# 5 | Identification

Identification is the process by which a person comes to an understanding that his stammer is made up of various components and develops an ability to recognise, name and monitor these features. However, by engaging in such an activity the individual is also directly confronting his difficulties and the fear associated with them. This can be the first time he has chosen to do this, maybe after a lifetime of running away or trying to hide specific behaviours or feelings from himself and others. As such, the process of identification can provide the foundation and, as Manning writes, 'some distance and objectivity' (2000, p282) for work on desensitisation and avoidance reduction.

Identification may first have been advocated by members of the Iowa movement in the 1930s. Bryngelson recommended that an individual should try to replicate his stammering by observing himself closely in a mirror. Van Riper (1973) also used identification as the basis for his block modification techniques (see Chapter 14 'Block modification').

## When to use

When discussing the treatment of stammering, Van Riper (1973) argues that it is important to start therapy with identification as this avoids placing too much demand on a client to immediately modify his speech. However, our experience has shown that for some clients this process can bring about the realisation that there is a lot to change.

We recommend identification be used with all clients. We suggest identification activities are carried out alongside 'loosening' of construing, as discussed in Chapter 1, and after the client has been given general background information on speech and language terminology, stammering and so on.

## Teaching identification

Van Riper uses a hierarchy in identification therapy that appears to be linked to a time line or sequence of events in terms of how a stammering episode might occur.

*The behaviours associated with 'before' stammering.* Van Riper lists these as fluent stuttering, avoidance behaviours, postponement, timing or starting devices.

*The stammering episode itself.* Van Riper includes under this section verbal cues that signal stammering, situational cues, core stammering behaviours, tension and repetitive recoil.

*The identification of post-stammering reactions.* In this final stage Van Riper includes frustration, shame and feelings of hostility.

Most clinicians, certainly in the UK, divide identification into work first on the overt features and then on covert aspects of stammering. We consider the overt characteristics to be a little less threatening for most clients and therefore easier to start to consider and discuss.

## Overt symptoms

The overt characteristics of stammering are those that could be noticeable to people if they are really good observers and/or listeners. We would include under this category specific types of stammering behaviour:

- repetitions
- silent or audible prolongations
- disrupted breathing patterns
- loci of tension
- secondary bodily movements
- unhelpful non-verbal behaviour (including consideration of eye contact, facial expression, posture)
- rate of speech
- other problematic vocal and/or verbal aspects of communication (such as voice quality, pitch, volume, pragmatic abilities and so on).

Indeed, it is impossible to list all the possible overt features because of the individual and variable nature of stammering.

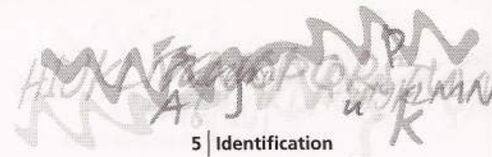
In therapy there should be some agreement as to which labels will be used, and clinicians are recommended to use the same terms as their clients as this increases understanding and meaning for the client. Some clients prefer to use certain words for their difficulty, for example, 'speech defect' rather than 'stammer', as this is less challenging or more acceptable to them. Later, as part of a desensitisation process, this can be challenged, but at this stage it is important to accept the client's terminology.

## Common problems

Van Riper was of the opinion that people who stammer are not aware of what they do when they stammer.

> One of the curious features in the stutterer's perception of his stuttering is his tendency to lump together a host of disparate behaviors ranging all the way from nose wrinkling to saying 'ah-ah-ah' and to call that lump stuttering. When you ask him what he did, he will merely tell you that he stuttered.
> (1973, p246)

Thus, the main issue when working on identification is increasing a client's monitoring of his own behaviour at a level of detail that will help to facilitate change. Some clients find it very difficult to identify what they do. As a result, clinicians will need to draw on a variety





of different media – audio, visual, tactile and kinaesthetic feedback – to enable clients to recognise what they are doing during stammering. Another issue is getting clients to accept clinicians' and others' feedback on their stammering behaviour. Having other individuals who stammer and/or significant others give feedback rather than a clinician can increase the value the individual client places on the feedback he is receiving. Due to clients' sensitivity about their stammering, the process of identification needs to progress at an appropriate pace for them to come to terms with and 'own' their stammering behaviours.

# Therapy for overt identification

Identification can be used within both individual therapy and group therapy regimes. In one-to-one sessions it has been found useful to move the client slowly towards full identification of his problem. Manning stresses the importance of the client listing and writing down his stammering features. In this way he is 'assuming responsibility for this behaviour' (2000, p282). A useful process can be summarised as follows:

- Consider features that the client is aware of – what he notices or recognises in his own speech – and examine these aspects first in some depth.
- Over time, sensitively draw his attention to other behaviours about which he has no awareness, using the same depth of analysis.
- Use audio, DVD or video recording late in the process. In our experience, feedback of this type can be a challenge to the individual to confront his stammering head on and he may not be ready to do this for a while.

In groups, clients can provide valuable insights into each other's stammering, which can, in turn, help them identify similar features in their own speech. Working in small groups or in pairs is a little less threatening. We advocate a similar process to the one described above, starting from the client's own perceptions and then gradually introducing additional features to be analysed.

## ***Activities*** *for overt identification*

### *Brainstorm overt features*

Brainstorm all possible stammering behaviours. Compare the list generated by clients with Handout 24 'Describing overt stammering symptoms'.

### *Describing overt stammering symptoms*

Give out Handout 24 'Describing overt stammering symptoms' and discuss its relevance to the client(s).

### *Observation*

In pairs, one person talks to their partner about a selected topic, such as their leisure pursuits, work, family. Then they reverse roles. Using Table 5.1 'Checklist for monitoring overt stammering', they should note all the overt stammering features they observe in the other person during the task and feed this information back to the full group. If time and group numbers allow, it is useful to have each group member speak to and observe every other

group member. In this way the information is likely to cover a number of different aspects and where several members mention one aspect of behaviour, this is given greater recognition and its importance is underlined.

**Table 5.1 Checklist for monitoring overt stammering**

| Overt stammering | Description: What, when, how? | Frequency count: How many in a minute? |
|---|---|---|
| Sound/syllable/word/phrase repetitions | | |
| Silent/audible prolongations | | |
| Blocks | | |
| Added extras, eg starters, fillers, 'ers'/'ums' | | |
| Hard attacks | | |
| Body movements | | |
| Disrupted breathing patterns | | |
| Rate problems | | |
| Tension:<br>– in stomach<br>– in chest/shoulders<br>– in throat/voice box<br>– in mouth/jaw | | |

### *Checklist of overt stammering behaviours*

A client completes a checklist, initially on his own or alongside the clinician. His perceptions can be compared or checked either with the clinician in the case of individual therapy, or with other group members in a group programme. We recommend that time is spent on each individual checklist and clients should not be given several checklists together in one session. For example, we usually start with the overt checklist (Handout 25), followed by the covert and, finally, the avoidance checklist (Handouts 28 and 31 in Chapter 6 'Covert identification').

### *Home-based observation exercises*

Based on the previous observation exercise, a number of tasks can be set for completion before the next group or individual session.

The client observes himself speaking in one situation every day (a different situation each day, if possible) and looks for overt stammering features under one or more categories mentioned by the group and/or clinician, or from the monitoring table.

In addition to or in place of self-observation, the client asks a 'significant other' person to use the monitoring sheet and point out overt features of his stammer when he talks to them. He may need to direct them to key categories such as breathing, rate and so on.

Using the monitoring sheets that other group members or the clinician have completed, the client makes a note of the overt features that he did not realise he employed. He should use these as a basis for an observation task to see if these features occur in other situations outside the group.

# Describing overt stammering symptoms

## Repetitions

Repetitions can occur:

- on sounds usually at the beginning of words, eg 'c, c, can', or occasionally at the end of words as in 'can n, n, n', or, rarely, in the middle: 'ca, a, a, n'
- on syllables either at the beginning of words, eg 'hip, hip, hippopotamus', or sometimes in the middle as in 'hippo, pot, pot, potamus'
- on whole words, eg 'in, in, in the country'
- on groups of words or phrases, eg 'I want, I want, I want coffee', or 'Try to, try to, try to find the answer'.

## Prolongations and blocks

Prolongations can be:

- stretched vowels, eg ooooooooon top or toooooooooooo
- consonants, eg ssssssssssssssspeech.

It would be unusual for the prolongation always to occur on a particular sound, for example on every 's' that occurred in a sentence. The sound feels as if it is 'stuck' in the mouth, throat or chest and this can last for several seconds.

Blocks are caused by:

- the 'freezing' of speech muscles while trying to make sounds, which can sound like extended silences to a listener. These are sometimes called 'blocks'.

## Extra or associated behaviours

*Fillers.* Adding in extra sounds or words when talking. This may be a way of gaining time or enabling the person to start speaking.

For example:

- adding sounds before certain words or sounds that are perceived as difficult to say, eg 'n, n, Leeds', 'l, l, Newcastle'
- adding sounds or words to help start a sentence, such as 'actually' as in 'Actually, I would like to eat a curry', or phrases such as 'you know', eg 'You know, I would like to eat a curry'; these are known as 'starters'
- using other non-speech sounds when speaking, eg coughing, throat clearing
- using 'ers' and 'ums' to excess, eg 'Er, I would, em, like, er, to eat, er, a curry'.

*Word substitution.* Changing or switching a word for another with an associated meaning, eg 'I would like to eat a, something hot and spicy'.

*Circumlocution.* Changing a sentence or a phrase around to make it easier to say, or talking around a topic to work up to saying a particularly difficult word, eg 'The last time I went to ..., I used to go to Durham quite a lot and when I went on Tuesday ...'.

## Hard attack

When someone forces out a sound or word, the muscles and parts of the mouth that are used to make sound (eg lips, tongue) can become tense and tight. In addition, the air can be pushed out and the whole utterance will appear rushed and with a strained quality. This is called hard attack.
The opposite and preferred method of producing speech is soft contact, where the articulators (the parts of the mouth used in speech) move together gently, the breath is exhaled in a relaxed way and the sound is not forced or rushed.

Continued on Handout 24.2 →

← Continued from Handout 24.1



## Body movements during speech

Sometimes people develop body movements or 'accessory'behaviours' alongside stammering. These movements may initially help to reduce the stammer or help the individual get through a difficult episode. However, in time they lose their effectiveness but remain fixed with the stammering. Here are a number of such movements:

- fidgeting
- excessive movements of arms or legs
- frequent changes of posture
- fiddling with hands, fingers or an object such as a pen
- clenching hands
- covering face, eyes, mouth
- touching hair, head
- jerking or moving head to one side
- tapping feet or fingers (perhaps to develop a rhythm to speak along with).

## Disrupted breathing patterns

Breathing can be disrupted in a number of ways:

- Breathing in may be rushed, too frequent, too shallow and/or the breath may be too deep or tense.
- Breathing out may not be gradual: too much air may be released at the beginning of an utterance or exhalation may appear tense.
- Speech and breathing may be uncoordinated: ie the individual may try to speak either while breathing in or when running out of air.

## Rate problems

There is a common myth that stammering is the result of speaking too quickly. In fact, there are a number of rate problems that can be associated with stammering:

*fast speed:* speeding up with greater fluency, speeding up immediately after stammering

*slow speech:* slowing down before anticipating stammering

*problems with pausing:* finding it hard to pause, making too few pauses in speech, pausing for too long.

## Tension

A person may experience tension during speech and also when leading up to or after stammering. This may be:

- all over the body
- in the head (increased pressure)
- in the face (forehead, jaw)
- in the speech muscles (tongue, lips)
- in the neck and shoulders
- in the throat (where the voice box is)
- in the stomach and chest
- in the arms and legs.

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# Checklist of overt stammering behaviours

Consider which of the following features are part of your stammer. Tick all those you think apply to you; answer the questions about the features that are relevant to you and jot some notes down about them. Your clinician will be interested in any observations you make.

## Repetitions

Which of these do you do? Tick those that are appropriate:

- sounds, eg 'c, c, can' or perhaps 'can, n, n'
- syllables or parts of words, eg 're, re, repetitions' or 'repeti, ti, tions'
- words, eg 'on, on, on Sunday'
- phrases, eg 'I want, I want, I want to buy this' or 'Go back, go back'

How are these repetitions produced?

- hurried, in bursts which appear out of control
- tense and forced out
- easy, unhurried

How long do they last, on average?

- a second or two
- several seconds
- longer than several seconds

Do these repetitions happen at any particular time, such as when you are relaxed, when you are under pressure, or at the end of the day? List some situations or occasions when you notice repetitions occurring.

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## Prolongations and blocks

Do you prolong (stretch out) or get stuck on any of these sounds? Tick the ones that apply:

- vowels: a, e, i o u
- consonants: can you list any particular ones?

How are your prolongations produced?

- no sound comes out
- the sound gets stuck in my chest
- the sound gets stuck in my throat
- the sound gets stuck in my mouth
- the sound gets stuck ..........................................

.................................................. (fill in the blank)

How long does the sound or block typically last?

- a second or two
- several seconds
- longer than several seconds

Do these prolongations happen at any particular time, such as when you are more relaxed, when you are under pressure, or at the end of the day? List some situations or occasions when you notice prolongations occurring.

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Continued on Handout 25.2 →

← Continued from Handout 25.1



## 'Extras' when talking

Do you add in extra sounds or words when you talk? (These may be devices to give you more time or perhaps to get you started.) Do you:

- add sounds before certain words or sounds you think may be difficult to say, eg 'n, n, Jackie', 'l, l, Trudy'
- add sounds/words/phrases, eg 'actually', 'you know', to help you get started
- use other non-speech sounds when speaking, eg coughing, throat clearing, sniffs
- use 'ers' and 'ums' to excess
- other?

Do you have little tricks to help you talk that other people might see or hear? (Later we will consider ones that only you are aware of.) Do you:

- change a word
- change a sentence or a phrase around to make it easier to say
- take a long time to make your point
- not join in conversations
- pretend you have forgotten
- pretend to think
- other? Please list.

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## General features of communication

1 *Volume*

- Do you tend to speak too loudly or too quietly in some or all situations?
- Does your volume vary appropriately to match the situation?
- Is the volume of your speech affected by your stammering?

2 *Pitch*

- Is the pitch of your voice generally too high or too low?
- Does your voice lack variety of tone and appear flat and monotonous?
- Is the pitch of your speech affected by your stammering?

3 *Speed*

- Is the speed of your speech too quick or too slow?
- Do you speed up the more fluency you experience?
- Do you slow down before anticipating a stammer?
- Do you speed up immediately after stammering?
- Do you find it hard to pause?
- Are there too few pauses in your speech?
- Are the pauses in your speech too long?

4 *Eye contact*

- Do you look away from people when you stammer?
- Do you stare at people when you stammer?
- Do you find it easy or difficult to look at people when they are talking to you?

5 *Facial expression*

- Do you show too little or too much expression on your face when talking?
- Do you show too little or too much expression on your face when listening to someone talking?

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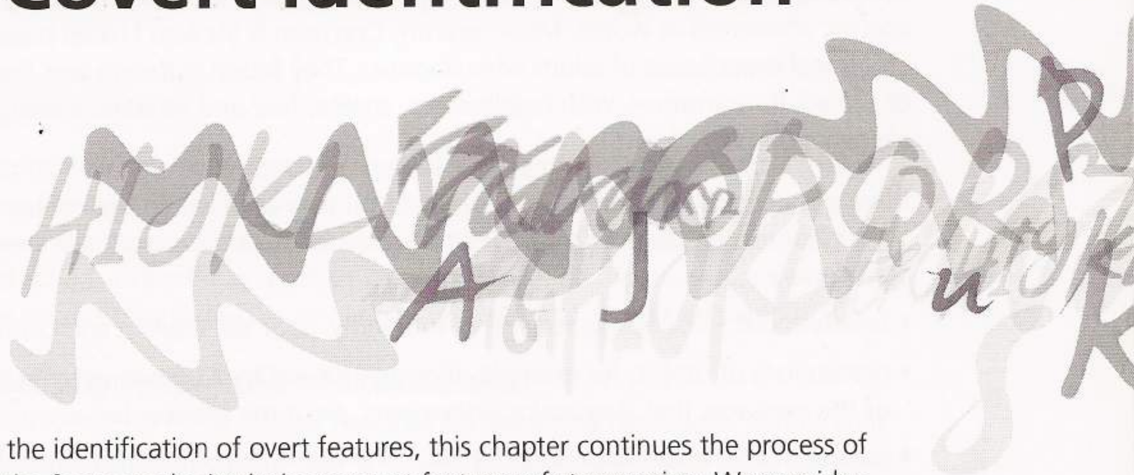
Continued on Handout 25.3 →

# 6 | Covert identification



Following on from the identification of overt features, this chapter continues the process of identification with the focus on the intrinsic or covert features of stammering. We consider these features to be some of the most significant in terms of maintaining the disorder. If they are not managed in a timely way there are concerns that, even if the overt features are temporarily reduced, these covert features will reappear at some later date and the client may return to clinic seeking further help.

When considering the relationship between overt and covert features, both the client and the clinician need to be aware that there is not a direct correlation. One client may stammer very little overtly but have developed complex covert systems; another may have a mild overt stammer and a correspondingly small covert part. One diagnostic method that gives us clues about the extent of the covert stammering is to ask the individual to read aloud or say a specific set of words (such as a name and address) and thereby reveal how much of the stammer is being hidden through avoidance behaviours.

Sheehan's (1958) analogy of the stammering iceberg has proved useful in helping clients to understand stammering and the relative contributions made by the overt and covert components (see Handout 26). It is also helpful as a way of describing the process of therapy: the clinician can outline the beginning of therapy as a gradual identification and then 'exposure' of the covert features, allowing all the stammering to be overt. This is then followed by the application of fluency-controlling strategies and subsequent gaining of control over the remaining features of the overt component.

## Covert symptoms

Covert symptoms are harder to define than overt features as the list is perhaps more open-ended. It includes the following:

*Avoidances.* These tend not to be observed directly by others, but there may be outward signs which give clues to an underlying difficulty. For example, a client who has difficulty saying his first name may use a number of switching and filling strategies to avoid starting sentences with it, for example, 'You ask me what my name is, well, it's Trudy', 'My name is Turnbull, Jackie Turnbull'.

*Emotional responses before, during and after stammering.* Much has been written about these aspects of covert stammering. Van Riper (1982) describes fear as the most common, especially the expectation of communicative inability, verbal impotence and the momentary loss of self-