strategies for the Emotional Aspects of Stuttering



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Abstract

People who stutter often point to how their stuttering makes them feel as the primary concern about their speech disorder. A client's emotional reactions to their stuttering range from embarrassment, to anxiety, to shame, to nervousness, anxiety, to denial. These reactions contribute significantly to the overt severity of the disorder and complicate the treatment process. While information about approaches to treat the overt speech aspects of stuttering are abundant, there seems to be too few resources which address the emotional aspects of their patients who stutter.

This workshop develops a model of the affective components of stuttering and provides treatment strategies with specific activities designed to address many of the affective behaviors associated with stuttering. Building a conceptual framework of the effects of emotions on stuttering provides a structure upon which to approach the dynamic nature of these interactions.

By identifying their emotions, patients can gain understanding of their significance. They learn how their brain's responds to emotional stimuli and how their body is affected. By predicting these responses and habituated behavioral patterns, the client can learn to modify and manage them more effectively. Affective components of stuttering can also be managed or reduced by restructuring the thoughts and beliefs which underlie the emotions.

Introduction

The need to address both the speech behaviors and affective components of stuttering to yield optimal long-term successful outcomes in therapy for patients with chronic stuttering is widely accepted by specialists in the discipline. While much has been written and is commercially available to support clinicians' efforts working on the speech aspects of stuttering, there is relatively little available to support their work on these affective parameters. Clinicians and their clients alike must be knowledgeable of the physical effects the emotions have on cognitive processes and the process of speaking for those who stutter. The intent of this presentation is therefore twofold:

- to develop an understanding of the effects of emotionally-based stimuli on the process of speaking in people who stutter, and
- to construct a treatment paradigm to address individual aspects and effects of a speaker's emotions on their stuttering.



Understanding the Effects of Emotionally-Based Stimuli

The affective elements of stuttering are a significant force in precipitating disfluent speech behaviors and often become strongly integrated into the personality of the person who stutters. Emotions are commonly thought of as being “irrational”; however, examining the nature of emotions and emotional responses at a deeper level, they may be seen to follow logical rules and predictable patterns of behavior (Lazarus & Lazarus, 1994). Further, the physical behaviors that accompany emotions, while unique to each individual, are most often quite foreseeable. For the client who stutters, learning to understand the relationship between their stuttering and their emotional responses to it is very empowering information which can become a very useful clinical tool.

Most of the emotions connected with stuttering are based in fear and its intellectual counterpart, anxiety. Fear is aroused the autonomic nervous system. Some of the better known, normal bodily responses to fear include increased heart rate, increased blood flow to specific parts of the body, more rapid respiration rate, deeper breaths, pupil dilation, increased perspiration, slowed digestion, decreased intellectual facility, heightened reflexes, etc.

In addition, there is a dual pathway in the nervous system through which the alarm signal is processed. One pathway processes the signals faster, but without thoughtful mediation. The other pathway takes more time, but is better at assessing the type and degree of threat. For the person who stutters, learning to better process and deal with these signals more effectively is an important element.

Emotionally-based stimuli contribute another dimension to information processing, that of adding sharper, more “punctuating” elements to memories. Further, the emotional component of memories serves to enhance fear and anxiety. These are the root sources of many of the bodily response and secondary characteristics associated with stuttering.

Managing Emotionally-Based Behaviors

While emotional responses cannot be inhibited, they can be modified to better manage and minimize their impact (LaDoux, 1994a). This can be accomplished by understanding how and why specific emotions are elicited, identifying the physical responses that result, and predicating, and then modifying, the habituated behaviors which follow. Learning how the brain responds to emotional stimuli promotes a better understanding of other physical responses in situations that have historically resulted in difficulty speaking. This also serves as a meaningful underpinning for the ability to modify and mitigate the responses.

Components of an affective mediation process are enumerated below:

Component One. Identify the specific emotions which are elicited by stuttering, discuss the meaning of each emotion, and explore the client’s historical speaking experiences to provide a basis for self-understanding.

Component Two. Learn how the brain reacts when aroused by emotions to develop an appreciation of how the client processes the experiences, but perhaps does not understand them fully. This further builds his or her cognitive awareness of circumstances tied to these events. Look for “trigger situations” and the behaviors that follow.



Component Three. Delineate the client's specific physical, bodily responses when emotionally energized to identify 'target behaviors' to be modified. Associating the emotions that arouse these physical behaviors can be used to predict the bodily responses in the future, diminishing the intensity of their impact and rendering them more available to be modified. Predictability can lessen anxiety.

Component Four. Forecasting situational emotional response patterns better positions the client to respond in a different way. This serves to break the habit pattern and enable the client to influence the physical outcomes of the emotions. Modifying the response empowers the client to better manage the physical responses to his or her emotions. This empowerment serves to reduce anxiety and thereby diminishes the intensity of the response and stuttering.

Component Five. The client forms new intra-personal perspectives on their stuttering, which alter the emotions elicited.

Activities that Promote Affective Awareness of Stuttering.

The presentation will detail numerous practical direct and indirect activities to guide the client in identifying and modifying his or her affective responses to stuttering. Some examples of the activities that will be presented are offered below:

Direct Activities:

- Journaling – making and analyzing daily notes about stuttering and speaking situations
- Developing a "Cause of Stuttering" Dialogue – learning how to talk about stuttering objectively and in a proactive way that will educate others
- Mapping "Cause–Effect" Relationships – identifying the physical attributes of the body's response to emotions in various speaking situations
- Analyzing Self-Talk and the Origin of other "Historical Documents" – recording messages the client sends to him/herself relating to disfluent moments currently and in the past
- Developing an "Owner's Manual" for your Brain – learning how your feelings and emotions trigger physical responses and how to 'reconfigure' the circuitry
- Counseling: Building Highways through Difficult Terrain – analyzing the meaning behind emotions, how to heal and change them to confront difficult speaking situations

Indirect Activities:

- Advising Parents of a Child who Stutters – discussing what the client might think is important for the parents of a child who stutters to know about the disorder
- Reading "Emotions" Passages – using passages written by others who stutter to precipitate a discussion of various aspects of stuttering
- Developing a Pamphlet – writing information to help the general public understand stuttering and what they should do when they encounter someone who stutters
- Discussing Video Clips – using videos about stuttering to trigger discussion of the characters portrayed who stutter
- Writing a Brochure – develop an informational brochure about stuttering

These and other activities will be examined in the presentation.



Other Therapeutic Tools

Desensitization. Most clinicians are familiar with behavioral approaches such as *systematic desensitization* techniques in which hierarchies of difficulty are structured. Clients are guided through progressively more challenging situations as they work to maintain fluency.

Mental Imagery. Some clinicians also use projection techniques, such as *mental imaging*, with patients as a means of developing a new, positive picture of their successful endeavors in difficult speaking situations. But clinicians need additional tools to aid their clients' quest to overcome their internalized, mental stuttering patterns.

Emotional Awareness Training. The purpose of this approach is to become more open to and comfortable with emotional feelings in general. Greater sensitivity to emotional feelings is aroused by guiding experiences viewing a series of abstract art or listening to music (without words). Clients are asked to *scale* their feelings on a continuum of contrasts. Later components include improving the ability to identify and affix labels to emotions that arise in stressful situations. Patients also learn the physiological changes that negative emotions engage. The process helps them learn not to over-react to their emotions, and proactively manage their feelings in stressful situations. Successful emotional management enables patients to engage their intellect to manage their emotions and their fluency.

Stress Inoculation Training. One form of cognitive therapy teaches cognitive skills that enable people to better cope with stress. In the same way injection of a live virus is introduced into the body to build immunity against a disease, patients are exposed to milder stresses to build their tolerance to cope with higher level stressors later. Situations that cause stress are examined. This enables the attitudes and beliefs that underpin the emotional responses to be uncovered. The focus is on the client's *self-talk* as they encounter stress. Building new self-talk statements develops rehearsal and coping skills. Clients then apply these new responses to their real-world situations.

Co-Active In-Vivo Experiences. A version of *systematic desensitization*, graduated in-vivo exposure to feared stimuli provides an effective behavioral approach to reducing the physiologic effects of stress. A hierarchy is constructed, through which the client progresses, learning to manage their fear (become relaxed) through each step of the progression. A further refinement of the in-vivo approach is for the therapist and client to participate together in the experiences, with the role of 'primary acting agent' gradually shifting from the therapist to the client. For example, in the experience of giving oral presentations, the client may begin by learning to feel relaxed standing next to the therapist as he or she begins a presentation. In subsequent experiences, the role of the patient increases from contributing one or two words, to giving a very brief statement, to explaining a section of the total presentation, to eventually doing an entire presentation. Such experiences enable the therapist to be an active support and live model of the desired behavior.

Summary

Clinically, empowering a client to better manage his or her emotional response behaviors to stuttering can significantly diminish the frequency and severity of stuttering moments and increase the client's feeling of control and confidence.

Similar to the Identification and Modification components of Van Riper's stuttering modification therapy program, clients who stutter learn to objectively identify and modify



these affective influences. This is accomplished by developing an understanding how the brain responds to emotions, learning their unique, individual affective response patterns, effecting new behavioral response patterns, and synthesizing this new response pattern to managing fluency.

“Emotional blocks”, the covert pattern of stuttering, diminish a client's progress in therapy, their performance in stressful situations, and contribute to relapse. Clients should learn to manage their emotional blocks concurrent with learning to manage their stuttering blocks. Clients acquire these management skills by heightening awareness of their emotions, learning the characteristics of their emotional response patterns and proactively responding to emotional triggers by mediating emotional reflex behaviors.

An emotional management program builds sensitivity, discrimination, identification, and awareness of emotions. Patients discover the physiologic changes that their emotions engender and learn to differentiate between their normal and stuttering-related emotions. They identify and label their emotional patterns and learn to manage them by modifying or altering the patterns. Through the process of self-discovery, they become able to anticipate their reactions and effectively manage their emotions proactively.

Discussion

The symbiotic relationship between stuttering and emotions is well known to clinicians and clients alike. A history of negative emotional experiences becomes an internalized part of the stuttering pattern. The client's emotional blocks account for their difficulty managing volitional control of the speech in situations perceived to be stressful and serve to strengthen the 'ritualistic' habit patterns which develop around the stuttering. Emotional blocks differ and vary in the degree to which they impact clients. Among the more commonly observed effects are the client's

- inability to identify instances of their stuttering
- inability to describe the characteristics of stuttered disfluencies
- failure to access fluency targets in a timely manner
- difficulty modifying individual disfluencies or their stuttering pattern
- difficulty identifying and describing emotions in situations in which they stutter
- denial of any emotional reactions to stuttering

This diminished cognitive functioning hinders the treatment process and diminishes the patient's self-confidence and self-esteem. For some patients, denial may serve as a self-protective mechanism in which they become numbed to the feelings they find painful. The inability to control disfluent speech further heightens the emotions of frustration, pain and feelings of helplessness. As in Van Riper's approach to speech therapy for stuttering, *identification* is one of the underpinnings of the process. In dealing with emotions, client awareness and education are also keystones to the therapeutic progression.

The emotional reactions develop over the course of time, eventually becoming a significant part of the individual's self-concept and identity. These reactions become "*emotional blocks*" which affect cognitive awareness and volitional motor control necessary to change stuttered responses and the habitual patterns associated with stuttering behavior. These emotional blocks not only impede progress in therapy and frustrate the client, but left unaddressed, are the seeds of relapse.



People who stutter struggle in using their emerging fluency skills, at first in the Clinic, and later in more challenging, real-life situations. Attempting new speaking behaviors in the uncertainty of out-of-clinic environments brings with it a flood of emotional reactions that diminish the client's capabilities. The difficulty initiating fluency targets in stressful situations is one of the biggest obstacles encountered by clients and clinicians.

Many over-react when they experience negative emotions in the same way they react to their disfluencies. Just as it is helpful to become desensitized to one's stuttering, it is valuable to become desensitized to one's emotional reactions. When a client can anticipate their emotions and the tensions they elicit, they can become proactive in managing them in the same way that anticipating stuttering can lead to better stuttering management. By developing tools to modify and manage emotions, the patient becomes better able to manage their stuttering or fluency.

Finally, clients who stutter usually present resistances or demonstrate other forms of difficulty with aspects of the stuttering therapy. These resistances are most often forms of defense mechanisms, but serve as an indication that the client perceived that the demands of a task are too threatening to participate. Patient resistances can frustrate the clinician and slow the therapeutic process. But understanding the meaning behind these obstacles enables the clinician to respond to them appropriately and effectively in therapy. Viewed as a defense mechanism, patient resistances reveal much about the patient's belief system and internal constructs relating to their stuttering. These are significant components of long-term, successful treatment outcomes. Overcoming resistances helps patients strengthen their psychological interests in new ways and promotes the efficacy of stuttering therapy. Learning to read your patient and understand the foundations of his or her outward behaviors serve to make the clinician more effective and competent in their work.

References

LeDoux, J.E. (1994a), *The Amygdala: Contributions to Features and Stress*. Seminars in the Neurosciences, 6, 231-237.

Lazarus, R. & Lazarus, B., (1994), *Passion & Reason – Making Sense of Our Emotions*, New York: Oxford University Press.

More information and stuttering therapy resources, including a myriad of therapy activities are available at: <http://www.stuttering.duq.edu>



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