The Challenge Of Regaining and Maintaining Fluency: A Socio-Psychological View from the Trenches

Aspects socio-psychologiques du regain et du maintien de la fluidité verbale: Le point de vue du patient

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Abstract

The experience of relapse following treatment for stuttering from the socio-psychological perspective of individuals is not well understood. The article, based on personal observation and analysis, examines the *processes* of relapse and recovery. After intensive therapy, and a lengthy period of little stuttering, distinct phases of decline in fluency were experienced. Three principal factors accounted for the increased frequency of stuttering: problem denial, environmental circumstances, and loss of support network. Fluency was regained utilizing steps to offset the three factors associated with relapse. These included: reconceptualization and acceptance of being a stutterer, relearning strategies for dealing with stress, and re-establishing connections with other stutterers. The paper concludes with suggestions for clinicians on how to respond to, and understand, clients in similar situations.

Abrégé

Les aspects socio-psychologiques individuels de la rechute consécutive au traitement du bégaiement sont mal compris. Le présent article, fondé sur l'observation et l'analyse personnelles, examine les mécanismes de rechute et de rétablissement. Après un traitement intensif et une longue période de faible bégaiement, on a observé des phases distinctes de diminution de la fluidité verbale. Trois facteurs expliquent principalement l'augmentation de la fréquence du bégaiement, à savoir le déni du problème, les circonstances environnementales et la perte du réseau de soutien. L'observation d'étapes visant à compenser l'effet des trois facteurs liés à la rechute a mené au regain de la fluidité verbale. Ces étapes incluent la reconceptualisation et l'acceptation de l'état de bègue, le réapprentissage de stratégies destinées à surmonter le stress et, enfin, le renouement de liens avec d'autres bègues. En conclusion, l'article propose aux cliniciens des moyens de comprendre les clients qui se trouvent dans la même situation et de répondre à leurs besoins.

A central issue, if not the central issue, in stuttering therapy for both clients and clinicians is how to maintain fluency levels after the completion of formal therapy. This article presents the personal experiences and insights concerning fluency maintenance, both its loss and its reacquisition, from the perspective of a stutterer. It is written with the aim to increase our understanding of the *processes* which cause fluency skills to decline following treatment and those by which recovery can be restored. Researchers typically study the maintenance experience of groups of stutterers, yet for stutterers and clinicians maintenance and its decline is a process which occurs at the level of the individual, not the group.

There have been numerous studies and articles on the emotions and social reality experienced by stutterers (see Andrews et al., 1983; Bloodstein, 1995; Shames & Rubin, 1986; and Silverman, 1993 for lists and reviews of these), but they have poor validity and reliability in measuring the socio-psychological aspects of stuttering. There are no tests or measures which can capture the personal experience of stuttering. For this reason a segment of the research community has turned toward objective and quantifiable measures. Another segment has been trying to develop appropriate measures heeding the call for researchers to examine "stuttering from a *stutterer's* perspective" [emphasis in original], and acquire more knowledge on the "psychological aspects of the disorder" (Quesal, 1989, p. 163).

Although stutterers do write about their own experiences, these exercises tend to be of the self-help type, such as Ahlbach and Benson (1994). This literature primarily focuses on helping the stutterer, rather than presenting a systematic and analytical review of experiences which might be valuable to researchers and clinicians as well as other stutterers. Writings by stutterers, with a few exceptions such as Pill (1988), have not systematically captured and codified the socio-psychological aspects of relapse and recovery. The conclusion from stutterers seems to be that some can maintain fluency because they have the "courage, discipline, and determination," while others lack "the inner sources" (Carlisle, 1985, p. 124).

What follows is my detailed personal account of my

relapse and recovery which seeks to demystify what happened; explain what some of the causes might have been; and recount what I did when my hard-earned fluency vanished. This article examines and traces three aspects of the process of my decline in fluency. The first aspect concerns causes which led to increased stuttering. The second aspect is the manner in which fluency was regained and maintained. The final aspect focuses on how to apply the experience to the future.

The Process of Decline

Now in my mid-thirties I have stuttered since commencing to talk. During my teenage years I avoided situations which I felt would precipitate high levels of stuttering. I shunned the telephone, and avoided speaking to, and in, groups and to strangers. I made no class presentations and answered no more than a handful of questions during my primary and secondary school education. At times my family spoke for me in situations where logically I should have spoken for myself. At age eighteen I was described at a government hearing on vocational rehabilitation as having "a severe stutter that incapacitates him from normal avenues to working... his stutter is so bad that he is almost rendered speechless."

I have participated in various forms of speech therapies beginning at age five. Along the way, clinicians in a variety of settings tried to help: private practice, school boards, hospitals, and a university clinic. Typical therapy involved exercises which required reading aloud, speaking slowly, practising gentle onsets on words, counting blocks, breathing slowly, relaxing, etc., with some assignment to be completed prior to the next visit with the clinician. None of these programs were very helpful.

My difficult journey towards being able to express myself more fluently took a turn in my late teens. Prior to starting my university education I attended a six-week residential program at Geneseo, New York. Therapy was based on the work of Van Riper and comprised 240 hours of treatment. The program focused on desensitization and the learning of predetermined speech which consisted of post-, in- and pre-block corrections. Post-block correction or cancellation is the repetition in a controlled manner of stuttered words; in-block correction or pulling out is the application of adjustments while stuttering is occurring; and pre-block correction is ensuring that stuttering does not occur by having conscious control of the articulators and air flow. For the first time my attention and energy were focused on understanding and manipulating stuttering. I began to understand the nature of my stuttering! I understood where the tension was, where the hard contacts occurred, how a "b" and "p" were created, and where I could consciously intervene and prevent a block from occurring. I believed that the Geneseo program was right for me because of its intensive nature, and also because I was sufficiently mature, and willing, to learn pre-determined speech. I left Geneseo with a map, compass and, the concomitant ability to set a new path.

In addition to the technical skills acquired in Geneseo, the close contact with many others of differing levels of stuttering and life histories made my own experience less frightening. The esprit de corps added a socio-psychological element to therapy which had been lacking in my weekly visits to a therapist. I was no longer alone in battling my handicap.

During the final days of the program there was discussion of stabilization, transfer, and maintenance which largely was ignored by me and many of the other participants in the program as we were swept up in the euphoria of completion. Although the challenge of maintenance was stressed, it was done so only after I had already achieved fluent speech.

At the end of six weeks I felt, for the first time ever, control over my stuttering. For several months I was nearly always fluent. It seemed that after driving a "clunker" which would unpredictably stall, veer, hesitate, and not start at all, I now had an incredibly responsive and finely tuned Porsche. I made my first ever presentation in class! Using the telephone became, for the first time, a pleasant experience. My family and others were ecstatic and relieved by my newly acquired speech, although they did not understand how this had transpired.

The extremely high, indeed unnatural, degree of fluency I had achieved from the Geneseo experience remained with me for about three months. Following that, I sustained generally fluent speech, regardless of conscious effort to control stuttering, and a related higher level of self-esteem and confidence in my ability to communicate. I was also able to utilize pre-determined speech to minimize stuttering in particularly stressful situations.

My increased level of fluency allowed me to undertake additional activities involving oral communication. Over the next decade no pre-Geneseo levels of stuttering was ever evident. During these years I maintained a high level of controlled fluency while experiencing ups and downs in my mastery over stuttering. I attributed the downs, which never lasted more than two months, to insufficient attention to practising pre-determined speech. The ups on the other hand were attributed to renewed emphasis on practising pre-determined speech. My practice, then and now, consists of reading aloud at different rates, dissecting blocks, and reviewing speaking situations which occurred during the day. This was an activity which I increased when I needed to prepare for more difficult or stressful situations. I also attended several week-end refresher clinics at Geneseo, but stopped doing so about five years ago. The turnover in staff at the clinic, the decreasing number of other stutterers in

attendance whom I knew, and my own high level of fluency had made the refresher experience less and less intimate and valuable for me.

Over time I pursued a number of professional goals including a doctoral program and teaching university courses. Currently I hold the position of senior policy advisor in government. One reason for pursuing these activities was to test my new fluency, or to provide me with another speaking challenge. Almost like an addiction, I needed continually to master new speaking roles. Thus I found myself in situations necessitating frequent presentations and telephone conversations as well as a high degree of spoken interpersonal communication. In my professional life my fluency was not always what I considered acceptable. Nevertheless, I was invited to take on added responsibilities requiring oral communication skills.

Over the years I have conceptualized fluent speech as a combination of three characteristics or components. First, the number of blocks and other stoppages in the flow of my speech. Second, how successfully I believe I communicated my ideas. Third, my internal state while speaking - the degree of stress and strain I experience. I measure the first two components subjectively, since I neither count blocks, nor explicitly evaluate how well the speaker understood my ideas. My most fluent speech occurs when there are few blocks, ideas are successfully communicated and there is little internal stress. Less fluent speech occurs when one or more of the following conditions exists: (a) I have many blocks, (b) I sense my ideas are not coming across, or (c) I endure high levels of internal turmoil. During the past eighteen months I have experienced more stuttering. This period was different - both objectively and subjectively - from any other in depth and length since Geneseo. I believe the eighteen-month period was composed of three distinct phases.

Phase I

For the first year my decline in fluency was gradual. I used strategies such as avoidance, circumlocution, and camouflage to avoid stuttering (Petrunik & Shearing 1983, p. 128). These strategies seemed to me to be easier and less likely to place me in situations where I would exhibit stuttering than others such as speaking slower, using voluntary stuttering and slower speech. For example, I occasionally might arrive a few minutes late to a meeting to avoid introductions, or call someone when I expected him/her to be away from the office to avoid speaking directly with the individual. I believed this period to be a temporary time of increased difficulty not atypical from the previous ups and downs. I reached plateaus and indeed experienced periods of increased fluency, especially after more intense nightly practices on targets and efforts to gear down and exercise a greater degree of control over my speech mechanism.

Phase II

The next six months represented a different phase in the process of declining fluency. During this period there was a conscious self-realization that fluency was indeed declining and that this was not a typical period of increased difficulty. In reaction I engaged in longer levels of practice to meet targets and started to use a tape recorder to play back my practice sessions. I also actively sought difficult situations that would allow me to speak in front of an audience. For example, I joined Toastmasters and increased the number of university courses I taught. In doing so I believed that new speaking challenges would jolt, or jump start me into more fluent speech.

Notwithstanding my efforts, it became increasingly difficult to achieve control over stuttering regardless of the amount of practice, preparation, and effort. Furthermore, higher levels of circumlocution and substitution of words were employed in an attempt to speak fluently as specific words and sounds became difficult to say. Even as I sought out new situations, I actively planned to avoid non-essential meetings and other orally stressful situations. During this phase I also noted a decrease in fluency, and an increase in stress while speaking with family members and long-time friends. In the first and second phases of this process no attempts were made to seek therapy.

Phase III

The final period lasted about two months. During this period there were some situations in which my speech reverted to its pre-Geneseo state. A few situations remain emblazoned in my mind, such as when during one particularly stressful high level meeting, I became unable to speak at all and nothing worked. During this time telephone conversations of any kind became hellish, with some blocks running to ten seconds in length. I stuttered so severely during one university lecture, with a block on nearly each word, that for the first (and only) time in my teaching career I felt I was doing students a disfavour by teaching. Interestingly, in the confidential instructor evaluation at the completion of the course, only three students, of 25, mentioned my stuttering as a problem. Behaviours such as face and jaw jerks, closing my eyes, and other facial contortions during blocks emerged for the first time since Geneseo. Speaking situations which had never been difficult since Geneseo, such as talking to answering machines or friends and family members face-to-face, resulted in stuttering. Only with two or three close long-time friends could I be relatively certain not to stutter in face-to-face conversation.

During this period I began to feel like an imposter in some situations, since I was unable to carry out fully the responsibilities associated with my professional positions. More and more I felt like the real me, which had been re-

leased in Geneseo, was being manacled by stuttering. I felt frustrated in that I was continuing to practice my controls and targets, yet my stuttering remained unaltered. Lastly, I felt overwhelmed by the loss of control and the lack of knowledge of how to regain it. The old devil of stuttering was out of its cage and running wild! My loss of control and incapacity to know what to do led me to seek formal therapy. What caused the process of declining fluency described above? I identified three principal factors.

Problem Denial

Ironically, the success I had experienced for a decade was a key factor precipitating my relapse. During those years, although I continued to think of myself as a stutterer, and indeed at times described myself as such to others, I avoided displaying the very disability which I assured others I had. To stutter, in my mind, would have been to admit that I no longer had control. Commencing new professional and personal relationships and friendships, with individuals who had never known me as a stutterer, allowed me to reinvent myself as someone who did not suffer from a disability. After Geneseo it seemed easier, and indeed more rational, to minimize the role of stuttering in my past, present, and future.

I believed that I continued to present myself as someone who stuttered to my close friends and family members. When I reviewed the issue of my stuttering with close friends it became obvious that from their perspective, this had not been the case. One intimate friend observed that "stuttering has not been a topic for us to share, but has been a 'this-is-my issue'... the pain of the past and the day-to-day struggles were never shared." This resulted in a situation described by one dear friend as:

> I wanted to support you in your struggle for fluency, but I couldn't support you in something that was not an issue, except by buying into that notion, and continuing to not notice what became increasingly obvious to me.

By means of my silence I had unintentionally forced others to subscribe to my world view that my stuttering was not a problem, and indeed did not exist.

Since others had come to regard me as a normal speaker I was increasingly under pressure to behave as one. When I stuttered I viewed myself as a failure since I had led others to believe that "it" was under control. My inner tension consisted of trying to reconcile the self which stuttered with the carefully constructed self which did not. More and more, I focused on preventing stuttering from occurring, and less on manipulating and controlling stuttering. I simply wanted to be fluent, since I had been fluent in the past.

Environmental Stress

The level of stress in my life increased significantly over the decade. Stress played a key role in two ways. First, I experienced high levels of general stress caused by several nearly simultaneous changes in my life situation, e.g., completing a PhD, designing a new multi-million dollar government program, ending an intimate relationship and moving. The resulting stress affected the amount of attention and mental energy that I was able to devote to meeting fluency targets. Even when I practiced more, it was typically at the end of long days when my attention and energy levels were at their lowest. Second, I found myself in increasingly stressful speaking situations since over time I had sought and accepted roles which required a high level of proficiency in oral communication. These situations were stressful because they included more telephone conversations, more interaction with strangers and authority figures, less certainty about the reaction of listeners, and more talks to large groups.

Loss of Support Network

The third causal factor was that with the passage of time since the intensive stuttering program, I had drifted away from contact with other stutterers. I had few people with whom to discuss my stuttering, even had I been willing and interested in doing so. My reluctance to discuss stuttering with others partly derived from my sense that it was my issue and from my belief that others, especially non-stutterers, would not understand. Furthermore, to discuss my decline in fluency would have implied a degree of acceptance of myself as a person who stutters. As a result, as my overt stuttering behaviours increased, I had no existing support network to which to turn.

Individually each of the above factors likely would not have brought about the result which was experienced. However, in combination, they set in motion a process by which they reinforced each other. For example, as I stuttered more, the number of stressful speaking situations in which I found myself increased.

The Process of Regaining Fluency

The process of regaining fluency involved several distinct steps each directed to offset the three principal factors associated with relapse. The most crucial step in regaining fluency was to accept that I stutter. Important in this process was my recognition that outside help was required, that the challenge was one I could not deal with alone. In a sense this represented accepting not only my problem, but also its magnitude. I needed to overcome my hesitancy to again accept myself as a person who stutters and whose disability imposed certain constraints. I had to become resocialized as a person who stutters. My clinician played a critical role as a

catalyst in this process by challenging my assumptions and convictions about my stuttering and myself.

During this period of reconceptualization or resocialization, I confronted and reflected on the views that others had of me as a stutterer. Such a self-analysis is something that I had not undertaken since Geneseo. My conclusion was that my period of severe stuttering did not, as I had expected and feared, cause others to see me in a different way. I encountered no lack of understanding and sympathy. Several people shared with me their own handicaps, a surprising number of which involved oral communication in one way or another. At the same time, it became obvious that the degree of stuttering which I experienced was a real and concrete barrier to some social and occupational situations. Clearly I could not continue to attend meetings to present proposals, or give lectures, if unable to speak with sufficient fluently so as to effectively communicate my ideas.

I withdrew from a number of speaking situations which were particularly stressful and seemed unrelated to what truly needed to be done in my life. In hindsight, the withdrawal was positive. The skills and mental preparation I had available to me at the time were wholly inadequate for many of those situations. There were some situations which I could not, and, indeed, would not have avoided; others of a more discretionary nature could, temporarily, be set aside. For example, I ceased to attend Toastmasters meetings on the assumption that doing so was causing more harm to me than good. The process of examining "what can I do well right now, given my current level of control over my speech?" helped me to realize that even if I could not control my speech, I could at least exert some control over when to speak.

With the assistance of the clinician I explored strategies for dealing with stressful situations. During the previous months when my fluency was particularly poor, my entire focus had been on wishing to be fluent. I had become absolutely blinded to the strategies which I could employ to deal with stressful situations. With the guidance of my clinician it again became apparent that my goal was the control of my speech mechanism, not fluent speech. The clinician assisted me to begin to accept the fact that stuttering would occur.

Speaking with my clinician helped me to better understand how negative self-talk had caused a disruptive cycle which had interfered with my ability to control my stuttering. By utilizing recent past experiences of stuttering, to think about and predict future situations, I had continually been telling myself that failure loomed. Recently, I have begun to view occurrences of stuttering in a more positive light, as opportunities to control the old devil rather than as failures.

During my first meeting with the clinician it became apparent to both of us that I still retained the ability to use pre-determined speech. This discovery came as somewhat of a surprise to me, since I had been unable to employ the targets in situations with even minimal stress. Thus, the therapy we engaged in involved not my relearning skills, or taking me through a program. Instead, with the help of the clinician, I dusted off the map and compass which I had acquired at Geneseo. Over the years I had neglected to seek their guidance and had also failed to note how some of the terrain had altered. I had become too confident.

Lastly, I began to re-establish connections with other stutterers, both in person and electronically via Internet, and through publications by and for stutterers. I found a stutterer who is interested in talking about stuttering and we regularly meet for lunch and discuss the state of our speech, among others topics. I also joined Speak Easy, a self-help organization which publishes a monthly newsletter and am in contact with the Canadian Association of People Who Stutter. These contacts, like the Geneseo program which played such an important role to me as a teenager, made the experience of being a stutterer less isolating. This article represents the culmination of the process of re-attaching myself to the stuttering community.

Maintaining Fluency

Now that my control over my speech has increased, not to its former level, but to one which makes my life more comfortable, I wonder how I can further strengthen it and maintain it in the long run. I realize that it is most important for me to continue to view myself as a stutterer. However, I still feel enormous inner pressure to speak fluently rather than speak in a controlled manner. I realize that this is the towering barrier to being able to control my speech. I avoid using voluntary stuttering in most situations, because I just want to be fluent and communicate my ideas and thoughts.

I need to continue to monitor closely general stress levels now that I am aware of their impact on my level of control over my stuttering. I am more aware and respectful of the connection between stuttering and other aspects of life. I can now to some extent predict difficult periods in controlling my stuttering based on events external to speaking and stuttering. I know that getting insufficient sleep for a few nights will manifest itself in less control of my speech. I have become better at reading not only stress levels, but also other warning signals. These signals include mentally rehearsing and repeating specific words and sentences in preparation for stressful situations, rather than sharpening generic skills and targets. Other signals include the nature of my self-talk, i.e., whether I am looking at the bright side of most speaking experiences; whether fluency expectations are realistic in any given situation; and the degree to which I am willing to expose my disability.

Finally, I am less likely to treat minor difficulties, such as slight or minor stuttering on some sounds, as merely a bad day, but instead see them as warning signs of a larger trend.

I also better recognize my shortcomings in how I conduct myself vis-a-vis my stuttering. I have yet to make a humorous remark to anyone, including myself, about my stutter. I continue to resist joining a self-help group largely because I think I will feel uncomfortable sitting with a group of stutterers. The fact that I will not join local self-help groups illustrates that I have not accepted my stuttering as fully as I might. Furthermore I better comprehend the trade-offs inherent for me to gain better control of my stuttering. To dedicate more of my energy and effort to increasing fluency means robbing from other parts of my life, which over the years have acquired more priority than practising controls.

Suggestions for Clinicians

For clinicians, my experience highlights four issues. First, clinicians may do well to alert and forewarn clients of the life stresses which affect the ability to maintain fluency. Second, in some situations clinicians may wish to support the client in a gradual, though temporary, withdrawal from some situations. Little is gained by encouraging clients to enter situations for which they are unprepared. The two preceding issues imply a focus on holistic therapy which recognizes that stuttering is a part of the client, rather than a separate "it".

Third, clinicians need to consider being frank with stutterers about the fact that adults who stutter are disabled and will remain so, to some degree. Such an approach on the part of clinicians will help stutterers like myself overcome resistance to thinking of themselves as disabled. I believe some of the difficulty and resistance to accepting myself as a stutterer derives from the fact that few clinicians over the years have been candid about the extent of my disability.

Lastly, clinicians and researchers would do well not only to measure post-therapy decreases in stuttering frequency, but also to strive to determine and understand the cognitive or socio-psychological factors which cause decline and relapse. Although there are some recent studies in this area (such as Langevin & Boberg, 1993; and Boberg & Kully, 1994) these are limited in the extent to which they purport to assess socio-psychological factors. In summary, more attention is required to the process of relapse and its natural history as well as its quantitative appraisal if effective therapy is the ultimate objective.

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