Preface

When I was a teenager my parents took me to see a famous speech pathologist who specialized in stuttering disorders. After giving me several tests, this "expert" told my parents and me that I would always stutter. He advised me to develop a "thick hide" so I would not care when others teased me about my stuttering. I felt he was wrong, and I believed that someday I would get more control over my speaking abilities.

Not surprisingly, several speech therapists I saw over the next 8 years also believed this "expert's" negative prediction. Fluency was something that apparently they did not believe was possible for me. Shame, shame on them! We simply do not know enough yet to predict who will make near-normal or extraordinary strides in therapy and who will not.

Too many factors are involved.

These clinicians needed to spend more time learning about self-fulfilling proph-

esies. And they needed to learn about other people who stuttered chronically, but somehow became fluent or nearly normal speakers. The only role models they pointed out to me were other speech pathologists who still stuttered.

The study by Joe Sheehan in the 1970s is still baffling to many of us. Dr. Sheehan's research revealed that many stutterers who were not seen for formal stuttering therapy recovered and became more fluent than did many youngsters who had been identified and treated for stuttering by clinicians. This is a frightening finding to report, and I've yet to hear a satisfactory explanation for it. But, after studying cognitive therapy procedures and brain research for more than a decade, I rely more on attitudes and belief systems than ever before. What all of us need to study further is how an individual's beliefs can affect his behaviors. The following quotation by Patterson (1973) needs to be pondered more

by those of us who have devoted our lives to helping people change their behavior. Patterson said, "The concepts which the teacher has of the children become the concepts which the children come to have themselves."

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When children are told they can't do something often enough (especially by people they have learned to believe in and respect), they come to believe it themselves, even when it may not be true.

I am reminded of another quote which I have hanging in my home that reads, "The greatest gift one human being can give to another is high expectations." Don't underestimate your client's potential. We simply do not know what another person might accomplish. Aim high. Give your best effort and expect your clients to give their best efforts. Remember what Dr. Eugene Cooper, the clinician whom I saw at age 23, said to me during our

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first meeting when I shared with him my dream of someday being fluent. Dr. Cooper looked me straight in the eye and said, "David, I don't know how fluent you might eventually become. Why don't we work together and see?"

He was the first speech therapist I had met in more than 10 years who did not insist that I give up my dream of someday speaking fluently. He was the first speech pathologist I had met who did not insist on the age-old saying of "once a stutterer," always a stutterer." Perhaps what influenced me most was that his goal was not to make me a "happy stutterer."

Oh yes, I still stutter sometimes when I am fatigued or ill. And, I occasionally sense instances of tension in my mouth that I believe are the remnants of my physiological stuttering pattern. These tiny catches or explosions in my mouth are rarely perceived by my listeners, but I "feel" them.

I also trip occasionally when I am going upstairs, and I occasionally have word-finding difficulties or mispronounce a word. But, I choose to believe that I am human. And, as Billy Joel reminds us, "You're only human. You're supposed to make mistakes." So I am easier on myself and I tolerate imperfection.

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Remember, some authorities report that 5-10% of the stuttering youngsters we see are perfectionists. When I was 19, I demanded that I

would only be happy when my fluency achieved levels like William Jennings Bryant, the "Golden-Tongued" orator. Of course, that never happened.

That's why Dr. Cooper's comment saying, "he didn't know — but why didn't we work together and see" made so much sense to me. No promises, no guarantees, but his plan for working towards a

common goal, *my fluency* — not *my stuttering*, made sense to me. He always treated me as a person, rather than a stutterer.

Clinicians are not magicians. We do our best and give our best. What more can anyone ask? I believe that our clients should ask that we be realistic and optimistic at the same time. Don't give

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false hopes, but honest hope and encouragement that by doing their best, clients will see substantial and durable progress.

Does everyone who goes on a serious diet or exercise plan obtain the weight loss and level of health he desires? No! Does everyone who enrolls in Alcoholics Anonymous become sober and cured from her condition forever? No! Why? Perhaps we don't have those answers yet. We do know, however, that enthusiastic guidance and training from sincere, dedicated individuals who care does help. I believe the same may be said of fluency disorders.

Since speech-language pathologists cannot tell with any reliable degree of accuracy which clients will become the most fluent, we believe we should error in the direction of giving everyone our best. Expect the best from yourself in giving stutterers the best treatment possible. Believe in what you are doing and encourage your clients to believe in it. Wisdom from many sources (old and new alike) reminds us of the following:

- "Belief or expectation of a good outcome can have formidable restorative power, whether the positive expectations are on the part of the patient, the doctor or caregiver, or both."
 - Herbert Benson
- "It is part of the cure to want to be cured."
 - Seneca
- "Whatever the mind can conceive and believe, the mind can achieve."
 - Napolean Hill
- "Our belief at the beginning of a doubtful undertaking is the one thing that insures the successful outcome of our venture."
 - William James