

Development of Stuttering

A. Beginning Period

1. Stuttering almost always begins in early childhood between the ages of two and six. Stuttering rarely begins in adulthood and if it does it is frequently a milder problem.
2. The first observable symptoms are usually quite effortless repetitions of syllables, words and phrases and prolongations of the first sound of words.
3. Stuttering tends to run in cycles with the severity varying from day to day, week to week or month to month. Frequently the stuttering will leave for a period of time and then return with increased severity.
4. Perhaps the first sign of the child developing into a stutterer is when struggle behavior accompanies the repetitions and prolongations.
5. Stuttering tends to increase in severity when the child becomes concerned and anxious about his stuttering and attempts to avoid it.
6. Stuttering normally progresses slowly throughout childhood but almost always becomes more severe at adolescence between the ages of 11-16.

B. Development of Word Fears

1. Word fears which begin fairly early may center around social greeting words like "hello," "good-bye," and "how are you" and personal words such as the stutterer's name, address, telephone number, age, school, occupation, and many others.
2. Word fears also center around certain sounds or letters. For example, a stutterer may stutter on several "s" words, gradually generalize the fear to other "s" words and later reports fears of "s" words.
3. As time progresses, the stutterer, in an attempt not to stutter, will substitute easy words for feared words, rearrange the word order and avoid some words completely or at least when he expects to stutter on them.
4. The stutterer develops various starter and postponement tricks in an attempt to say feared words. This only increases the severity of his stuttering problem and becomes incorporated within the stuttering pattern.
5. The stutterer does not always stutter on his most feared words and may stutter badly on words which are not necessarily feared.
6. Word fears change and increase throughout the stutterer's life.
7. Word fears make up a significant portion of the problem of many stutterers and must be attacked directly in therapy and worked on continually after therapy.

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Development of Stuttering (continued)

C. Development of situation Fears

1. Stutterers may develop literally hundreds of situation fears such as talking on the telephone, talking to clerks, waiters and waitresses, women or men about their own age, children, people in authority positions, groups, public speaking settings and on and on.
2. Situation fears are frequently related to word fears and develop in much the same manner. For example, the stutterer has difficulty talking to one clerk or waitress and generalizes that to all clerks and waitresses.
3. Situation fears can range in intensity all the way from mild concern to almost complete panic with the doubling of the heart rate.
4. Stutterers avoid talking in many situations and may avoid many situations completely.
5. Stutterers frequently rehearse many times what they will say and how they will say it in a given situation.
6. The stutterer will not necessarily always stutter even in the most feared situation and, as with word fears, may stutter quite severely in situations which are not necessarily feared.
7. Situation fears change and increase throughout the stutterer's life.
8. Situation fears also make up a significant portion of the problem of many stutterers and must be attacked directly in therapy and worked on throughout the stutterer's life.

D. Development of Secondaries

1. Secondaries are the outward stuttering symptoms which also develop gradually over many years. A few examples of secondaries are eye blinks, lip, tongue or facial tremors, talking on the bottom or top of the lung volume, hand movements, long prolongations of sounds, complete silence, head jerks, and blank stares. Other secondary symptoms are starter and postponement tricks such as lead-in phrases like "you know" and "I think," the repetition of words and phrases before a feared word to get a running start and the use of "ahs," "ums," "wells," and other starter words.
2. Secondaries develop much the same as word and situation fears. For example, the stutterer blinks his eyes or uses the starter phrase "um" when he expects to stutter on a word and magically the word comes out. He attributes successful completion of the word to the eye blinks or the "um," and uses it again on later blocks. Unfortunately, he must use the secondary more and more and it soon becomes incorporated into his outward stuttering pattern. He then develops other secondaries in an attempt to avoid stuttering and get out his words. The secondary continues to be used and becomes very habitual because some of the time it successfully enables the stutterer to talk without stuttering.

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3. To reduce and eliminate the secondary symptoms, the stutterer must study and identify all of his secondaries with the help of his clinician, the mirror, tallying, video and audio recordings and freezing. The secondaries are listed by the stutterer on the form *What I Do When I Stutter*. Before the stutterer can learn to control his stuttering he must eliminate all of the tricks and isolate the stuttering to the block itself by going directly into his blocks.
4. Each stutterer stutters differently, as he has developed different outward symptoms in an attempt to cope with his stuttering.

E. Effect on Personality

1. The secondary stutterer frequently has many feelings of shame, guilt and embarrassment.
2. His self-image and self-esteem become damaged. He frequently feels inferior and may even state that he feels "stupid" or "less than human," or ashamed.
3. He may become socially withdrawn and be a loner when actually (inwardly) he is gregarious and outgoing.
4. Some stutterers play a humorous or clown role when, actually, they may be serious people. Role playing may bring temporary relief.
5. The stutterer reports being under considerable anxiety and stress related to his stuttering.
6. The stutterer is constantly concerned how others are reacting to him because he stutters.
7. The stuttering enters all aspects of the stutterer's life and he will plan much of his personal, professional and social life around his stuttering. Stuttering becomes a problem in human "living," not just a problem in communication.
8. The stutterer must also write down these aspects of his stuttering problem on his *What I Do When I Stutter* list and be given opportunities to verbalize the effects his stuttering has had upon his personality.

F. Self-reinforcing Problem

1. After shame, guilt, fear, avoidances and outward symptoms have become part of the stuttering it becomes a self-reinforcing problem.
2. The stutterer gets into a vicious cycle in that the more he fears the more he avoids words and situations and the severity of stuttering increases. The harder he tries not to stutter and attempts to speak fluently, the more he stutters.
3. The stutterer's self esteem and self image continues to deteriorate and he has difficulties keeping up his morale because of his many failures.

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4. The stutterer must understand how he self-reinforces his stuttering if he is to reverse this process.

In summary, stuttering is largely a developmental disorder becoming more severe with time unless either self and/or professional therapy intervention occurs.