STUTTERING EXAMINED AS A PSYCHOLOGICAL DEVIATION

A synthesis of existing data in relation to the psychological and psychiatric aspects of stuttering, particularly, a group psychotherapy approach to stutterers.

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Arts in

Education,
Educational Psychology
Counseling and Guidance

By
Mildred Singer Cinamon

June 1978
The Thesis of Mildred Singer Cinamon is approved:

/ Jack Byrom

Ray Barsch

Ezra Wyeth, Committee Chairman

California State University, Northridge
ACKNOWLEDGEMENTS

I wish to thank Dr. Ezra Wyeth, Chairman of my Committee, for his advice, encouragement and enduring patience.

I am grateful, as well, to Dr. Jack Byrom and Dr. Ray Barsch for their interest and participation.

Very special heartfelt thanks are due to all the Speech Pathologists who have responded to my questionnaire, without whose articulate, honest, warm and enthusiastic response this study could never have been undertaken.

Finally, but by no means of least importance, I must express my gratitude to the Educational Psychology Department, California State University, Northridge, for allowing me the opportunity to avail myself of its fine Counseling and Guidance graduate program.
TO

My Son, Seth

And

Friend, Dr. Paul P. Venida, Jr.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>v</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>vi</td>
</tr>
<tr>
<td>PREFACE</td>
<td>vii</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>1   INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Rationale</td>
<td></td>
</tr>
<tr>
<td>Delimitations</td>
<td></td>
</tr>
<tr>
<td>2   REVIEW OF LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>3   METHOD</td>
<td>17</td>
</tr>
<tr>
<td>Subjects</td>
<td></td>
</tr>
<tr>
<td>Instrument</td>
<td></td>
</tr>
<tr>
<td>4   RESULTS</td>
<td>20</td>
</tr>
<tr>
<td>5   DISCUSSION AND SUMMARY</td>
<td>43</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>53</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>55</td>
</tr>
<tr>
<td>APPENDIX A: Cover Letter</td>
<td>56</td>
</tr>
<tr>
<td>APPENDIX B: Questionnaire</td>
<td>59</td>
</tr>
</tbody>
</table>
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 1</td>
<td>21</td>
</tr>
<tr>
<td>B</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 2</td>
<td>23</td>
</tr>
<tr>
<td>C</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 3</td>
<td>25</td>
</tr>
<tr>
<td>D</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 4</td>
<td>27</td>
</tr>
<tr>
<td>E</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 5</td>
<td>29</td>
</tr>
<tr>
<td>F</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 6</td>
<td>31</td>
</tr>
<tr>
<td>G</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 7</td>
<td>33</td>
</tr>
<tr>
<td>H</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 8</td>
<td>35</td>
</tr>
<tr>
<td>I</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 9</td>
<td>37</td>
</tr>
<tr>
<td>J</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 10</td>
<td>39</td>
</tr>
<tr>
<td>K</td>
<td>RESULTS OF QUESTIONNAIRE—TABULATION OF SCALED ANSWERS AND PERCENTAGES—QUESTION 11</td>
<td>41</td>
</tr>
</tbody>
</table>
ABSTRACT

STUTTERING EXAMINED AS A
PSYCHOLOGICAL DEVIATION

A synthesis of Existing Data in Relation to the
Psychological and Psychiatric aspects of Stuttering,
Particularly, a Group Psychotherapy Approach to
Stutterers.

by

Mildred Singer Cinamon

Master of Arts in
Education,
Educational Psychology,
Counseling and Guidance

A survey has been conducted in order to investigate
how Speech Pathologists feel about the team approach, i.e.,
group psychotherapy used in conjunction with speech therapy
in the treatment program of stutterers. Of further interest
was whether the psychotherapy group should consist of all
stutterers, and I also sought to find out what the Speech
Pathologist knows about the psyche of the stutterer.

A cover letter and questionnaire addressing the
above issues in 11 questions posed in statement form, were
mailed to 51 Speech Pathologists listed in the yellow pages
of Los Angeles County.

vii
The questionnaire provided space for both quantitative (multiple choice, scaled answer) and qualitative (written comment) responses, in order to explore ways in which the recipients feel about group psychotherapy in relation to speech therapy and what it could do for the stutterers as experienced by the Speech Pathologist.

Of the 51 recipients of letter and questionnaire, 21 (41.1%) responded, 30 (58.9%) did not respond. I would have liked a larger sample but due to the limitation of time, I will have to use this small sample as criteria of my results.

The quantitative portion of the questionnaire yielded a high level of "undecided" responses. The majority of remaining responses leaned heavily toward positive attitudes in accepting the new direction of group psychotherapy as a supplemental technique in the treatment program of stutterers. However, correlation of quantitative responses with qualitative responses revealed a sizeable amount of contradictory and modified material, presenting evidence that a high degree of recognition of issues related to my statements in the questionnaire does exist and that, although acceptance of group psychotherapy as a supplementary technique in treating the stutterer is prevalent in this study, a significant number of the 21 respondents are still struggling toward resolution of conflicts in relation to other psychological aspects in treat-
ment of the stutterer.

Because similar studies utilizing larger random samples do not appear to exist, no material is available with which to compare the results of this select sample of a select population survey, making it impossible to arrive at any conclusions regarding the attitudes of Speech Pathologists in general in relation to psychological intervention in the form of group psychotherapy in the treatment program of stutterers.
PREFACE

When I was deciding which topic to select for my thesis, I became involved with an intense feeling to inspect an area of my life which I have felt anxious, degraded, confused, one-down and unequal. I am referring to the affliction of stuttering. In choosing this topic, I am creating the opportunity to examine my beliefs with regard to the use of group psychotherapy as a supplementary technique in the treatment program of stutterers.

Criteria for gauging improvement does not include solely the improvement in fluency but also conquering the feeling of alienation, by becoming a more sensitive, effective human being and experiencing the change that occurs in the therapeutic process that helps to meet life's challenges more effectively.

This thesis is written in memory of the late James Sonnett Greene, M.D., who was the Medical Director of the National Hospital for Speech Disorders in New York City. I attended his Medical-Social Clinic in 1937. His aim was to treat the whole personality. The essential feature of his method was the group approach in a non-threatening warm environment where I had the opportunity of exploring my struggle. "The group psychology has proved practical because, beyond a certain point, the individual problems of
the stutterer-type become the problems of all." (Greene, 1935). Dr. Greene goes on to say, "In viewing stuttering as an emotional and personality disorder, re-educational speech work per se is not enough. Instead, therapy should focus on the whole personality. The greatest problem, it is felt, is to change the personality and develop emotional control. A specially created atmosphere of informality, encouragement and sympathy hold sway."

I suffered through Public School, Junior High School and High School as a rather bad stutterer and, after graduation from High School, the thought of going out into the world as a stutterer paralyzed me. I went to the Yellow Pages and looked under "Speech" and discovered Dr. Greene's clinic. I attended once a week for a period of two years and emerged with much confidence in my ability to speak in any given situation.

Returning to school later in life, I accepted a great challenge and was again confronted with classroom participation, oral presentations and group practicum participation. I met the challenge with success many years after Dr. Greene's clinic, but as a stutterer, I proclaim there is a constant need to deal with anxiety in speaking situations. The anxiety becomes an enslavement and I can honestly say that it is only when I get in touch with my feelings and rid myself of feelings of alienation and doubt that I am able to relax when I have to express myself
Having explored the curative factors in group therapy as identified by Yalom (1975), I had an opportunity to see and feel the therapeutic advantage of group therapy. The stage was set for self-inspection and I learned to see myself as others see me and what persistent behaviors signify as I have acted out my interpersonal world in the social microcosm of the group. I have concluded that there is a need for positive effect as I crave response of my human environment.

Since the beginning of the psychoanalytic movement with Freud, the aims of the psychotherapeutic method have undergone considerable change and development. The main goal then was symptom removal. Today the emphasis is away from symptoms as prime expressions of underlying disturbances and toward the treatment of the total personality. This holistic approach involves focusing not only on the individual's disturbances in relation to others, but also on the nature and importance of intrapsychic tenets. Inherent in its philosophical tenets is the belief that "man can change and go on changing as long as he lives," and that in him there are evolutionary constructive forces which urge him to realize his potentialities. (Barbara, 1965)

What I want this thesis to say is that, with the awareness of the ameliorative benefits of group psycho-
therapy in the treatment of stuttering, there is fresh hope for the more than two million stutterers in the United States.
Chapter 1

INTRODUCTION

Speech is one of the fundamental characteristics of the faculties of man and the main medium through which people communicate with each other. Through the ages, it has been man's most important means of establishing social contact. In Western Civilization culture, character, intellectual capacity and social standing are judged by an individual's verbal expression. Emerson once wrote: "A man cannot speak but he judges himself. With his will, or against his will, he draws his portrait to the eye of his companions by every word. Every opinion reacts on him who utters it." In short, speech is a fundamental aspect of the whole personality. Its function is not only to communicate verbally, but it is also an expression of the individual's intrapsychic and interpersonal relations. When the real self is available to an individual, he/she is better able to express his/her real wishes, feelings, desires and beliefs.

Stuttering is an interruption in the speech function and is more than a speech disorder; it is a multifaceted problem. The causes of stuttering have always been contro-
Researchers are almost unanimous in insisting that linguistic disorders, especially stuttering, are closely related with broad aspects of personal adjustment.

The stutterer does not feel himself as a human being with his own feelings, wishes, thoughts and desires. He is robbed of most spontaneity. The sense of insecurity and the self-consciousness are its inner causes. Stuttering is an expression of underlying anxiety which results when the defensive mechanisms of the organism in a neurotic structure become disorganized and threatened. (Barbara 1960).

Most investigators, on the basis of empirical findings, as well as some scientific studies, have reported that psychological factors are paramount in the understanding and treatment of the stutterer. Kanner (1957) states that "stuttering is viewed as a dynamically determined symptom of personal difficulties rather than the difficulty itself."

Rationale

Today, there are many schools of thought whose emphasis is away from symptoms as the prime expressions of underlying disturbances and toward the treatment of the total personality, the whole man. This holistic approach involves not only the individual's disturbances in relation to others, but the nature and importance of intrapsychic processes. In keeping with this emphasis, responsibility is not only to help the stutterer overcome or alleviate
his stuttering, but to find himself as an individual—to release those energies now bottled up in his neurosis toward self-realization, capacities for creative work, better human relationships, and assumption of responsibility for himself.

Stuttering should be treated less as a speech disturbance and more as a manifestation of the feelings, attitudes and responses implicit in the crucial speaking situation.

There is a paucity of material relating to group psychotherapy with stutterers. Besides contributing to the literature my own testimonial, it is hoped that the results of this investigation of the group psychotherapy approach to stutterers which puts emphasis on the total organism involved, in hopes of understanding its nature better, will make an impact in the treatment program of stutterers.

In hopes of finding support for the claims of this approach I sent a questionnaire to Speech Pathologists so that I could secure data concerning the attitudes of this population toward the team approach, i.e., group psychotherapy used in conjunction with speech therapy in the treatment program of stutterers. I was also interested in their attitude toward the nature of the group, i.e., all stutterers or stutterers and non-stutterers, characteristics of the stutterer as perceived by the Speech Patho-
logists, and their attitude toward the possible benefits the stutterer can derive from the group process.

In an attempt to further confirm Barbara's (1965) findings, a questionnaire containing 11 questions was designed to secure information from the respondents regarding their personal attitudes and experiences in relation to whether they consider that stuttering is an emotional problem resulting from a faulty development of the individual personality structure, and whether the group psychotherapeutic approach to stuttering lends itself to the liberation and utilization of those energies and forces which lead to effective communication and self-realization.

**Delimitations**

This study was limited to Speech Pathologists treating adult stutterers. It focused on the attitudes, opinions and feelings of Speech Pathologists toward the use of group psychotherapy as an adjunct treatment in the team approach of the speech therapist and psychotherapist working cooperatively.
A search of the literature revealed a paucity of material relating to group psychotherapy with stutterers. However, this subject is gaining prominence as new directions in the treatment of stuttering are being experimented with, in an attempt to finally solve this age old problem by a team approach to the therapy of stuttering. The term "team approach" is used with increasing frequency to describe therapeutic programs in which a number of specializations work together cooperatively in a complicated rehabilitation process. In the problem of stuttering, the therapy team would include the skills and orientation of a speech therapist and psychotherapist. There is little tangible evidence to show that the proposed method of cooperative treatment is superior to other, more narrowly conceived therapies in alleviating the difficulties of stuttering. The stutterer's need for psychotherapy is now widely recognized and generally accepted. (Sheehan, 1954).

As a speech defect, stuttering has been recognized as a problem from time immemorial. It has a history dating back to ancient Egypt from certain symbols said to have
been found in the hieroglyphics. It is mentioned in the Bible and by ancient philosophers. Moses is reputed to have been a stutterer. Aristotle, Aesop, Demosthenes, Virgil, Erasmus, Charles Lamb, and in our time, Sir Winston Churchill, King George VI of England, Somerset Maugham, Gary Moore—all have been so afflicted.

Until about fifty years ago, stuttering was understood only slightly and was practically never remediable. Its cause was thought to be physical, its nature was erroneously described, and its treatment often involved radical surgery, usually with tragic consequences. Today, although no one has yet discovered the underlying cause of stuttering, a great deal more is known about factors contributing to its development.

Barbara (1960) states it is his belief that those researchers who attribute psychological factors to the modus operandi of stuttering have made the greatest forward strides toward the understanding of this complex entity.

Early in this century a radically new method of treating stutterers was tried for the first time. Freud wrote comparatively little about stuttering, but what he did write left little doubt that he considered it a neurotic symptom rooted in unconscious conflicts. (Glauber, 1958).

Before 1920 various followers of Freud, among them Brill and Coriat had treated a considerable number of stutterers by psychoanalytic therapy, and thereafter this
gained recognition rapidly as a method of treatment for the disorder. The psychoanalysts from the beginning directed their efforts against what they regarded as the cause of stuttering through the resolution of inner personality conflicts. As time went on, various neo-Freudian forms of psychoanalysis such as group psychotherapy, non-directive therapy, psychodrama and other varieties of psychotherapy have been used in the treatment of stutterers.

There is as yet little evidence that any of these has proved outstandingly successful, or has more than the usual potentiality for reducing stuttering temporarily which is inherent in virtually any type of remedial measure. However, there is no sign that interest in the psychotherapeutic treatment of stutterers is abating. While it may be accurate to say that relatively few specialists in the scientific study of stuttering currently believe that psychotherapy alone in the form in which it is ordinarily administered is markedly effective against the disorder, it must be added that there appears to be a good measure of agreement among them that psychotherapy may be a useful or necessary adjunct to other methods of treatment in many cases. (Bloodstein, 1959)

In 1927, Travis, a student of the noted psychologist Carl Emil Seashore, became the first director of the University of Iowa Speech Clinic. Under his supervision a growing group of researchers and clinicians was soon en-
gaged in work on a variety of problems of speech. Chief among Travis' own personal interests was stuttering, having been a stutterer himself. The decade that he remained at Iowa was a period of unparalleled ferment in research, and new concepts of therapy emanated from this activity which were so profoundly to influence the treatment of stuttering in the United States. Three of Travis' early students were directly responsible for the development and elaboration of these concepts.

The new therapeutic approach for which Bryngelson, Johnson and Van Riper opened the way was one which aimed directly at a reduction in the fear and avoidance of stuttering while at the same time attempting to reduce the amount of difficulty through gradual modification of the stuttering pattern based on study and understanding of the behavior of which it consisted. This approach represented a sharp departure from the philosophy on which the older methods of suggestion, distraction and relaxation were based. This lent itself to the use of group therapy in which the stutterer was encouraged to ventilate his feelings about his speech handicap before an audience of other stutterers, and in which he could be helped to gain objectivity by the examples set by others.

Among the most important products of Van Riper's work were the findings of the five-year follow-up studies of small groups of stutterers whom he selected each year.
for eight months of intensive treatment. Until these were published, there was only limited knowledge of effectiveness of the Iowa approach to stuttering therapy or any of its off-shoots. It was known that through the acquisition of a more objective attitude, many stutterers in a surprisingly short time seemed to become more effective, socially adequate, well-adjusted people. Van Riper's reports showed that, after the five-year interval, about half the stutterers he treated had very fluent or essentially normal speech, were largely free from fear and avoidance, and were socially adequate. Many more were apparently much improved. Furthermore, there are indications that the proportion of substantial successes may be increasing with the progressive improvement in the methods of treatment which Van Riper has employed. The results, in short, are exceedingly heartening, although they indicate that much further progress remains to be made in the development of a satisfactory therapy for adult stutterers. (Bloodstein, 1959).

Dr. Abraham Gottlauber established his first clinic in Cleveland, Ohio in 1937 at the Cleveland City Hospital. In this clinic, his first experiments with group therapy began. Subsequent development demonstrated that group work was of inestimable value and it was incorporated into therapy as a general procedure and invaluable adjunct in the treatment of blocking as it is in any of the neuroses;
it is of greatest value when used as part of a system of treatment. (Gottlauber, 1953)

Stuttering as a speech impediment is a detriment both to the personality and socially. As a symptom, it can be considered, in this context, as an outward expression of anxiety in conflict, secondary to an unhealthy personality development and is manifested specifically and implicitly in speaking where the lines of normal verbalization and communication are disturbed. The stutterer's lines of communication are broken not only with the world about him, but also in relation to himself. Therefore, it is essential that the stutterer be approached as a whole person, suffering from unhealthy relationships and neurotic difficulties which become expressed overtly when he speaks. Only after therapists are able to help the stutterer find himself and work through his innermost confusion and entanglements, will he find real inner balance and subsequently achieve healthy coordination of his feelings and actions, including that of relaxed and spontaneous speech (Barbara, 1965)

Horney (1950) clearly writes: "We want to help the patient himself, and with that the possibility of working toward his self-realization. His capacity for good human relations is an essential part of his self-realization, but it also includes his faculty for creative work and that of assuming responsibility for himself . . ."
Horney further contends that through the psychotherapeutic process obstructive forces are undermined and constructive forces are mobilized leading to real growth and the symptoms slowly disappear. However, for all of this to be realized, knowledge of one's self must not remain on the intellectual level, but must become an emotional experience.

The group situation is of considerable importance to stutterers because it creates a situation in which the stutterer is brought face to face with himself and to experience himself as he really is, and how he may appear to the other members of the group. It can become as Becker (1958) puts it: "a broader experience of self-awareness and awareness of others through a valuable and increasingly freer contact with people. The constructive potentials, the essentially unconscious forces of strength and health, which are buried and imprisoned by the neurotic character structure of each patient, are encouraged to emerge in this very human group process."

The group therapeutic process is very valuable as a constructively oriented setting wherein people can congregate and experience the quality of their relations with others. At the beginning, each stutterer in a group situation may set himself apart as an isolated and fortified entity of his own. He will use his intellect to ward off any intimate contact with others in the group milieu, and resort to other defensive tactics, so his protective armor
will not be penetrated. However, as the members of the group get to know each other, they find areas of similarity and dissimilarity amongst themselves, develop further understanding of the meaning of the process they are engaged in, and finally draw more closely together. They feel freer to express both their thoughts and emotions, envision each other as human beings, and as a result there is less fear, not only of what the others might think or say, but also of their own anxieties and vulnerabilities.

Wassell (1959) writes that the unique advantage of the group in the therapy is the uncovering of "universal illusions," the oscillating feelings of pride and self-contempt, the basic anxiety common to all neurotics. Each one learns the same questions as to his identity, how he fits in, how he compares with others, what others value, and so forth. In the process of working together, the group develops a spirit that is an important background of feeling, and almost as difficult to define and demonstrate as the soul. This group spirit develops out of feelings of mutual respect and affection for each other. Also, in group therapy, the actual disillusionment process which can be of a very painful nature in individual therapy is better tolerated by the patient because of the same spirit of group acceptance and support.

The interrelatedness of the group milieu helps the stutterer to begin to see himself less as just a stutterer
and more as a human being, despite his stuttering. He is helped to feel more hopeful and on firmer ground and, conversely, less resigned and frustrated. His anxieties and the threat to this lofty position becomes lessened. He becomes able to take a stand in relation to his conflicts and to have the courage not only to face himself as he really is but also to change.

If speech therapy is to continue its development and serve the needs of the individual, the therapist according to Pellman (1962) "must consider how it is related to the broader areas of the social sciences. This will serve to eliminate a mechanical approach which at one time, seemed to make the speech therapist merely some type of mechanic making motor adjustments. Today's speech therapist realizes that when some aspect of remedial speech work is sought, what is being really asked of him is help in fields intimately connected with personality and human development."

In a particular project at the Karen Horney Clinic in New York, a dynamically oriented certified speech therapist, worked in separate meetings with the stutterers in the groups; and, many times attended the actual group sessions, where he participated freely in group discussions. His main role was to listen and gather as much information as he could regarding what was communicated in the group interaction. Simultaneously, there was a constant
communication between the psychotherapist and the speech therapist. Pertinent information on what was going on which related to the work of each other was exchanged, and reactions of both therapists were evaluated intermittently.

Sheehan (1954) states that the psychotherapeutic portion of the treatment in stuttering involves releasing and expressing feelings, developing more adequate interpersonal relationships, and freeing the individuals from unadaptive goals. This involves a reduction of approach-avoidance conflicts arising out of the emotionality of the utterance, the nature of the relationship, and the protective or ego defensive functions of the symptom. An important goal in any psychotherapy is release of feeling. Most stutterers have touchy subjects or conflict areas which produce more than the usual amount of blocking. Submerged feelings and other repressed materials responsible for producing blockage in speech require expression and adequate outlet. Such goals are common in psychotherapy, and numerous techniques to achieve them are familiar terms in the literature; release of feeling, clarification of feeling, catharsis, abreaction, working through, play therapy, psychotherapy, and the like.

It is interesting that one of the modern therapists reporting fair success with stutterers is Levy (1947) whose 'release therapy' is aimed primarily at the ex-
pression of feeling. The outward expression of the stutterer's conflict through his speech may be advantageous in pointing out the main problem areas in the expression of feeling. Since interpersonal relations, and the respective roles of speaker and listener so strikingly affect stuttering behavior, the working through by the stutterer of feelings and conflicts revolving around certain crucial relationships become essential to success.

Fletcher (1928) showed some awareness of this in his view of stuttering as a social morbidity, indicative of the stutterer's attitude toward all society. Recognition on the part of speech pathologists of the stutterer's need for better relationships has undoubtedly done much to stimulate the development of group therapy methods with stutterers.

The central thesis of an article written by Sheehan in the Journal of Speech and Hearing Disorders (1954) is that psychotherapy and speech therapy do not need to be in competition, but have a common goal which follows logically from the author's theory of stuttering as an approach-avoidance conflict. Sheehan believes that psychotherapy and speech therapy can become twin avenues to the common goal of reducing fear, avoidance and 'holding back' responsible for the stutterer's conflict.

In an article written by Stromsta in the Journal of Speech and Hearing Disorders (1965) on a procedure using
group consensus in adult stuttering therapy, he contends that many clinicians who work with adult stutterers use both group and individual therapy in an attempt to initiate self-analysis and adjustment. In part, the rationale is that group therapy provides a learning situation in which each stutterer can observe and attempt to understand the behaviors and attitudes of the other group members. This is thought to be conducive to each stutterer's recognizing and gaining insight concerning similar behaviors and attitudes in himself.

It would appear from the available literature that group therapy is a most valuable supplementary technique in the treatment of stutterers. William Nuttall, an English stutterer who when writing in the journal, Psyche in 1937 said, "whoever finds a cure for stuttering will have found a cure for all the ills of society." He has expressed a fundamental wisdom as the stutterer seldom stutters when alone, but only when speaking to other people so that whatever the causes of his disorder, must lie in other people quite as much as in himself. He was pointing a finger in the direction of semantic environment—the environment of attitudes and evaluations, opinions, and beliefs as a source of his difficulties.
Chapter 3

METHOD

Subjects

Fifty-one questionnaires, each accompanied by a cover letter and a stamped, self-addressed envelope were mailed March 1, 1978, to Speech Pathologists listed in the Yellow Pages of Los Angeles County.

Speech Pathologists were selected for this survey because the subject material of this particular study revolves around the problem of stuttering which traditionally has been treated by speech therapy, and it was of interest to the author to arrive at some conclusions as to how the Speech Pathologist feels about group psychotherapy, as a supplementary technique in treating the stutterer as this new direction is gaining ground in the treatment of stutterers. It is my purpose to find out if the Speech Pathologist feels that any attempt toward treatment of the stutterer should be composite in nature, considering stuttering not as an isolated disorder of the speech mechanism, but as an outward expression of a more basic character disorganization necessitating a holistic approach, treatment of the total personality, the whole man.
In addition, I was interested in finding out whether the Speech Pathologist felt the psychotherapy group should be homogeneous, i.e., all stutterers.

Another interest was finding out what the Speech Pathologist knew about the psyche of the stutterer in his experience with the stutterer.

The data contained within the 21 questionnaires has provided the basis for this study.

Instrument

A questionnaire containing eleven questions, was designed to gather information regarding the personal attitudes and experiences of Speech Pathologists in regard to the issues mentioned above. The choice of these issues were selected because psychological factors are paramount in the understanding and treatment of the stutterer; stuttering is viewed as a dynamically determined symptom of personal difficulties rather than the difficulty itself.

My feeling was that face-to-face interviews would have provided the optimum conditions for obtaining meaningful material. However, since the implementation of this technique was physically impossible, I tried to construct a written questionnaire with a format that would elicit comments in giving me feedback. The questions were posed in statement form and space was provided after each question for comments. Ideas for the questions were borrowed from the self-actualization concept as well as from my own
thoughts, feelings and experiences. Each question contained an answer choice scale of "a" to "e" (strongly disagree, disagree, undecided, agree, strongly agree). The instructions were: "Regarding each statement, please circle the letter on the scale that most approximates your own thoughts, feelings or experiences")

The accompanying cover letter was quite informal. In it, I described the general nature of the material I was exploring and I expressed my hopes that the recipients would share some of their feelings and experience with me. In return, I candidly shared some of myself.

Although participants were promised complete anonymity and names were not even optionally requested, 3 of the 21 respondents signed their names and expressed their great interest in my survey. Nevertheless, everyone's anonymity has been totally respected.

I would have liked to have a larger sample but due to the limitation of time, I will have to base my conclusion on the responses I have obtained.
Chapter 4

RESULTS

Tabulations of the answers in the 21 questionnaires are presented in Tables A - K.

Each table is followed by a section of direct quote comments relating to the specific question dealt with in that table.
Table A

RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

1. Group psychotherapy as a supplementary technique is an effective way of treating the stutterer.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 1:

Group psychotherapy gives the stutterer an audience to practice with. It is helpful to know others are similarly troubled.

I deal very little with stuttering, generally only with primary stuttering which I would not entail psychotherapy but in my training experiences, I agree group therapy is effective.

It really depends on the stutterer. I run several groups and have found it useful at times to help a stutterer.

Not necessarily group psychotherapy, though occasionally stutterers have not benefitted from groups and sometimes impede its work.

The group can be a support in helping the stutterer to develop a better self image.

I have always felt that stutterers need to get in touch with their feelings in a group setting.

Because of the social implications of stuttering, group therapy builds in its own stimulus generalization.

Some of the stutterers in my group report having never seen, heard, known another stutterer prior to the group experience.

If the stutterer sincerely wishes to become fluent.

I agree, if the therapy is initiated first on a one-to-one basis.

For a great deal of patients, I agree, but I also feel an individualized program is a necessary thing. Group may come after patients have adjusted to individual.
Table B
RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

2. The psychotherapy group should be homogeneous, i.e., all stutterers.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>3</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>14</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 2:

The adults who stuttered were able to help and understand one another's problems.

I think the literature and research back this up. Transference objects can be more easily developed if diverse symptoms and problems are presented in a group.

Sometimes a heterogeneous group can help the person who stutters in a better way because the group would be more representative of the society in which he lives.

True, stutterers have common core of symptoms but their individuality also needs to be seen in a group setting.

This is not helpful in therapy, as the "safe" aspect of the group environment builds fluency in the group setting without generalizing to the outside situations.

There is a lot of mutual support; criticism is constructive.

Often symptoms can be identical and prompted from emotions that are completely different or even competing emotions. The fact that we have spent so much time upon symptoms is the reason why fewer persons who stutter have not been helped by my profession.

It is not the homogeneity of symptom, but rather reaction and actions of the listener that creates a mutual understanding.
TABLE C

RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

3. Stutterers differ significantly in terms of neurotic characteristics from the general population.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>5</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>24</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 3:

In regard to their speech and social relationships, have not studied or dealt with enough stutterers to comment.

Most times this is true based on my clinical experience. There are certain patterns that develop as a result of the frustrations experienced. However, I'm uncomfortable generalizing just because they "stutter."

All evidence (research) indicates no relationship.

Have worked with many persons who stutter who have been well adjusted and needed only symptom management.

Stutterers have similar neurotic characteristics; may differ in degree of intensity. (sometimes).

I have no personal experience with this but all of the professional literature and research leads to the conclusion that stutterers do not show greater neuroses or different neurotic patterns.

Like any other patients, they share a common disorder but are all different. However, they share a few traits—like ambivalence (fear of fluency vs fear of stuttering).

Only manifested in the fact that a stutterer is easily identified. I don't believe they have any "abnormal" neurosis as compared to others in psychotherapy.

A person is a person is a person. Neuroses are neuroses are neuroses.

Stutterers differ from general population due to social reactions which in turn cause emotional hang-ups.
4. The stutterer says that he has emotional difficulties because he stutters.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 4:

Before therapy—not after.

I agree this is true especially in speaking situations.

I wish we knew. It could be a great defense against involvement with people and interaction. A defense serves a purpose.

Sometimes.

Which comes first, the horse or the cart. I do agree, however, that stuttering brings about emotional feelings that are quite intense.

Usually children and adults both report shyness, lack of social contact due to embarrassment over speech.

Usually.

"If it wasn't for my stuttering, I could have been . . ."!

A person may or may not have emotional difficulties directly related to what we label a symptom, i.e., stuttering. It is my opinion that persons who stutter differ in emotional makeup as much as persons who do not stutter.

Most stutterers do agree with this but it is not a general rule.
TABLE E
RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

5. The stutterer says that he stutters because he has emotional difficulties.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>5.</td>
<td>2</td>
</tr>
<tr>
<td>NUMBER</td>
<td></td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 5:

Some recognize this.

Varies. Some say no and some may not.

I have not heard this comment as much as #4 from stutterers.

I find this concept easier to follow and agree with. The stuttering can be the expression of inner conflicts.

Sometimes.

Each person is so different. I find it difficult to categorize. This statement is a possibility but I don't believe found to be as true as #4.

It is my impression that emotional difficulty only aggravates the stuttering.

I've never known a stutterer who feels this way.

Haven't heard that one yet!

Many stutterers attribute the problem to anything but their own emotions, i.e., mother, fathers, being tickled as an infant.

One may stutter and be less neurotic than the so-called typical non-stutterer.

This occurs in some of the population; it is not a general rule.

A stutterer in childhood doesn't know what the emotional difficulties are!
TABLE F

RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

6. Group therapy helps the stutterer develop more effective ways of coping with the problems he confronts.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td></td>
<td>b. disagree</td>
</tr>
<tr>
<td></td>
<td>c. undecided</td>
</tr>
<tr>
<td></td>
<td>d. agree</td>
</tr>
<tr>
<td></td>
<td>e. strongly agree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 6:

In some respects.
It depends on the case.
Depends entirely on how it's handled.
Possibly.
The support of the group is very powerful in doing this.

It provides emotional support while change is taking place, and provides a safe forum for experimenting with new ways of behavior.

Sharing experiences and discussion helps.

Only if the sessions are expertly managed.

Yes, because speaking and communication is a personal game that we all play with others. If there was no one to listen, would we speak? I doubt it very much. Therapy must be assisted by role-playing with peers and others who present symptoms labeled by society as "bad."

It has helped most of my patients.
TABLE G
RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

7. Group therapy provides gratifications infrequently obtained by the stutterer.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 7:

Probably so but the purpose in Group (mine) is not gratification. I find my Group members very nice and patient and understanding until frustrations emerge and they usually do.

However, I believe group therapy is not enough. The stutterer also needs to know how to manage his symptom. New insights maybe, but not necessarily a differentiation in gratification.

I would say perhaps some stutterers gain gratification in the emotional closeness, and/or the communicative success and freedom of the group.

Note that some sessions may "destroy" the patient if not properly organized and managed. Example: Carryover and generalization exercises outside of the treatment environment.

Yes, just as group therapy for a person who does not stutter. The gratification is primarily that of respect for persons who have symptoms that the person who stutters dislikes and feels inferior.

Change gratification to positive reinforcement and then I agree, but it also provides for some negative.
TABLE H

RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

8. The relating and interacting effect with each other reverberates and influences subsequent life experiences both outside and inside the group.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 8:

To some extent.

Hopefully, this is true.

It depends on the person. You are asking if I feel the Group experience is influential in life experiences. Reports from former patients say it is.

Can't argue with that.

While it influences subsequent life experiences, it does not do so in a measurable or observable way as changes will occur slowly and gradually over time.

Yes, if the group is led by a competent speech pathologist.

Depends on group therapy.

Almost any interpersonal interaction could be ascribed thusly.
### TABLE I

RESULTS OF QUESTIONNAIRE – TABULATION OF SCALED ANSWERS AND PERCENTAGES

9. Through group experience, change does occur so as to meet life's challenges more effectively.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 9:

To some extent.

If successful therapy occurs.

I think so. I have found it a powerful therapy tool and very valuable.

This is not limited to people who stutter.

If the leader is effective and can teach the person how to act upon his insights.

Change in the group does not guarantee a change in life's challenges.

This is relative to the individual, rather than the therapy.

Sometimes.

Yes, just look at the sub-groups of society--the outcasts--for your proof, e.g., homosexuals have rituals and societal relationships that the heterosexual world is unaware of completely. These rituals are necessary for that subgroup to define its own logical existence and viability and sanity.
TABLE J

RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

10. Group psychotherapy allows the inherent potentialities for growth, active participation and responsibility to emerge, become recognized and actualized in behavior.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td></td>
<td>b. disagree</td>
</tr>
<tr>
<td></td>
<td>c. undecided</td>
</tr>
<tr>
<td></td>
<td>d. agree</td>
</tr>
<tr>
<td></td>
<td>e. strongly agree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 10:

To some extent.

Individual and group therapy would perhaps have a better result.

Most often yes, when it is "working."

Not only for those who stutter but it also depends on the type of group, how oriented and handled, etc.

This depends upon the skills and insights of the leader.

Yes, I agree totally. The catch comes whenever the person cannot make a real connection between the happenings inside the group and the happenings outside the group—the world at large.
TABLE K

RESULTS OF QUESTIONNAIRE - TABULATION OF SCALED ANSWERS AND PERCENTAGES

11. Through group psychotherapy, the stutterer is helped to see himself not as a speech defective which only by coincidence happens to be attached to a person but rather as a human being with feelings, hopes, desires, intellect and a future.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCALED ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>a. strongly disagree</td>
</tr>
<tr>
<td>NUMBER</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>0</td>
</tr>
</tbody>
</table>
Following are written comments accompanying Question 11:

Depends on the person. Some do, some don't.

I don't really know what they think. It seems that this kind of thinking varies from person to person.

I feel group therapy certainly helps him to feel this along with speech therapy to improve fluency and thus give him more successful speaking experiences.

It really depends on the person.

Hopefully, if it is handled well.

Yes, hopefully.

This change in self-perception can be achieved in group therapy or in other ways, but is surely a most difficult job for the person who stutters.

I don't think you can separate stuttering from "feelings, hopes, desires . . . .", etc.

I agree, but most stutterers don't seem to hold such a strong negative view of themselves.

We are all humans first, last, and forever. Whenever we lose sight of that simple fact, we "screw-up" our lives.

Superb statement.
Chapter 5

DISCUSSION AND SUMMARY

The prime motivation for conducting this study was provided by an impression that group psychotherapy as a supplemental technique in the treatment of stutterers might perhaps improve the ability of the stutterer to communicate better within himself and with others. It is also a belief that such a team approach, i.e., speech therapy combined with group psychotherapy, would tend to lead the stutterer out of his neurotic development by making available to him whatever resources are possible toward healthy growth. Hence the ideal in any worthwhile psychotherapeutic approach is the liberation and utilization of those energies and forces which may lead to effective communication and to self-realization. It is a further belief that stuttering is best treated with a holistic approach instead of symptomatic relief only.

An analysis of the quantitative responses (scaled answers) to the statements posed revealed some general trends. Discussion of the significance of this phenomenon will follow the quantitative analysis of the questions.

Question 1., Group psychotherapy as a supplementary
technique is an effective way of treating the stutterer: numerical distribution indicates that the largest number of respondents seem to be in agreement or strong agreement with the idea that group psychotherapy would be beneficial in treating the stutterer. It is heartening to know that 90 percent of the respondents felt this way. Most of the written comments following the question were in strong support of group psychotherapy and some respondents felt that individual therapy was a necessary thing and group may come after. Only 10 percent were undecided.

Question 2., The psychotherapy group should be homogeneous, i.e., all stutterers: fifty-two percent were in agreement or strong agreement of this concept. Twenty-four percent of the respondents in disagreement or strong disagreement expressed in their comments that a heterogeneous group would be more representative of the outside world or the society we live in. Twenty-four percent were undecided.

Question 3., Stutterers differ significantly in terms of neurotic characteristics from the general population: This turns out to be the most controversial issue as sixty-two percent were in disagreement or strong disagreement with this statement. The comments relate that research and experiences of the speech pathologists with stutterers concludes that stutterers do not show greater neuroses or different neurotic patterns that could be
labeled "abnormal" neuroses as compared to others in psychotherapy. Nineteen percent were undecided and nineteen percent were in agreement.

Question 4., The stutterer says that he has emotional difficulties because he stutters: this table shows that a large majority, seventy-six percent of the respondents were in agreement or strong agreement with this statement. With this result, I conclude that there is the possibility that such a defense is used by the stutterer to serve as an explanation for his emotional difficulties as stuttering can bring about feelings that are quite intense.

Question 5., The stutterer says he stutters because he has emotional difficulties: the numerical table seems to indicate a diversity of opinion as forty-three percent were in agreement or strong agreement, twenty-eight percent were undecided and twenty-nine percent were in disagreement or strong disagreement. The comments were diversified and the consensus was that the previous statement saying that the stutterer has emotional difficulties because he stutters is the more prevalent and realistic statement.

Question 6., Group therapy helps the stutterers develop more effective ways of coping with the problems he confronts: this table shows that an overwhelming majority of respondents are in agreement or strong agreement with this
statement. Most comments were positive, supporting the group process in dealing with this disability. Nineteen percent are undecided.

Question 7., Group therapy provides gratifications infrequently obtained by the stutterer: this table shows sixty-six percent in agreement or strong agreement with the statement. Twenty-four percent disagreed and ten percent were undecided so the result is diversified. Most of the written comments concentrate around the word, gratification, implying the use of words such as communicative success, emotional closeness, positive reinforcement and insight are more descriptive of the end product of group psychotherapy to the stutterer. Some comments indicated that not is all gratification but frustrations and negative feelings emerge.

Question 8., The relating and interacting effect with each other reverberates and influences subsequent life experiences both outside and inside the group: this table shows seventy-one percent in agreement or strong agreement with this statement. Twenty-four percent were undecided and five percent disagreed, showing some diversity. One of the strongest written comments states that former patients of a speech pathologist report that group experience is influential in life experiences.

Question 9., Through group experience, change does occur as to meet life's challenges more effectively: this
table shows seventy-six percent in agreement or strong agreement with this statement. Twenty-four percent were undecided. Written comments were of a varied nature, some strong and some modifying.

Question 10. Group therapy allows the inherent potentialities for growth, active participation and responsibility to emerge, become recognized and actualized in behavior. this table shows seventy-six percent in agreement or strong agreement with this statement. Twenty-four percent were undecided. Written comments were of a varied nature, some strong and some modifying.

Question 11. Through group therapy, the stutterer is helped to see himself not as a speech defective which only by coincidence happens to be attached to a person, but rather as a human being with feelings, hopes, desires, intellect and a future: this table shows seventy-six percent in agreement or strong agreement with this statement. Twenty-four percent were undecided. Written comments were of a varied nature, some strong and some modifying.

The results of this investigation are as follows:

Of 231 possible scaled answer responses (11 statements, 21 respondents), 46 (20%) instances of undecided: 25 (11%) instances of contradictory or modified material appeared in the written comment responses related to the undecided category; 82 (35%) instances of comments other than those accompanying undecided.

I would conclude that the multiple choice, scaled answer structure of this questionnaire does not lend itself
to precise statistical analysis. It would appear, however, that the true value of the questionnaire is to be found in the written responses where 46% of the respondents expressed their opinions, experiences and feelings in relation to the 11 statements and issues therein.

Because of the large number of "undecided" responses, the ambiguous and general nature of some of the statements may have presented difficulties in answering on a multiple choice basis, but may also have presented additional stimulation for written replies.

This occurrence, I suspect, is related to misunderstanding and frustrations with the limitations of multiple choice replies and a desire on the part of many of these speech pathologists to share their experiences and feelings and opinions on a more explicit, personal basis.

Another additional possibility exists concerning the retreat to "undecided." The team approach, i.e., the use of group psychotherapy in conjunction with speech therapy is a comparatively new technique being used in treating stutterers, and I imagine it is difficult for the speech pathologist to completely accept this new direction and perhaps even may think it a threat to his profession and the traditional method of treating the stutterer.
Quantitative data reveals a very strong trend toward positive attitudes by the speech pathologist in dealing with the issue of whether treatment of the stutterer should be composite in nature, treating the total personality, the whole man.

Because of the diversified responses with the issue of whether the psychotherapy group should be homogeneous, i.e., all stutterers, I believe this question is subject to further study and research before a conclusive statement could be made.

The issue dealing with finding out what the speech pathologist knew about the psyche of the stutterer in his/her experience with the stutterer, I found out that the speech pathologist is very aware of the emotional and social problems confronting the stutterer and is aware of the needs of the stutterer and what the group process of growth, awareness and actualization can do for the stutterer in a treatment program.

It is impossible to infer that any of the results of this study are representative of the population of all speech pathologists as opinions, feelings and experiences vary from speech pathologist to speech pathologist. To my knowledge, there have been no other studies conducted that have explored the attitude of speech pathologists in relation to a team approach treatment program, utilizing larger random samples. Until such time as this should
appear and comparisons become available, no specific or general conclusions can be made regarding the issues I discussed. At present, the results found and discussed in this study stand alone, relating only to this particular survey and applying only to 21 speech pathologists practicing in Los Angeles County.

In summary, a survey has been conducted in order to investigate the personal attitudes of Speech Pathologists in regard to a team approach, i.e., group psychotherapy in conjunction with speech therapy in the treatment program of stutterers, the characteristic of the group, i.e., homogeneity of the symptom of stuttering, and the experience of the Speech Pathologist in relation to the psyche of the stutterer. These phenomena have been referred to as the psychological and psychiatric aspects of stuttering.

A questionnaire addressing the above issues, stated in 11 questions and an accompanying cover letter were mailed to 51 Speech Pathologists listed in the Yellow Pages of Los Angeles County with the intent of finding out the opinions, attitudes, feelings and experiences of these practitioners in relation to the questions and issues therein.

The quantitative scaled answer response portion of the questionnaire yielded a high level of "undecided" responses. The majority of remaining responses leaned heavily toward positive attitudes in accepting the new
direction of group psychotherapy in conjunction with speech therapy as a treatment program and accepting the statements made in relation to benefits of the group process.

In Question 2 dealing with whether a group should consist of stutterers only, although the majority of responses were in agreement and strong agreement, the written comments indicated that a heterogeneous group is more indicative of society and the outside world.

My third question turned out to be the most controversial question yielding a majority of the responses in disagreement and strong disagreement with the statement that stutterers differ significantly in terms of neurotic characteristics from the general population.

The limitations of this study consist primarily of the size and scope of the sample surveyed: very small and very select. Because similar studies, utilizing larger random samples do not appear to exist, no material is available with which to compare the results of this study, making it impossible, at present, to arrive at any specific or general conclusions regarding the attitudes, opinions, knowledge and feelings of Speech Pathologists in relation to the questions and issues discussed.

The only conclusion that could possibly be drawn from the results of this one limited study might be that, within the framework of this survey, 21 Speech Pathologists,
there is recognition that the stutterer needs the support of group psychotherapy in conjunction with speech therapy in a holistic program.
BIBLIOGRAPHY


APPENDIX A

Cover Letter
March 1, 1978

Dear Speech Pathologist:

I am attempting a research study to result in the writing of my thesis to satisfy this requirement for the degree of Master of Arts in Education, Educational Psychology, Counseling and Guidance, at California State University, Northridge.

When I was deeply involved in the pursuit of a topic of interest, I could not resist the opportunity to inspect the psychological and psychiatric aspects of stuttering as I am a stutterer. Besides contributing to existing literature the results of my research survey, I would like to bring about a greater awareness of the needs of the stutterer in his/her treatment program.

I have felt very deeply the agony and anxiety that accompanies this handicap and when I returned to higher education later in life, I accepted a great challenge and was again confronted with formal speaking situations. I met the challenge with success but found a constant need to deal with anxiety in speaking. In my group practicums, I have experienced the benefits of the group therapeutic process and I could not help but realize how alienated I have been from my inner experience, my identity, my wants, desires and talents. A greater awareness of my behavior and actions has made a big difference in not only speaking without blocking but has given me a new feeling of honesty and a better self-concept. This has helped me to self-actualize my potentialities and direct my energy into living instead of wasting it all on anxiety and apprehension.

Now regarding the questionnaire, I have constructed it with the intent of addressing the following issues:

1. The personal attitudes of Speech Pathologists in regard to a team approach, i.e., group psychotherapy used in conjunction with speech therapy in the treatment program of stutterers.

2. The characteristic of the group, i.e., should the psychotherapy group be homogeneous, all stutterers.

3. The experience of the Speech Pathologist in relation to the psyche of the stutterer.
I am coming to you, Speech Pathologist because I respect your profession, and feel that you can understand the team concept of the Speech Pathologist and Psychotherapist working together in the approach to helping the stutterer realize his humanness and potentialities. I am appealing to you for help to get an insight of how you feel about the holistic concept in treating the stutterer and your opinions, feelings and experience of the other issues mentioned.

I have deliberately not provided space for your name or any other personal identification, as it is important to me to be able to guarantee your complete anonymity. It would be most helpful to me if you would add some comments at the end of each question.

I'd appreciate receiving your completed questionnaire, in the enclosed stamped, self-addressed envelope, by March 27th. I am looking forward to hearing from you.

Sincerely and gratefully,

Mildred Singer Cinnamon
6331 Glade Avenue
Apt. H-207
Woodland Hills, California
91367
APPENDIX B

Questionnaire
QUESTIONNAIRE: Regarding each statement, please circle the letter on the scale that most approximates your own thoughts, feelings or experiences. Comments would be appreciated.

Scale
a. strongly disagree
b. disagree
c. undecided
d. agree
e. strongly agree

1. Group therapy as a supplementary technique is an effective way of treating the stutterer. a. b. c. d. e.

Comments

2. The psychotherapy group should be homogeneous, i.e., all stutterers. a. b. c. d. e.

Comments

3. Stutterers differ significantly in terms of neurotic characteristics from the general population.

Comments

4. The stutterer says that he has emotional difficulties because he stutters. a. b. c. d. e.

Comments
5. The stutterer says that he stutters because he has emotional difficulties........ a.b.c.d.e.

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Group therapy helps the stutterer develop more effective ways of coping with the problems he confronts......................... a.b.c.d.e.

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Group therapy provides gratifications infrequently obtained by the stutterer................ a.b.c.d.e.

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. The relating and interacting effect with each other reverberates and influences subsequent life experiences both outside and inside the group.........a.b.c.d.e.

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Through group experience, change does occur so as to meet life's challenges more effectively...a.b.c.d.e.

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
10. Group therapy allows the inherent potentialities for growth, active participation and responsibility to emerge, become recognized and actualized in behavior. ................. a.b.c.d.e.

Comments

11. Through group therapy, the stutterer is helped to see himself not as a speech defective which only by coincidence happens to be attached to a person, but rather as a human being with feelings, hopes, desires, intellect and a future........a.b.c.d.e.

Comments