Voluntary Stuttering - When, How, and For What Purpose

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About the presenter: Andreas Starke was born 1944 in Germany. With a university diploma in mathematics and physics he spent the first ten years of his professional life as a software developer and computing consultant. At the age of 36 he decided to go into the field of speech-language pathology and received a master's degree from Western Michigan University in 1982. After three years as a lecturer in logopedics (as the field of speech-language pathology is called in most of Europe) he returned to the computing field working as software developer for Deutsche Airbus in Hamburg until 1996. Starting 1987 he has conducted a group therapy program in an intensive interval format. Today he runs two to three such groups a year and is the most active lecturer in the field of stuttering in German speaking countries.

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by Andreas Starke
from Germany

Introduction

One of the most controversial topics in the area of stuttering therapy concerns the use of Voluntary Stuttering. Is it necessary? What are the benefits? Can it be detrimental?

Voluntary Stuttering has been described as one example for "negative practice", "symptom prescription", and "paradoxical intention". An important reason for the effectiveness of these methods in reducing compulsive repetitive behaviors is that these behaviors become unpleasant when performed frequently. In my view this rationale does not apply to stuttering, because stuttering behavior is not experienced as being pleasant in the first place.

Wendell Johnson proposed that stuttering is what the stutterer does in order not to stutter. If this was true, the use of Voluntary Stuttering in stuttering therapy would make immediate sense for simple logical reasons. In my view Johnson's position is only a fascinating result of over-simplification.

Generally speaking (but far more specific), the anticipation of stuttering and the loss-of-control experience is not a result of avoiding stuttering. The reaction to the stuttering anticipation and the reaction to the loss-of-control experience are coping behaviors with the aim to regain with a minimum of abnormality the state where unattended normally-fluent speech is possible. From this point of view it is far more difficult to specify the reasons and procedures for the use of Voluntary Stuttering. This is what I want to do in this paper.

Voluntary Stuttering Defined

Unfortunately there is not enough space to give a detailed description of how I see the general pattern of an instance of stuttering. This sometimes is called a "symptom" or a "moment of stuttering." I prefer the term "stuttering event" (German: Stotterereignis). It is composed of four parts:

• 1. *The anticipation of stuttering*. Many times, but not always, the stutterer "knows" that he is

going to stutter. This has do be differentiated from the ability of a stutterer to predict the loci of stuttering in advance (i.e. in a given text). It is not yet clear whether the anticipation of stuttering is the result of an actual sensation or a "self-fulfilling prophecy."

• 2. *The reaction to the anticipation of stuttering*. This may be either an avoidance reaction (that frees the stutterer from the necessity to say the "critical word"), or a postponement reaction (that may or may not enable the stutterer enable to continue with normal speech), or a no-reaction (where the stutterer ignores the anticipation).

• 3. *The loss-of-control-experience*. This is what I call the core of the stuttering event.

• 4. *The reaction to the loss-of-control experience ("post-hoc reaction")*. This is what most of what an observer hears and sees of stuttering. It may contain elements of different value ranging from useful to irrelevant and even counterproductive.

In real stuttering (as opposed to Voluntary Stuttering) at least one of two elements are present: the anticipation of stuttering and the loss-of-control experience. If both elements are missing we have either a normal disfluency or a moment of Voluntary Stuttering.

The speaker who voluntarily stutters purposefully tries to behave as if he has experienced the anticipation of stuttering (and fakes an avoidance reaction, a postponement reaction, or no-reaction which is going ahead) and/or post-hoc reaction as if he had experienced a loss of control (using fakes of one or several out of a multitude of possible reactions to stuttering).

An Outline of Van Riper's Therapy as I do it

I think that the way I do therapy reflects much of Van Riper's thinking, though I don't really know whether everything I think and do is supported by Van Riper's writings. Some things may appear a little different from what you can read in his books and articles.

Van Riper's therapy as described in his book "Treatment of Stuttering" is designed in four phases: Identification, Desensitization, Modification, and Stabilization.

In the phase of Identification an effort is made to gain insight into the stuttering behavior of that client and into his stuttering problem in general. Two major goals are pursued in this phase. We want to acquire information about the details of the stuttering behavior and the stuttering problem, and we want to promote a matter-of-fact attitude on the part of the stutterer toward stuttering and his stuttering problem. I like to call this a "sporting attitude" or the "engineer's point of view".

In the phase of Desensitization we do everything we can to let the stutterer experience how he can stay and even become calm when he stutters or rather while he stutters. The aim is to disconnect the link between stuttering and negative emotion of all kinds, like fear, shame, guilt, pressure, especially time pressure, frustration and others.

In the phase of Modification we teach the client to perform a carefully designed sequence of maneuvers that cannot be thoroughly described here. In this phase the client learns to replace his usual stuttering reaction with what I call the "optimal stuttering reaction." The optimal stuttering reaction consists of two things: (1) The gain of control (transition from automatic movement to volitional movement) as soon as the stutterer notices his stuttering anticipation or, if anticipation is not present, as soon as possible in his post-hoc reaction and (2) the slow volitional performance of the sequence of movements required for the utterance of the critical word. Both skills are matters of attention, experience and training. The result is the ability of the stutterer to react to all stuttering anticipation and loss-of-control experiences by performing the regular speech movement as a volitional, more or less slowed down movement for the rest of the word.

How can calling this reaction "optimal" be justified? In spite of everything, it is still abnormal. "Normal" would be an automatic movement with normal speed. This stuttering reaction is

optimal for two reasons: (A) As automatization happens (and this can be expected) nothing artificial remains, no additional airflow, no loose contacts, no nasals before plosives (think of Churchill's famous "Mmmmbritain will never surrender"), nothing, just the normal sequence of movements. (B) We do these optimal reactions in such a way that seems to improve the motor set for fluent speech. The key words are: "Slow, smooth, strong." An improvement of all systems at once (improvement of air pressure, improvement of voice setting and improvement of coarticulation, i.e. articulatory transitions, which seem so critical for stuttering) seems to happen. The happy (not the lucky) consequence is longer and longer sequences of normally-fluent spontaneous speech.

The phase of Stabilization is not as unitary as the three previous phases. Most of the activities and considerations can be summarized under two headlines: "Strengthening of Fluency" and "Adjustment to the New Role". The first deals with exploring the real limits of fluent speech and most clients come to believe that "the sky's the limit." The second deals with the sometimes dramatic changes in the life of the stutterer when he, because he speaks much more fluently, starts to actually live the life of a person who doesn't stutter even if there may be a certain amount of stuttering left (which is probable).

Voluntary Stuttering in the phase of Identification

Let us start with the first goal of Identification. We (the client and the therapist) want to gain insight into the form of stuttering as it is when therapy begins. When it comes to counting frequency, determining the typical loci of stuttering and variability in different speech situations there is little use for voluntary stuttering. Here we investigate "the real thing". But when it comes to examining the details of a stuttering event itself it is almost impossible to refrain from using Voluntary Stuttering.

What are we trying to find out here? We want to understand all four elements of the stuttering event, the stuttering anticipation (if present), the reaction to the anticipation, the loss-of-control experience and the post-hoc reaction. When did the stutterer anticipate stuttering? What did he anticipate? How did he react to his anticipation? Is there a hierarchy of reactions to anticipation? Did the reaction work? When did the loss-of-control occur (I call this "Punkt der Hemmung" = point of inhibition). Which transition appeared difficult? What process was probably impeded in the first place? Airflow? Voice? Jaw movement? Tongue movement? Lip movement? How did the stutterer react to the loss-of-control? Are there several types of reactions? Do they work? Which ones are useful, irrelevant or counterproductive? Is there a hierarchy?

All this concerns only one stuttering event. Across stuttering events we want to determine which of the four elements are rare and which ones are frequent. Most of the time we find that a single stutterer has a certain pattern of anticipation, a rather consistent pattern of points of inhibition, and a rather limited repertoire of stuttering reaction (both to anticipation and post-hoc).

This examination is greatly facilitated by using video-audio recordings that the client and therapist can watch together and share their observations. The review-function of the player makes it easier to observe details of the stuttering event compared to live observations. But still, recordings are first sometimes too distorted and second don't reveal certain features. Many clues to what really happens (Is the airway obstructed? Where is it obstructed? Was the proper articulatory position attained? Was there airflow?) are gained by the stutterer when he imitates the kind of stuttering that is under investigation and by the therapist when he tries to imitate it. Live stuttering events, playback of video-audio recordings and live imitations are the most useful objects of observation when we examine the stuttering events themselves. When it comes to making observations in the area of the interactions with listeners (Examples: How do listeners react? Do they really look away? When? Immediately or after some time? Does this change with different types of stuttering?) there is no need for Voluntary Stuttering, provided there is enough stuttering at all to be able to make such observations. If not our unfortunate (!) client has to fake some stuttering. I don't say this is easy. In my experience many of the "exceptional situation stutterers" who only stutter in situations which they experience as

exceptionally difficult (the "fair-weather fluent speakers") find it very challenging to stutter on purpose. With them it is wise to spend extended time for the examination of the stuttering event even if there is no live stuttering at all.

In the phase of Identification in my view no purposeful effort should be made to desensitize the client to the experience of stuttering. Examining stuttering itself and the circumstances under which it happens always has some desensitizing effect, but we can leave the desensitization work to the next phase.

Voluntary Stuttering in the phase of Desensitization

The major goal of this phase is to dissolve the tight link between the experience of stuttering and negative emotion. For many stutterers this link has become one of the determining features of their existence. Most of the work of this phase is done by creating an environment for the client in which the simultaneous occurrence of stuttering and negative emotion is unlikely or even impossible. This is called "classical counterconditioning" or "counterconditioning of respondent behavior".

Simply put, an effort is being made to enable the stutterer to stay in a state of calmness or even become calm when stuttering occurs. Remember, he is not to be calm in order not to stutter, but to be calm when he stutters. The very nature of stuttering can now help the stutterer and his therapist to make progress towards this goal.

First, it is always difficult for the therapist to observe whether and to what degree the stutterer is really calm in a given moment. The experienced observer can make some judgement from the autonomous reactions of the client including unconscious body movements. One source of information is frequently overlooked, namely to ask the client directly how he feels. But in stuttering therapy we can also take some features of the stuttering behavior itself to help to judge the emotional state of the stutterer.

Second, we all know that there is a reciprocal effect of state and action. If you behave like you are amused / sad / angry etc. after a while you are amused / sad / angry etc. The same is true with calmness. Even if you feel excited at a given moment, you can become calm by behaving as if you were calm. What kind of stuttering has this effect of making you feel calm and transferring you into the "contemplative mood". Van Riper called it "stuttering easily, lazily and relaxedly."

It is easy to see now why we would use Voluntary Stuttering.

• 1. Voluntary Stuttering is a kind of simplified stuttering with respect to calmness. It is easier to stay in the state of calmness when you imitate a stuttering event as compared to experiencing a regular stuttering event.

• 2. Voluntary Stuttering can be varied purposefully. It can be expected that an instance of easy, quasi-normal Voluntary Stuttering has a smaller effect of the state of calmness than an laborious violent instance of Voluntary Stuttering.

• 3. Voluntary Stuttering, if it is done "easily, lazily and relaxedly" can actually help the client to gain the state of calmness.

Many stutterers who have used Voluntary Stuttering know that sometimes an instance of imitated stuttering "turns real". Most stutterers know that in the stuttering event there is a phase of reduced sensation which constitutes a state of a certain helplessness. (This is very difficult to explain to a non-stutterer. Someone said that Van Riper called this state "le petit mort", French for the little death. The term "petit mort", as far as I know, is poetically used as a metaphor for "orgasm", and that lets me think about possible similarities of this state of reduced sensation (to external stimuli) in stuttering and orgasm.)

In my therapeutic work I have come to believe that attention to the point where this state

begins and working at the point where it ends is of great value. Some stutterers have the ability to let an instance of Voluntary Stuttering become real or can acquire this ability, but not all of them. Working on letting go of the state of reduced sensation for some clients is the most important turning point in therapy. What I do to help the stutterer to let go of the state is to do preparatory exercises in gradual relaxation in the speech mechanism and other parts of the body. The next task for the stutterer is to fake "being in the state" (in a moment of Voluntary Stuttering) and, with some suggestive speech from the therapist, to try to get the feeling of being able to let go and actually do it. Finally the stutterer is to try to intervene in "the state" first with the therapist giving low-voice instructions and finally without the help of the therapist. I had clients who were able to move in and out of "the state" several times in one single instance of Voluntary Stuttering (or rather voluntary-involuntary-voluntary-involuntary-voluntary stuttering). They lost all respect for "the state" of course.

Voluntary Stuttering in the phase of Modification

The use of Voluntary Stuttering is most easily described for the phase of Modification. The rule is simple: If there is not enough material for practicing the maneuver of cancellation and for practicing pull-outs the stutterer has to fabricate some stuttering just for the purpose of providing practicing material.

In this phase there is absolutely no need for Voluntary Stuttering that is different from the habitual way of stuttering. Ideally it should be a true copy of his real stuttering. We find that in the reality of therapy this rarely is a problem, provided that the stutterer is sufficiently accustomed to the idea and the actual experience of Voluntary Stuttering in the phases of Identification and Desensitization.

Voluntary Stuttering in the phase of Stabilization

One of the goals of this phase is the strengthening of fluent speech. Here, at the very end of therapy all attention is given to the task of speaking fluently. Monitored speech and high-stimulus speech of all kinds is explained and practiced, speaking fluently in the presence of disrupting circumstances is practiced in arranged situations and in real ones. For these types of activities there is no need for Voluntary Stuttering at all. Acquiring and guarding the motor set where fluent speech occurs is the goal. Every instance of stuttering (voluntary or real) would be counter-productive.

I have observed in myself and in others that sometimes (especially when the stress level is very high) it is difficult to change the way of speaking. Once you are in a sequence of severe laborious stuttering you feel you cannot switch to using the beautiful smooth pull-out that you have been practicing all the time. Therefore in the phase of Stabilization I frequently let my clients switch between three modes of speaking: 1. speech with hard stuttering (real stuttering and Voluntary Stuttering if there is not enough real stuttering), 2. speech with many perfect pull-outs (real or fake, if there is not enough real stuttering), and 3. spontaneous speech that may contain stuttering and pull-outs, but no Voluntary Stuttering and no fake pull-outs. The Voluntary Stuttering in mode 1 should be a close copy of real stuttering, exaggerations are permitted.

At the very end of therapy I always recommend (as I believe Van Riper did) that the now very fluent client use some Voluntary Stuttering every day for an extended period of time (let's say one year) for "psychohygienic" reasons. Stutterers who become fluent by working hard as most of my clients do, tend to become careless about the self-therapy that is needed after the end of formal therapy. So some Voluntary Stuttering every day can serve as a reminder not to think that everything is over.

But there is something else too: Strange as it seems, the newly fluent stutterer may become dependent on his fluency too early and come to believe that all the wonderful things he can do now require fluent speech. Once stuttering re-occurs he may become helpless and frustrated, unable to use all the beneficial things he has learned in therapy. So it appears to be wise to

foster an attitude at the end of therapy that is expressed in the following words. "Fluent speech is better than stuttered speech, but not really much better. I like and prefer to speak fluently, but if and when I stutter I know that I can proceed with almost everything I do, that I don't have to react with fear, shame and guilt-feelings and that I can use the tools I have with the same effectiveness as I did when I first acquired them. And to prove this to myself and others I will not go to sleep if I haven't stuttered (let's say) five times a day. And if there is no real stuttering, I'll do it voluntarily."

Conclusion

How do we stutter voluntarily? Most of the time I prefer the type "close copy" (of the real thing). If we want to "tear the stuttering apart" as Van Riper once put it, I'd like to practice on the field where the real battle is going to happen. Sometimes, especially in the beginning of the phase of Desensitization, it may be advisable to use different forms and especially simpler forms of stuttering reactions for Voluntary Stuttering. The easy, lazy, relaxed way of stuttering voluntarily is another example of Voluntary Stuttering that is different from the real stuttering. But we rarely exaggerate the real model. Stuttering that is grossly exaggerated may make the performer believe he has passed a test of courage. However, he may just found a new way to escape the real fear that is linked to his real stuttering.

When do we stutter voluntarily? As you have seen, in all phases of therapy, but for different puposes.

For what purposes do we stutter voluntarily? In the phase of Identification it enhances the quality of our research. All scientists use models, that is a first-choice way to simplify the scientific process. In the phase of Desensitization there are some different purposes: facilitation of the confrontation with stuttering, achievement of calmness through certain modes of stuttering, and the exploration of the dangerous territory, "le petit mort." In the phase of Modification the acquisition of new reactions to stuttering is simplified by applying it to Voluntary Stuttering first. But this in not the most important point. Most of my clients attack their stuttering right away. We use it in case (and this is a very frequent case!) that there is not enough material (real stuttering) to practice. And in the phase of Stabilization? There is the "switching task" and the reminder not to become too dependent of fluent speech. Isn't it amazing what different uses you can find for practically the same thing?

I hope that this presentation supports my position that Voluntary Stuttering is an extremely useful element in the type of therapy that I do.

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