

Thoughts on Stuttering Frequency and Severity

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The issue of stuttering severity is both important and complex. When it comes to trying to understand what we mean by stuttering severity, the whole is greater than the sum of its parts. This is due to the fact that stuttering is such a complicated concept, and because so many different factors contribute to it. In this brief article I'll try to show you that when it comes to the severity, many things need to be considered. Severity is far more than the frequency of its occurrence.

I have always enjoyed participating in group therapy, whether as part of formal treatment or as a member of a support group. I have especially enjoyed the summer groups I have had with teens, although I confess that we were too often unable to schedule them the way I would have preferred due to time conflicts with other summer activities such as swimming lessons, cheerleading practice, part-time jobs and driver's education. Groups always allowed the participants to see the vast similarities **and** differences among those participating. I'm reminded of a quote I heard many years ago from someone who said, "Two people who stutter have about as much in common as two golfers who both shoot 80." (There are lots of ways to get to 80.) I think this is particularly true when it comes to dealing with the concept of stuttering **severity** because two people may be classified as "moderately severe" and yet sound and look as different as night and day.

I recently bumped into Jeffery, a former member of a Teen Summer Group from a few years back, and we began talking about some of the therapy topics we had discussed years earlier. He recalled some of our sessions where we were talking about similarities and differences among people who stuttered and he remembered vividly one of our discussions about stuttering frequency, and how ironic it is that nearly everyone places so much importance on how frequently they stutter when in fact, the frequency of stuttering is really such a relatively small part of the total concept of severity.

I would sometimes ask the group members to describe the factors that most strongly contributed to the severity of their stuttering over the past several days. Invariably, nearly everyone said that the biggest issue was frequency: e.g., how often they stuttered. Jeff recalled one time when we expanded the discussion and had to mention things other than frequency. Here are some of the comments that Jeff and I remembered.

Jeffrey said: "My stuttering was really mild because I didn't stutter very often."

Chris said: "My stuttering was pretty severe because I struggled a lot."

Jane said: "My stuttering was severe because the stutters lasted so long."

Nancy said: "My stuttering was pretty severe because I stuttered in such different ways" sometimes repeating, sometimes prolonging, sometimes with silent blocks when I couldn't even get my voice started."

Marshall said: "My actual stuttering wasn't too bad, but it seemed awful because I was such a nervous wreck. I was afraid, nervous, worried and anxious."

Billy said: "I hardly ever stuttered because I was able to hide it. But I felt miserable and guilty and ashamed, even though my friends hardly ever saw me or heard me actually stutter." I hate that I have to try to hide it all the time.

The basic common denominators of stuttering are two-fold. The *first dimension* involves the ***behavioral*** components: e.g., the things that you actually do when you stutter, (e.g., the sound and syllable repetitions, sound prolongations and silent blocks, etc.) and the things you do to try to escape and release yourself from stuttering while you are in the act of stuttering, and the things you try to do to avoid and prevent stuttering before actually doing it. The *second dimension* involves the ***emotional*** components: e.g., the feelings and attitudes you later develop concerning your stuttering. Although the emotional components are vitally important, this article will be limited to the behavioral dimension.

Many people who stutter think of severity in terms of the frequency of its occurrence. How often do you stutter in various speaking situations? Indeed, some clinicians and researchers measure stuttering in terms of the number of stuttered syllables per minute of speaking time. I think that definitions of severity based on frequency counts miss the boat.

The six members of our teen group had six different perspectives on severity. Jeffrey was most concerned with the ***frequency*** of its occurrence. Chris was concerned with the ***intensity*** (effort, tension and struggle in the form of such things as jaw jerks, extraneous hand and arm movements, foot tapping, facial tension and making extraneous noises and sounds.) Jane's concern was for the ***duration*** of stuttering moments: how long they lasted. Nancy noted the different ***types*** of behaviors that are involved: repeating sounds and syllables, prolonging sounds and silently blocking. As the behavioral elements of stuttering become more severe, the emotional components appear in the form of negative emotions. For Howard, it seems that these negative feelings were worse for him than his actual stuttering. Billy hated his stuttering and had developed feelings of guilt and shame. Even though he rarely stuttered openly, his attitude about stuttering is that it is evil, bad and wrong.

I am most certainly not suggesting that stuttering and smoking belong in the same category, but I do think that my knowledge of the concepts of frequency, intensity and duration helped me to realize that I was making progress in my attempts to finally quit smoking. I am a cancer survivor and am now in my eleventh year of not smoking. During the first several months of my battles to quit smoking, I was primarily concerned with the aspect of frequency. How often did I crave a cigarette? In the beginning, the urges were nearly constant. Along with frequency, there was the intensity, strength and power of the urges, and there was the duration of how long the urges lasted. It seemed that as soon as one urge passed, another urge was beginning. It was a vicious circle. As time went on, I noticed that even though the frequency was diminishing, it was the duration and intensity that were making the most difference. Even though I still had urges to smoke, the cravings were far less intense, and didn't last nearly as long. I was becoming better and better able to tolerate my plight. When the urge to smoke did occur, it didn't bother me because the urge was not intense and the urge did not last very long. Later, I even challenged myself by sitting in the smoking section of a restaurant and actually got to the point where I was scarcely bothered at all by the fact that other people were smoking. At this point in time, I still think about smoking, but I think of it very infrequently, and when I do, the craving is extremely minimal and lasts only a fleeting second.

When it comes to stuttering severity, I urge you to realize that the whole is greater than the sum of its parts. Severity ultimately represents the sum total of multiple factors, both behavioral and emotional, so your task of sorting things out may at times be daunting.

This article has at least scratched the surface of some of the emotional and behavioral factors that are involved in the severity equation. I hope that on your own, or along with your

clinician, you will be able to explore these areas further. If you do, then I suspect that most of you will conclude that stuttering severity encompasses much more than just the frequency of its occurrence.

Good luck in your future endeavors.

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