

Overcoming Anxiety
From Short-Term Fixes to Long-Term Recovery
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Applications to Stuttering Therapy
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This material is summarized and abstracted from Peurifiory's book; I have added some commentary to the author's work which usually appears in italics. I have also tried to apply ideas from this book to stuttering therapy, which appears in the section labeled "Application to Stuttering Therapy" at the conclusion of each chapter. My intent is to convey some basic concepts about modifying and working with anxiety and to stimulate thinking and discussion about this topic as it applies to patients who stutter.

My Introduction

Stuttering is an anxiety-related disorder; meaning that anxiety plays a major role in the frequency of disfluencies and influences the way the person who stutters (PWS) thinks about communicating. Learning how to better manage anxiety is often the most important factor in becoming more fluent and a more effective communicator. Anxiety is not the cause of stuttering; but it is a precipitating factor, a force that complicates using fluency targets and successfully managing stuttering behaviors. It is such a significant part of stuttering therapy, that it needs to be addressed for almost every client.

Peurifiory's book describes a program for the systematic reduction and management of anxiety. It is very applicable to those who stutter and I hope you will find it helpful in understanding stuttering and assisting your client to work through his or her anxiety as it relates to their stuttering. Peurifiory's book begins by defining "recovery" from anxiety.

In summarizing the book, chapters appear capitalized in blue font. For each chapter, the key ideas are presented; for some chapters, some of the information covered is also summarized for you. Each chapter is interpreted in terms how it applies to stuttering therapy.

LEVELS OF RECOVERY FROM ANXIETY

Anxiety is never totally absent, nor is that a goal. However, there are levels of anxiety reduction that are realistic goals for the person who stutters.

Level One: Symptom Control – the initial stage focuses on learning to identify and manage the symptoms of anxiety. This serves to create an understanding of the mechanisms of anxiety - the range of bodily reactions and the coping skills to manage symptoms. One of the psychological reactions is avoidance (*this plays a major role in stuttering*).

Level Two: Advanced Symptoms Control – gaining greater confidence in symptom control skills because of the reduction of avoidance behaviors. Additionally, there is also a "coming to terms" with aspects of personality that serve to fuel problems. (*For the PWS, these behavioral traits might include withdrawal, shyness, anticipation, edginess, impulsivity, and abruptness of responses.*) Better management results in the symptoms interfering less with behavior. The individual learns how to minimize the anxiety-panic cycle (see page 4) by using the skills. The patient realizes that the symptoms are messengers. There is greater awareness of issues that trigger anxiety and the focus shifts

from the symptoms to the causes of anxiety.

Level Three: Long-Term Recovery

– anxiety is perceived in a totally different way; as a normal part of life instead of something to be avoided. At this stage, the person can identify core issues and understand the message that anxiety sends. He or she realizes that anxiety is normal and is able to focus upon issues that generate the anxiety rather than the symptoms. They can experience anxiety without feeling distress or allowing symptoms to escalate.

Key Ideas

1. Anxiety is a normal part of life; it is a messenger that indicates the presence of a problem or issue needing to be resolved.
2. Long-term recovery focuses on management rather than the elimination of anxiety.
3. Those who become successful managers understand the message and respond to it in an effective way. They learn to tolerate higher levels of anxiety.

Application to Stuttering Therapy

Clinicians should recognize that anxiety doesn't go away; therefore your patient needs to learn to manage it effectively, especially in stressful situations. This is accomplished by learning to view anxiety more objectively. The client begins to recognize what their anxiety represents to them, as well as how the mind and body respond to fear-based emotions. This understanding and recognition affords the PWS the opportunity to look at their anxiety from a less threatening perspective.

The PWS is taught skills (introduced later in the book) that further neutralize the affects of anxiety on the mind and body. Acquisition of these management tools serves to enable

the PWS to communicate more effectively.

THE IMPRINT OF CHILDHOOD

Key Idea

1. By examining the personalities of adults in your environment and your recollections from childhood, you can build an understanding and new appreciation of the influence of your upbringing. These can later serve as the basis for understanding your feelings today.

Application to Stuttering Therapy

Understanding the meaning, etiology, and basis of anxiety helps to understand its impact on the development of personality. By getting to know and understand one's own personality, you are better able to predict and mitigate undesired reactions to the stimuli that trigger your anxiety responses. The mystery remains – does personality predispose some people to be more anxious (are there anxious people?) or does anxiety shape personality (do experiences resulting in fear effect personality changes?).

THE TIME TUNNEL

Key Ideas

1. Conditioned responses are automatic and unconscious reactions to one's environment and play a critical role in anxiety-related problems.
2. Gaining insight into the triggers and conditions that elicit anxiety alone are not enough to change thought patterns or actions.
3. You can become desensitized to the triggers of conditioned responses.
4. Time tunnel refers to the times when a person responds to the present as if it were the past.

5. To return to the present, the individual should state what is happening, and state what is real.
6. Adults who have experienced traumatic circumstances as children often tend to be triggered by specific events, have difficulty modulating emotions, tend to view themselves and the world negatively, and have a reduced ability to understand events.

Application to Stuttering Therapy

Time tunnel explains how patients associate events that happen today with past experiences. This is an important step toward being able to "un-link" the present from the past and move forward in a direction we feel is positive. Much of the client's behavior today stems from learning and experiences from the past. The clinician may need to lead the patient through their past to understand his or her behaviors today and undo its "grip" on their habitual responses to stimuli. Time tunnel is the fundamental reason that clients become quickly overwhelmed and unable to implement targets when triggered in more challenging speaking situations. Learning the triggers is a fundamental component in becoming better able to manage the emotions that result.

THE MYSTERY OF EMOTIONS

Key Ideas

1. Emotions are a complex process of biological and mental components.
2. Cognitive model – emotions are the result of your interpretation of situations or events; often unconsciously.
3. Emotions function to generate thoughts and actions that satisfy needs. Satisfying needs results in positive emotions; perceived or real threats generate anxiety or anger. Perceived or real losses generate sadness.

4. Human needs fall into four categories: physical, mental, relationship, and spiritual.
5. Core beliefs fall into three groups: beliefs about yourself, about relationships, and your place in the world.
6. In addition to core beliefs, you have unconscious associations that result from groups of related conditioned responses associated with specific people, situations, or needs that often start in childhood.
7. It is useful to label unconscious associations (or unconscious "rules") to be able to work with them consciously.
8. Your interpretation of events is based on a combination of conscious beliefs and unconscious associations.

Application to Stuttering Therapy

Emotions are not really that mysterious; they are just signals that values and beliefs that are meaningful to us are being endangered (negative emotions) or satisfied (positive emotions).

To be able to manage emotions we need to put "handles" on them; the handles are words or labels. Labeling emotions uses the intellectual portions of our brain to begin to manipulate our emotional side.

A history of negative events around a specific behavior (such as stuttering) intensifies and magnifies the emotions elicited and lowers the threshold necessary to trigger the emotion. We unconsciously learn to associate environmental and situational features with the undesired behavior.

Emotions cause us to interpret situations and events in irrational ways, virtually automatically. Left unchecked, these emotions quickly spiral out of control and leave the individual feeling helpless to do anything about it.

DEVELOPING AN EXPLANATION OF "Why?"

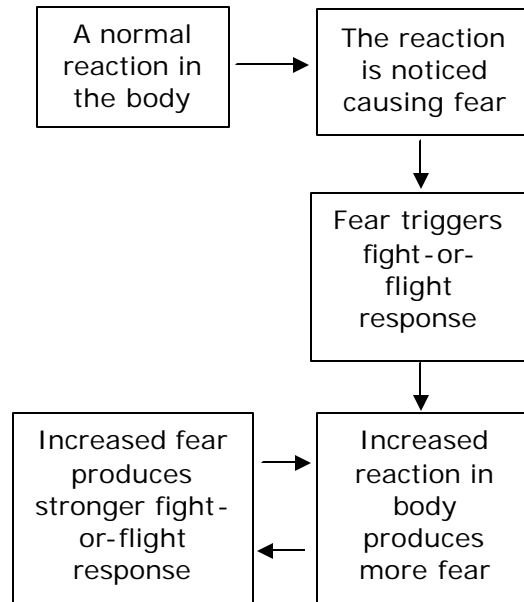
The primary forces that maintain anxiety include negative anticipation and body scanning (or internalization).

Negative anticipation is "what if" thinking – "What if I stutter?", "What if I can't say my name?", "What if I get embarrassed?" These thoughts are normal and reasonable responses when frightening sensations are experienced for which there is no explanation. Establishing a sound, reasonable answer for these types of questions that you understand and agree with helps to stop this type of thinking.

Body scanning is monitoring the body looking for signs that might indicate that the mysterious, terrifying symptoms are returning.

Both these forces increase and trigger the *fight-or-flight* response. This response decreases all body functions (such as digestion) not necessary for intense activity and increases functions that are needed (such as heart rate, more rapid breathing, sweating, etc.)

This is known as the **anxiety cycle**:



In a third stage of the process, the anxiety reaction becomes associated with more and more situations. Because the frightening reactions occurred a second time without explanation, worry begins, and one starts looking for possible bodily symptoms or environmental cues that are associated with the feared stimulus.

A conditioned response such as this can be extinguished over time if it is not reinforced by negative self-talk.

To determine if your client has objective explanations for his or her fearful situations, listen to how they explain it. If their explanation is fairly vague, then their emotions (rather than their intelligence) are directing their thinking and behaviors.

There is no single cause of anxiety. There are several factors that trigger the initial symptoms. While factors in childhood usually have some role in the development and maintenance of anxiety-related problems, there is rarely a single event in childhood that is the primary cause. There are five

factors that can combine in various ways to trigger the initial episode of frightening symptoms.

Five Factors Triggering Symptoms

Sensitive Body

Many people with anxiety-related problems are sensitive to noise, odors, and many other sensory processes. A person with a sensitive body also has greater "intuition" and tends to notice all sorts of things about a situation and has a greater ability to empathize. A sensitive body can be overloaded more easily. This can be an additional stressor that can lower the threshold to trip the fight-or-flight response. *(Being anxious can heighten body sensitivity. Many "scan" their body and their environment for signs of danger, finding it, often when it does not really exist.)*

Medical Conditions

There are several medical conditions that can cause or complicate anxiety. When working with any anxiety-related condition it is important to rule out any medical conditions that might be present. *(This is not often a factor in stuttering.)*

Drug Reactions

Some drugs *(even common everyday drugs such as caffeine)* can enhance the intensity of emotions and/or lower the threshold that triggers the emotion. *(This is occasionally a factor in stuttering.)*

Hyperventilation

Breathing more deeply and/or rapidly than necessary can result in numerous symptoms, including palpitations, tachycardia, heartburn, chest pain, numbness or tingling of the mouth, hands, or feet, dizziness, faintness, light-headedness, poor concentration, blurred vision, shortness of breath, asthma, a choking sensation, difficulty swallowing, a sensation of a lump in the throat, stomach pain, nausea,

tension, muscle pains, shaking, muscle spasms, sweating, anxiety, fatigue, weakness, poor sleep, or nightmares. *(Although the breathing pattern while speaking often changes in people who stutter, hyperventilation is not usually a factor in stuttering. More often, the PWS runs out of breath before they are done talking, speaking on residual air).*

Stress

Stress plays a fundamental role in causing anxiety. It effects many physical and cognitive changes, none of which are very positive. *(Stress is one of the key precipitating factors of stuttering. Stress creates anxiety, which increases muscular tension, which brings about stuttering behaviors. Listen to what causes stress for your client. Most are very attuned to their stressors, but don't really know how to manage them. This is a critical skill in learning how to manage stuttering in the long term.)*

Application to Stuttering Therapy

People who stutter usually are hypersensitive and scan what they are about to say for feared words and situational cues that "predict" their stuttering. This hyper-vigilant state serves to tense the body and keep the brain "on edge". The stress from the fear of stuttering has the effect of increasing muscular tension and diminishing cognitive abilities – which lessen the patient's ability to manage their speech.

SYMPTOM MANAGEMENT SKILLS

Coping Self-Statements

These are statements said or thought to one's self that help cope with a difficult situation *(sort of the opposite of negative self-talk that usually centers around misconceptions)*. It is important to develop a set of coping self-statements that challenge the misconceptions.

Examining some misconceptions:

"These symptoms are a sign of danger." (*For the PWS, it might be – "I'm feeling tense and I'm going to stutter and be embarrassed."*) It's hard to learn to disassociate the result (*stuttering*) with symptoms commonly preceding the occurrence. *Here's an example of a coping statement that might be used to challenge the association, "I often get a little nervous when I meet new people; that's only natural".*

"I'm so nervous that I won't be able to get anything out after I meet her."

Recalling past hardships and failures serve as the basis to predict a negative outcome in the future. *A positive self-statement for this situation might be, "I am always nervous meeting someone for the first time; it's okay to start listening to my communicative partner until I get more comfortable."*

"People will notice my stuttering and think something is wrong with me." This reflects past experiences of ridicule and teasing, often beginning in childhood and reinforced throughout life. This can easily lead to feelings of inferiority and misinterpretation of people's reactions. Many scan their environment, looking for signs of ridicule. *A coping self-statement might be, "Anyone would react like I do when they feel self-conscious about an aspect of their behavior. I can mitigate the impact of my stuttering by acknowledging it, showing that I'm aware that my speech isn't how I want it to be."*

It is suggested that the individual develop a note card of 5-6 key positive self-statements to refer to in difficult situations.

Key Ideas

1. Four basic symptom-management skills are cue-controlled relaxation, relaxed diaphragmatic breathing, coping self-statements, and externalization (redirection).
2. Four key ideas to include in coping self-statements are "Anxiety is not dangerous", "I can experience anxiety and still function effectively", "Most people are not sensitive like me and so won't notice my symptoms", and "Most people are so busy with their own lives that, even if they notice anything, they won't care about what I'm experiencing".
3. It's useful to write several coping self-statements on index cards.
4. The best form of distraction is externalization, focusing on something outside of your body.
5. Distraction works best if you first stop and tell yourself the truth about your symptoms with your coping self-statements.

Application to Stuttering Therapy

It is easy for negative thoughts to pop into your head when you become anxious in a situation. These negative thoughts are usually distortions or misinterpretations of the situation. In either regard, the anxious individual scans the environment, looking for "signs" that will verify his or her fears. One tool that can be effective in neutralizing negative thinking is to develop a series of positive self-statements (sometimes called positive self-talk) to negate the negative thoughts. These affirming self-statements can serve to redirect and reorient the speaker's thinking.

DISTORTED THINKING

Key Ideas

1. Everyone has habitual ways in which they process information that distorts reality. Examples are overgeneralization,

- magnification or minimization, and emotional reasoning.
2. There are three common types of overgeneralization – all-or-nothing thinking, should/must thinking, and circular questioning.
 3. Magnification exaggerates an event into something bigger or worse than it actually is. Minimization or discounting refers to when you diminish or belittle positive aspects about yourself or things connected to you.
 4. There are four common types of emotional reasoning – personalization, mind reading, fortune-telling, and accepting questionable sources as being an “authority”.
 5. People are usually more concerned about their own problems to worry about those of others and are much more self-aware of these behaviors. Their memory of their own affairs lasts far longer and is much more acute than for the symptoms of others.
 6. Distorted thinking plays an important role in the development of symptoms and helps to maintain symptoms by reinforcing negative beliefs and associations from childhood.
 7. Learning to identify and effectively challenge distorted thinking is one of the keys to long-term recovery.

Application to Stuttering Therapy

Distorted thinking enhances our fears and misgivings about behaviors that disturb us. Learning to identify our distortions and realizing their inherent unfairness are initial steps toward changing them.

You will need to guide your client through this process of identifying and labeling facets of their thinking as “distorted”.

PROGRESSIVE DESENSITIZATION

Key Ideas

1. Desensitization is the process of becoming unresponsive to a stimulus that formerly triggered a conditioned response. Progressive desensitization starts with situations that trigger the lowest levels of anxiety and slowly working up to those that trigger the highest levels of anxiety.
2. The first step is to make a list of situations that trigger anxiety and rate them as to how much anxiety each one produces and how often you avoid each situation.
3. The second step is to select a specific practice goal and begin practicing regularly; a relatively low level of anxiety.
4. The third step is to imagine yourself practicing and make a list of all the fearful physical sensations that might occur along with all of the fearful thoughts that have come up. After the list is completed, develop coping self-statements that address each sensation and fear.
5. The fourth step is to begin practicing.
6. Work through the four-step approach to “what ifs” whenever you have a specific worry.
7. People suffering from anxiety tend to be more suggestible due to a decreased ability to reason; this worsened by childhood history.

Application to Stuttering Therapy

Desensitization plays a significant role in stuttering therapy in diminishing the amount of anxiety, lowering the threshold for triggering anxiety, and enabling the client to use his or her targets more effectively.

Work with your client to construct a hierarchy of the speaking fears. This will form the basis of tasks and activities in the design of therapy.

Learning to mitigate anxiety is a major component of stuttering therapy and should be incorporated in every session, in one or more ways.

ADVANCED SYMPTOM CONTROL

Key Ideas

1. Overcoming symptoms often takes many months; each person needs to overcome several stumbling blocks to achieve advanced control. There is wide variance from person to person. Here are some reasons why:
 - It takes time to convince yourself that anxiety isn't dangerous.
 - The childhood message "I don't measure up" can cause the belief that others think poorly of you.
 - It's difficult to come to grips with our mortality and our inability to control many of life's circumstances.
 - It is difficult to accept the conditioned-response aspect of anxiety and learn that your goal is to manage it rather than eliminate it. Managing it is the key to desensitization, which leads to symptom reduction.
 - It takes time to replace deep-seated lies with the truth.
2. Shame is a painful emotion caused by a strong sense of guilt, embarrassment, unworthiness, or disgrace that is due to a sense of loss, and therefore, a type of sadness.
3. The key to overcoming shame is to challenge core beliefs from childhood that either demanded impossibly high standards or that identified you as inadequate in some way. This is part of learning to see yourself as normal.

Application to Stuttering Therapy

Change takes time; it is difficult to learn to be comfortable with things

that make you uncomfortable. A part of the process is discovering and accepting that anxiety is normal and acceptable. The client tries to alter his or her conditioned reaction to anxiety triggers and disassociate their fears with undesired consequences.

At the root of many of the feelings which result are internal messages of "inferiority". It is important as an adult to challenge and rectify those messages from childhood.

ESTABLISHING HEALTHY BOUNDARIES

Many issues are entwined with the symptoms of anxiety. Complex learning such as this is always accomplished through a series of steps over time. Changing complex habit patterns that have been ingrained for many years is very difficult.

Boundary refers to the limits we place on relationships. We learn to set limits on how much of ourselves we disclose to others, to what extent we allow others to influence us, etc. These are our personal boundaries.

To have healthy boundaries you need to be able to:

- Recognize when your boundaries are being ignored by others;
- Identify what you can do to establish healthy boundaries in a given situation; and
- Use assertive skills to enforce your boundaries.

Missing Anxiety's Message

Anxiety is a messenger. When its message is ignored for years, messages about boundary violations are difficult to recognize. When there seems to be nothing that can be done to stop unwelcome treatment (*teasing for example*), one learns to become numb to it as a means of self-

protection. The rule becomes, "Don't look, don't feel, just run away."

There becomes a growing perception that the teasing is justified and normal, and the ability to bury it becomes so automatic that it is immediately pushed out of consciousness. This results in increased anxiety symptoms and the fight-or-flight response is triggered. This defense mechanism is carried into adulthood.

If you have important issues from childhood that you learned to ignore or label as normal, you probably have times when your symptoms seem to increase for no apparent reason.

What to Do?

Begin by identifying the message that emotions trigger (*"I can't communicate my ideas as well as others."*). Since people who find it difficult to think clearly about their own problems often have the ability to see the problems of others objectively, ask the client, "What would you tell a friend who was having this problem to do?" The advice is frequently to stand up to or challenge the underlying belief or fear.

An activity some find helpful is to act as an observer during some of the time, simply observing interactions in as objective a manner as possible. The insights gained can prove very useful when challenging old beliefs about oneself and their place in the world. Try to identify the unspoken rules that guide the interactions.

Honoring Your Rights

Another step is learning to be assertive. The biggest roadblocks are a poor self-image and thoughts about yourself and others that cause you to believe that you have no right to protect or assert yourself.

Your rights might include:

- I have the right to be treated with dignity and respect
- I have the right to decide what is best for me
- I have the right to have and express my own feelings and opinions
- I have the right to ask for what I want and need
- I have the right to say "no" without feeling guilty
- I have the right to be listened to and taken seriously
- I have the right to do what is necessary to protect my physical and mental health, even though this sometimes causes discomfort to others.

Excessive Need for Approval

Another factor that causes a person to have weak boundaries and be nonassertive is an excessive need for approval. It is normal and healthy to want others to like and approve of you. An excessive need for approval usually comes from growing up in a home where the needs of a child to feel loved and important were inadequately met.

When you have an excessive need for approval, you tend to avoid doing anything that will cause disapproval. In fact, the excessive need for approval, often referred to as a *fear of rejection* or *fear of abandonment*, plays a major role in the development of weak boundaries and nonassertive behavior.

Two common traits frequently connected with an excessive need for approval are *indecision* and *difficulty accepting criticism*. Indecision is due to the fear that a wrong decision might bring disapproval. Difficulty accepting criticism results from fear that the criticism will become rejection, even when it is given in a constructive manner.

Two additional, associated problems are *excessive dependency* and *jealously*.

Summary Sheets. A summary sheet is a page that addresses one specific core belief, association, or behavior that you have identified as an underlying recurring problem. To create a summary sheet, begin by listing the core belief, association, or behavior at the top of the page, then create the following sections:

- Why this is an issue
- Situations where this causes problems
- Things I can tell myself
- Things I can do

The summary sheet is used to identify and dispel dysfunctional thoughts and behaviors.

Application to Stuttering Therapy

People who stutter often have vulnerabilities, dysfunctional thoughts and beliefs about the need for fluency. It often becomes the yardstick by which success and acceptance are measured.

Teasing and other forms of negative responses to stuttering are painful and the person who stutters sometimes becomes numb to their feeling as a means of self-protection. These events are more damaging because the PWS feels helpless to do anything to change his or her situation. Their boundaries are violated consistently in this area because the PWS believes that others are right and that something is wrong with them. This lowered self-esteem makes it too difficult to assert their rights. Children and teens often see no other alternative than to strike back physically out of a sense of helplessness and defenselessness.

DETOURS ALONG THE PATH TO RECOVERY

Key Ideas

1. There are many detours because the conditioned responses associated with anxiety-related problems usually become intertwined with core beliefs and associations from childhood.
2. Two things essential to overcoming avoidance patterns are regular practice and customizing your rational challenges to meet the specific lies that generate your negative self-talk.
3. It usually takes several cycles of forgetting what you've learned and going back through the basics before these skills and insights are internalized enough that they become more automatic.
4. As you recover, situations will occur that will trigger an increase in your symptoms. When this happens, review the skills you are learning, beginning with the basics, and apply them in a systematic manner to whatever has triggered the increase in symptoms.
5. Issues that are difficult to deal with often cause symptoms that are symbolic.
6. Try creating affirmation scripts using "I messages", stating facts, and keeping the message simple.

Application to Stuttering Therapy

For the PWS, overcoming the conditioned reactions to anxiety triggers is complicated by the negative feelings and emotions which develop as a result. It is common for the PWS to avoid difficult words or situations which are associated with their negative feelings.

Often the reaction starts in advance of the actual situations. The PWS comes to believe that they cannot say particular words or sounds, talk on the telephone, or give oral presentations.

Additionally, their self-talk adds to their difficulty, undermining their confidence and sense of control. Changing to more positively affirming self-talk is one step in the right direction.

TWO IMPORTANT "QUIETING" MESSAGES

Key Ideas

1. Learning to take care of yourself and manage stress more effectively is an important step on the road to long-term recovery.
2. During times of excessive stress, you need to set priorities and focus your attention on the most important issues.
3. You can manage everyday stress more effectively by increasing your body's physical ability to tolerate stress through exercise and a well-balanced diet, and learning to pace yourself by using short "decompression" periods after stressful activities.

Application to Stuttering Therapy

When stress runs too high it overwhelms the client's ability to use his or her speech targets. When this happens, the client needs to be able to management themselves so they are better able to function.

Ideally the client can predict when this will happen – for example when about to make a phone call or give a presentation. Instead of falling into the same "rut" and letting the anxiety get the better of them, the client needs to acknowledge (to themselves) that the situation is one in which they often are challenged (This usually has a somewhat calming influence). He or she should give themselves permission to be a little anxious, and take responsibility for managing their tension on an effective way.

He or she might next detect in where their body has become tense. They

can then instruct themselves to reduce that tension by taking a deep breath and feeling the muscles relax.

Just before speaking, the client focuses on exaggerating their speech target and uses a slow, purposeful rate of speaking.

Finally, he or she should recognize that they volitionally responded differently to their stress than has been their habitually reaction; they should see that they effected a change in their behavior which empowered them to begin to feel in more control in situations which challenge them.

VIEWING YOURSELF IN A NEW WAY

Clients find work in the realm of self-image an important part of their long-term recovery. Your *self-image* includes all of the beliefs you hold about your strengths and abilities, your weaknesses and shortcomings, as well as the personality traits you use to distinguish yourself from others. In essence, it is the picture you have of who you are.

Self-esteem refers to the value you place on yourself, and it is reflected in the amount of respect you give yourself. People with a high level of self-esteem see themselves and their needs as important; they acknowledge their needs and take steps to meet them in a positive manner, stand up for their rights, and treat themselves with respect. The respect they have for themselves tends to be reflected in their view of others. Your level of self-esteem is directly dependent upon your overall self-image.

There are two general approaches for developing a more positive self-image: first, challenge negative core beliefs that developed during childhood whenever you notice them influencing

your thinking. Second, identify habit patterns associated with negative core beliefs and practice replacing them with behaviors that reflect positive beliefs. As you identify negative labels that you use with yourself, develop more positive replacements.

What Makes Me Valuable?

"What makes a person valuable?" Everyone has absorbed from their family and the culture in which they were raised a set of beliefs about what gives value to a person. There is a general theme that you only have worth when you do something valuable. Some people are raised in homes where there was at least one parent who constantly criticized their efforts. They only received approval from this parent when they performed in a manner deemed acceptable by the parent. This gives the message that they had value and were worthy of love only if they performed correctly.

One task which is important is to make conscious decisions about what gives a person value.

Rational Challenges

Clients should devote time to wrestling with the lies from childhood that still haunt them. Create a summary sheet of anything that helps challenge the lies that have held them captive since childhood. Make it a living, working document that grows and develops with the client's understanding of themselves and their world as it evolves.

Perfectionism

Perfectionism is the tendency to be displeased with anything that is not perfect or does not meet extremely high standards, and it is driven by the belief that perfection is possible. Another contributing factor is the tendency to exaggerate the importance of common, everyday mistakes. Associating your value with achievement also promotes

perfectionism. Perfectionistic thoughts focus on the belief that "perfection is possible" and "mistakes are terrible."

The first step is to identify times when perfectionism was a hidden source of increased symptoms or inappropriate behavior. The next step is to create statements that challenge perfectionistic thinking and to identify new behaviors that could be substituted for old ones.

Mistakes Are Terrible

Perfectionism probably generates the most problems when it causes a person to exaggerate the importance of mistakes. A person can become so focused on the fact they made an error; they fail to seek a solution in a logical, step-by-step manner.

First, they need to develop self-talk that helps them to stop focusing on the problem and begin to focus on the solution. Then, they need to learn to use a systematic approach for solving the many problems that mistakes create.

Learning to Become Friends with Your Emotions

Emotions simply send the message that a need either must be addressed or has been met. Accept and become friendly with your emotions; that is, view emotions as part of being a healthy, normal human being.

Unexpected Anger

Unexpected anger is a common experience. When someone who has avoided conflict, suppressed anger, and acted nonassertively begins to be aware of personal needs and acts assertively, he or she often finds anger appearing more frequently.

Anger generates energy and motivation to overcome a threat, while fear generates energy and motivation to avoid the threat. If the client feels unable to meet their needs, the

common response to this threat is anxiety or depression.

Learning to “Normalize” Yourself

People with anxiety-related problems often feel alone and different from others. They often see others in an idealistic way and as dealing with all of their problems effectively and going through life with ease.

One of the most difficult tasks on the road to long-term recovery is learning to accept yourself and everything you experience as simply normal variations of what humans experience.

A common mistake that prevents people from seeing themselves as normal is confusing *normal* with *perfect*. Those with a core belief that they are inferior in some way often try to make up for it through perfectionism. The force that drives the confusion of perfection and normalcy is the desire to be accepted by others. A normal human is *not* perfect. Be tolerant of imperfections in others and apply this view to yourself.

Key Ideas

1. Long-term recovery often requires the development of a more positive self-image.
2. Self-esteem is just a part of your overall self-image and refers to the value you place on yourself.
3. The two main approaches for developing a more positive self-image are (1) challenging negative core beliefs that developed during childhood and (2) identifying habit patterns associated with negative core beliefs and practicing new, opposite behaviors.
4. An important part of reworking your self-image is examining your beliefs about what makes you valuable.
5. Two lies that help maintain perfectionism are “Perfect is

possible” and “mistakes are terrible.”

6. Learn to become friends with your emotions.
7. It's common for people who have suppressed anger to go through a process of learning how to experience anger and control it in healthy ways.
8. Learn to “normalize” yourself.

Application to Stuttering Therapy

PWS often greatly diminish their effectiveness as an oral communicator, and to a degree, may tend to devalue themselves as a person as well.

Because they are teased and humiliated because of their stuttering, PWS sometimes react by feeling they must have perfect fluency just to be “normal” like everyone else. One result is using fluency as the (only) measure of successful communication. While this is unrealistic, even for people who don't stutter, it is nonetheless viewed as the key to their being successful. Many clinicians make the unwitting mistake of telling their client that they stutter sometimes too.... you don't! What you mean is that you are disfluent; you don't stutter. Nothing will turn your client off to you faster.

Changing and increasing self-esteem, self-image, and self-confidence take a long time and a tremendous amount of difficult work. Yet these are the cornerstones to overcoming stuttering in the long term.

THE MAIN TYPES OF ANXIETY DISORDERS

Panic Attack

A panic attack is an episode of intense fear or discomfort in which four or more of the following symptoms develop quickly and reach a peak, usually within ten minutes or less.

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Shortness of breath or sensations of smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or going crazy
- Fear of dying
- Paresthesia (numbness or tingling sensation)
- Chills or hot flushes

When a panic attack occurs out of the blue, it is called an unexpected or uncued panic attack. When a panic attack occurs in response to a specific situation, such as a large social gathering, or a specific cue, such as a bridge, it is called a situationally bound or cued panic attack. When a panic attack is likely to occur in response to a specific situation or cue but does not always occur in this situation, it is called a situationally predisposed panic attack.

Agoraphobia

Agoraphobia is fear of being in places or situations from which escape might be difficult or embarrassing. This fear causes the person to avoid these types of situations, to endure them with marked anxiety, or to require the presence of a companion.

The Different Types of Anxiety Disorders

Specific Phobia

A specific phobia is characterized by significant anxiety that is excessive or unreasonable and that is triggered by a specific situation or thing. One subtype of specific phobia is situational, which is fear triggered by a

specific situation. This type usually occurs either in childhood or in a person's mid-twenties.

Social Phobia

Social phobia is characterized by significant anxiety triggered by specific social or performance situations such as a social gathering, athletic or musical performance, or the delivery of an oral report in school or at a business meeting. These types of situations are either endured with high levels of anxiety or avoided. People with social phobia are usually concerned that they might embarrass themselves or that others will think poorly of them.

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is a condition characterized by persistent and excessive anxiety and worry that lasts for at least six months. This worry is far out of proportion to the actual likelihood or impact of the feared event and tends to interfere with the person's ability to function.

Application to Stuttering Therapy

PWS can be thought of as having a specific phobia; speaking and stuttering. Additionally, many PWS also have a social phobia, as their stuttering occurs in public and social occasions. In a few instances, PWS also have panic attacks or GAD; Agoraphobia is rarely associated with stuttering.

HOW TO DEVELOP A RELAXATION RESPONSE

The term *relaxation response* refers to a state of deep-muscle relaxation that is produced by some set method. Several common formal methods used by therapists to help a client develop a relaxation response include biofeedback, autogenic training, hypnosis, guided imagery, and meditation.

Progressive Relaxation

Progressive relaxation is based on the principle that your muscles become more relaxed after you tense them.

Close your eyes and notice how the various muscle groups and joints in your body feel. As you do this, note those areas that are most tense.

Beginning with the feet, tense and relax one muscle group at a time. As you slowly work your way up to your head and face, time the tensing and relaxing to your breathing. Breathing in a relaxed manner, tense as you inhale. Relax as you exhale. Experiment with different muscle groups to find what works best for you.

Breath Counting

In addition to being a good method for producing a relaxation response, this is an excellent focusing technique to use when you're having difficulty falling asleep.

Close your eyes and breathe in a normal, relaxed manner. Start with either fifty or a hundred and begin counting backward. Count each number as you exhale. As you count, use your imagination. Visualize the numbers as being three-dimensional or colored.

It is normal for your mind to wander and for you to lose track of your counting. Each time this happens, simply resume counting from the last number you can remember.

Herbert Benson's Relaxation-Response Technique

In this technique, a word or phrase serves as the center of focus. While any word can be used, three that are commonly chosen are *one*, *calm*, and *relax*.

Close your eyes and each time you exhale, repeat the word or phrase you

have chosen as your center of focus. Adopt a passive attitude as you repeat your word or phrase. As with the other techniques, your mind will wander occasionally. When this happens, simply redirect your mind back to your word or phrase.

It is also helpful to use a secondary focal point in the form of a mental image that forms a background for the repetition of the word or phrase.

Application to Stuttering Therapy

You might use any number of relaxation techniques to reduce muscle tension and ease the symptoms of stress. The purpose of this exercise is to develop an internal image of what the body is supposed to feel like when speaking. Because there is insufficient time to invoke these techniques while talking, the primary purpose is to establish "the standard" against which the client can contrast their current stress level, and work toward attaining "the standard" before beginning to speak.

This also serves to refocus the client's attention away from his or her fears, and give them something 'productive' to focus upon.

These techniques do not work well after the client is already caught up in his or her habitual anxiety response pattern. Consequently they are used to prepare for speaking and as a tool to continuously monitor the body while talking.

A SYNOPSIS AND APPLICATION TO STUTTERING CLINIC

Okay, so let's try to put this all together; there's a lot, but it's not really as complicated to sort out as it might seem. Here are some facts we can start with:

- Stuttering is often precipitated by fear and anxiety; but they are not the cause of stuttering.
- Anxiety diminishes cognitive awareness and increases muscle tension. As a result, PWS are less able to control stuttering moments.
- PWS **react to**, rather than **respond to**, environmental factors which trigger their anxiety. A reaction is the body's "natural" or "habitual" reflex, whereas a response is the way the person directs their body to act in the face of adversity.
- By learning to respond, rather than react, the PWS begins to effect some control over their stuttering and feel less helpless.
- The helplessness and loss of control make the fear and anxiety more intense. Self-doubt and beliefs begin to develop; such as "I can't say words that begin with the letter 'b'". "I can't talk on the phone." These are rational conclusions based on the PWS's experience.
- These feelings later develop at a deeper level; the PWS feels that they can't communicate; no one listens to them; people laugh at them; I'm not a good person; no one likes me; I'm not good at parties; I can't talk to girls.

Anxiety about stuttering and the emotions that accompany it contribute to the chronic and persistent nature of this disorder. It interferes with the client's awareness of the core and secondary features of their stuttering, his or her ability to implement fluency targets, and their mindset in communicating. To help a client

achieve the best outcome possible, they must learn to effectively manage (and tame) these covert forces of their stuttering. This is not an easy task for the clinician or client. In terms you can relate to, it's perhaps like letting a snake slither across your tummy or a spider walk across your face.

In working with your patient and their anxieties, you will learn a good deal about yourself too. You will likely find it helpful to look at your own personal experiences for insights into understanding your client. Never ask your client to do anything you wouldn't do yourself – a good clinician may need to demonstrate or model what you want them to do... so don't forget about the snakes and spiders!

Here are some steps in helping client better manage their anxiety –

- Identify the specific symptoms and behaviors the client experiences;
- Identify the situations which trigger symptoms;
- Do 'body scans' to assess the degree of anxiety;
- Have the client give themselves permission to be anxious
- Listen for negative self-talk
- Work to establish self-affirming, positive self-talk messages
- Have the client instruct themselves to respond in a new way, instead of react as they habitually do
- Use this new response pattern preemptively in situations which usually trigger fears
- Identify beliefs associated with the client's fears and anxiety; enable the client to challenge their beliefs
- Help the client alter his or her attitude toward speaking and stuttering
- Calibrate the client's expectations, adjusting them to realistic outcomes
- Re-establish the client's self-image as a speaker

- Learn to self-instruct well in advance of starting to speak

These are listed in a roughly sequential ordering; however every client is an individual and it is your job to assess where they are along the continuum.

To be successful, you must be a good facilitator; a good listener and good at getting your client to talk. Usually, the best approach to getting a client to “open up” is not to be judgmental --- that means not letting your client think that you consider his or her responses to be “good” or “bad”, but just to accept them as ‘the way things are’. Remember, though, that this topic can be very difficult for you client to talk about. When a client indicates they don’t know how they feel or think about an emotional topic, it may be that they have shut themselves down and don’t allow themselves to think about it because it’s painful.

Remember, this is the hardest part of stuttering therapy; progress usually comes very slowly. With clients whose overt stuttering is very mild, you will often be spending most of your time in therapy working on feelings and beliefs about their stuttering.