

Negative Practice in Dysphemic Therapy— A Case History

By F. T. LUBINSKY, B.A., Log. (Rand).

Peter Smith was 13 years old when he came to the Speech Clinic. He was in Standard V. He lived in a small country town where his father practised as a doctor. He displayed severe clonic blocks in his speech, and had very marked secondary symptoms, e.g., before every block he gasped for breath and said "Uh-uh" on a rising and falling tone. During the stuttering block his right leg moved jerkily, and his right hand tapped his side vigorously.

Mrs. Smith brought Peter into town at the beginning of July, 1954, to attend the Speech Clinic. She said that she and her husband were very concerned about Peter's speech, which had become much worse since he was in Standard V. His teacher at that time was very strict, and Peter was afraid of him. In the initial interview Mrs. Smith said: "My two daughters who are younger than Peter are cleverer than he is at school, and this gives him an inferiority complex." The interviewer noted that Peter was extremely shy and appeared to lack self-confidence. He was very anxious about his speech, and very eager to improve.

The following recommendations were made after the initial interview:

- (1) Peter should have intensive speech therapy during the holidays whenever he could come to Johannesburg.
- (2) The danger of their anxiety relaying itself to Peter, and thus making his speech worse, was explained to the parents. They were advised to ignore his speech symptom.

Tests given at the commencement of therapy.

- (1) Clarke Thurstone Neurotic tendency test. Results showed him to be more neurotic than the average.
- (2) Iowa Attitude scale, where his score indicated that he had a very bad attitude to his speech. (2, 3).
- (3) Iowa rating of Severity of Stuttering. He was rated as "7. Very severe: stuttering on more than 25 per cent. of the words very conspicuous tension: blocks average more than 4 seconds: very conspicuous distracting sounds and facial grim-

aces: very conspicuous distracting associated movements of body, arms, or legs."

- (4) Recordings were taken of his speech in reading and conversation, in which he averaged twenty blocks a minute. He used so many secondary symptoms that his speech was almost unintelligible.

THERAPY

Altogether he had four periods of intensive therapy, which co-incided with his school holidays. (1) 26 hours; (2) 32 hours; (3) 20 hours; (4) 8 hours.

First period of therapy.

- (1) He was given a great deal of recognition and acceptance, and a very good rapport was quickly established between Peter and the therapist.
- (2) An extensive Mental Hygiene programme was carried out, orientated to his personal needs. His fears were discussed, (a) fears of speaking situations, and (b) other fears. The therapist helped him work through many of his fears, mainly through discussion and assignments. His secondary symptoms were explained to him as means of trying to avoid, and thus "run away" from stuttering. As Peter was such an intelligent boy, he got insight into his problems and mechanisms very quickly.
- (3) Parallel with this Mental Hygiene programme, the therapist gave the case Negative Practice to alleviate his very severe secondary symptoms.

The following procedure was carried out:

- (a) He recorded his speech and talked while looking into a mirror. This helped him to recognise and identify his secondary symptoms. He was also required to describe them.
- (b) He then had to imitate his secondary symptoms while recording and looking in the mirror. He then listened back to the recordings and compared his imitations to the real stutter.
- (c) When his imitations were exact replicas of his stutter, he recorded his reading while using the secondary symptoms before (i) every word, then (ii) every other

word, then (iii) only words beginning with certain letters, then (iv) at the beginning of sentences, then (v) at the beginnings of sentences in certain paragraphs. Peter was required to read chorally with every recording of his readings that he had made, using the secondary symptoms where he had used them in the recorded passages.

- (d) Exactly the same procedure was carried out while he was conversing, except that while he was speaking with the recorder, he looked in the mirror as well.

He spent approximately two to three hours a day on Negative Practice while he was receiving therapy. When he left Johannesburg he was told to continue with it for thirty minutes a day, and to use it sometimes when talking to his parents and friends. The therapist advised him to be careful not to develop new stuttering symptoms, and to treat them by using Negative practice if they did occur

The results of the first period of therapy were very dramatic, and indicated that this case had benefitted a great deal from the parallel approach to attitude and secondary symptoms. Recordings, when compared with the first ones showed a marked improvement. There were considerably fewer blocks, and the speech was much more intelligible.

The 2nd, 3rd and 4th Periods of therapy.

Therapy was continued along the same lines as that of the first period. He was also using many secondary symptoms in dramatised and later, real life situations. If, while using this controlled speech, a secondary symptom "slipped out" he had to say the whole sentence again as a punishment. At the end of each period of therapy he was told to practise at home. He did this very conscientiously and his mother helped him a great deal.

Results of therapy.

- (1) On the Neurotic scale he scored average.
- (2) Attitude scale found a great improvement in the way he felt about his speech.
- (3) Severity of Stuttering, he scored "4 average: stuttering on about 5 to 8 per cent. of words; tension occasionally distracting; blocks average about one second, stuttering pattern characterized by an occasional complicating sound of facial grimace; an occasional distracting associated movement."

His parents found him much more self-confident than before. He progressed very favourably at school, and he was no longer afraid to speak.

CONCLUSIONS.

This case clearly demonstrated the advisability of a parallel approach to stuttering: utilising the technique of negative practice, and carrying out a mental hygiene programme concurrently. I have found these therapies most successful in the cases of adolescents with severe secondary symptoms and bad attitudes towards their stuttering. The attitude approach helps them to overcome some of their anxiety, and mental tension, while they feel that they are helping themselves by carrying out a speech programme.

I have found that negative practice is most successful when carried out on an intensive level, otherwise the case is inclined to tire of it and become disheartened.

Negative practice is a difficult technique, and must be presented to the case as a challenge. When he sees it as a challenge, he derives great satisfaction from its accomplishment.

I should like to thank Professor P. de V. Pienaar, Director of the University Speech Voice and Hearing Clinic, for permission to report on this case.

THE SOUTH AFRICAN GUILD OF SPEECH TEACHERS

**THE SECRETARY,
16, The Braids Road,
Emmarentia
Johannesburg.
Phone 41-4337.**