Sheehan Bibliography

The 1950's


The 1960's


The 1970's


1973

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Sheehan, J.G., Costev, M.S., A Reexamination of the Role of Heredity in Stuttering, JSHD 42(1), 1977, 47-59


The 1980's


-added April 12, 1999
Human problems are largely communication problems. We grope for words to express our meanings and are never entirely satisfied with the result. Imperfect though they are, we can at least convert our word choices into speech. In that last sense, speaking is an easy process, and many are glib with nothing to say. But for the child or adult who has developed the problem called stuttering, the production of a spoken word can be fraught with dread and difficulty. The experience of stuttering is like a slice of life—a mixture of comedy and tragedy.

Stuttering is a disorder of the social presentation of the self. Basically, stuttering is not a speech disorder but a conflict revolving around self and role, an identity problem. The stutterer typically has no difficulty when alone—a striking and significant feature of the disorder. He can speak freely then, for communication with other human beings is not demanded. Even when with others, he is a stutterer only when he talks—an ancient joke that really tells us something important. For stuttering is role-specific behavior. It is specific to the speaker role and to the listener relationship. Just as it takes two to tango, it takes two to stutter. A listener, as well as a speaker, is required.

Compared to the extreme meagerness of Freud's references to stuttering, there is a fairly abundant proliferation of formulation stuttering from followers of Freud. The disciples have not hesitated to rush in where the master seemed reluctant to tread. Nor have they always agreed. Coriat has argued that the stutterer is primarily oral, while Fenichel argued that he is primarily anal, a discrepancy suggesting that these two may have been trying to peer into their subject from opposite ends.

Lest the majestic authority of Freud be invoked too readily to bolster what may actually be a current analytic view, it might be well to recall Freud's own apt disclaimer: "As for me, I am not a Freudian."

Stuttering is not a unitary disorder but a cluster of disorders of varying degrees of complexity and relatedness. Stuttering is a bog one can enter from many different pathways, and from which one may find a variety of exits. Many roads lead to Rome and to and from stuttering.

The handicap of stuttering is traditionally defined in terms of the blockings, repetitions, mouth posturings, and grimaces that the stutterer goes through in trying to utter a word, but it is much more than that.

A stutterer is one who does not know where his next word is coming from. Moreover, he does not know when the next situation will arise in which he will need that word. Even his fluency may give him little more than a feeling of thin ice. The to-be-or-not-
to-be, to-speak-or-not -to-speak is always with the stutterer, and from this gnawing, pervasive uncertainty springs the major portion of his handicap.

Stuttering may be likened to an iceberg, with the major portion below the surface. What people see and hear is the smaller portion; far greater, and more dangerous and destructive, is that which lies below the surface, experienced as fear, guilt, and anticipation of shame. For an adult or an adolescent mature enough to tolerate it, public presentation of the self as a stutterer has major therapeutic effects. The portion of the iceberg exposed to the sunlight of public view melts away more quickly.

When the stutterer attempts to deny his stuttering behavior and to represent himself as a fluent speaker (which he is part of the time), he then creates tensions -relating to fear of failure of the role expectation. But by experiencing his stuttering, a stutterer can get over his shame. By getting more of the stuttering behavior above the surface, the total amount of fear and handicap may be reduced.

In terms of its simplest aspects, what we have to account for in stuttering is a momentary blocking. Almost mysteriously the stutterer is stuck on a word, and then, for reasons just as baffling, he is able to continue. An explanation of stuttering must account for these twin features of the stutterer's behavior. Most theories of stuttering have focused on the hesitancy, on what produces the blocking. But from the standpoint of systematic theory as well as therapy, it is just as important to explain termination of the block as the block itself. Two questions then become essential in the explanation of the stutterer's behavior: (1) What makes him stop? (2) What enables him to continue? In response to these twin questions, two central hypotheses may be stated:

1. The conflict hypothesis. The stutterer stops whenever conflicting approach and avoidance tendencies reach an equilibrium.
2. The fear-reduction hypothesis. The occurrence of stuttering reduces the fear that elicited it, so that during the block there is sufficient reduction in fear-motivated avoidance to resolve the conflict, permitting the release of the blocked word.

The conflict in stuttering is not simply between speaking versus inhibiting expected stuttering. In the double approach-avoidance conflict situation, there is both a conflict between speaking and not speaking and between being silent or not being silent. The avoidance does not come primarily from the fear of stuttering as such but from the competition between the alternative possibilities of speech and silence, with the stuttering a resultant of this conflict.

Speaking holds the promise of communication but the threat of stuttering; silence eliminates temporarily the threat involved in speaking, but at a cost of abandonment of communication and consequent frustration. Many stutterers show a fear of silence,
and filibuster furiously in their speech to keep any pause from becoming dangerously long. Since most stuttering occurs initially, silence plus initiation of speech becomes a conditioned cue for the painful experiences of anxiety and stuttering.

The listener, as well as the stutterer, is caught in a conflict. What should he do when the stutterer is struggling? Should he watch the debacle or avert his gaze? Should he help the stutterer with a painfully obvious word or let him flounder? Should he give some friendly recognition to the difficulty, or help the stutterer pretend it isn't there? Knowing little about the disorder, he gets his cue from the stutterer himself. Through the interplay of perceptions, the listener concludes that stuttering must be something shameful and joins the stutterer in pretending that nothing is out of the ordinary. By engaging in a false role, the stutterer draws his listener into an equally false role. In the manifest experience of his conflict between going ahead and holding back, the stutterer inadvertently places the listener in a conflict as well.

Two assertions frequent in the literature are that stuttering is attention-getting behavior (especially as it first appears in childhood), and that stuttering is perpetuated by the sympathy it arouses. Interestingly, neither assertion appears prominently in the writings of those who have gone through the experience of stuttering. Those who stutter report clinically that overprotection is the hardest to bear of all audience reactions, that it is experienced by them as a rejection, and that other forms of rejection are at least as frequent as sympathy. As for the thesis that stuttering is a negative bid for attention, why then doesn't the stutterer display his symptoms more freely and easily? Avoidance is characteristic of even the young child stutterer who develops the slightest awareness.

Stuttering involves a primary loss--a defeat of the ability to communicate. Whatever "gains" accrue to this loss are secondary indeed. With the onset of the problem called stuttering, the primary loss far outweighs anything that may later be rationalized as a secondary gain. An amputee veteran may experience some sympathy (most of it unwelcome) along with a multitude of frustrating social reactions. But does the gain exceed the loss? Would he trade back, given the opportunity? These are the questions that must be asked of the stutterer. Consider how eagerly the stutterer has grasped for every straw of distraction that yielded quick fluency and the temporary illusion of cure. In considering whether secondary gain is a "reinforcer" for stuttering, we must not overlook the primary loss.

Efforts to prevent a consequence can sometimes bring it about. We have used the plank-walking analogy. Anyone can easily walk across a 2-by-4 inch plank placed across the floor. But if it were placed between two tall buildings, or across a chasm, one would be in danger of falling off from the very effort engaged in trying to prevent it. For a stutterer, increased efforts to keep from falling off the fluency plank only increase avoidance behavior, associated conflict, and resultant stuttering.
Every stutterer becomes in time a "walking museum," or perhaps a "talking museum," of those crutches, devices or mannerisms he has employed to conceal his stuttering. The history of the stuttering pattern of any one individual is clustered in what he does each time he stutters. In the adult, unraveling the tangle of false behaviors is a major goal of therapy.

Stuttering is a complex problem whose nature forever tempts people to offer simplistic cures. Even intelligent people who should know better are taken in, or ensnare themselves in the unreasonable belief that a complex problem must have a quick and easy solution. But too much is known of the complexities of the disorder--and for that matter, of human nature--to entertain that hope intelligently. Self-presentation via speech is always going to be difficult for some, depending upon how they feel toward themselves and toward significant others. That kind of problem will and can never be "solved" by a simplistic gimmick--or even a complex gimmick.

The problem of stuttering cannot be adequately defined in terms of disfluency counts or speech interruptions. Stuttering is always the problem of a person. Unless we understand the person, we will not understand the problem. In many cases the frequency of stuttering is a trivial fact with reference to the totality of problems the person has. To understand the person, the stuttering behavior is not the only behavior in which we should be interested.

By far one of the most important statements we can make about the disorder is that the majority of stutterers are able to speak most of their words fluently. Fluency is a fair-weather friend that deserts the stutterer when he needs it most: to say some thing important to some one important. His speech is the tire that appears to be flat on only one side, but the condition means that he can't count on getting there.

All of us resist change, and the stutterer in therapy is no exception. Most stutterers have learned to be wary of efforts to help them, for so many useless suggestions are freely offered by anyone. Although such initial resistance is virtually a part of the presenting problem, the really substantial resistance is likely to come following a certain amount of progress. The stutterer who moves easily at one stage in therapy becomes unaccountably bogged down at another. Apparently, improvement and recovery in themselves involve role changes calling for difficult adjustments. The stutterer may become disappointed in the results of his new partial fluency, due to the loss of protective functions and secondary gains. He finds that he is not a "giant in chains" but an ordinary mortal who has many other limitations which had been obscured by his stuttering along with some of his capabilities. He discovers that there are two ways to be disappointed in life. One way is not to get what you wish for. The other way is to get it.
What a therapist offers a stutterer is much like the teaching a parent offers a child--part of it will be lost, and part may have great impact, but you cannot foresee which part will be which.

One school of clinicians asks the stutterer to accept for purposes of therapy the role of stutterer long enough to study, recognize, monitor, modify, and eventually eliminate the false-role behaviors that comprise the vast bulk of the stutterer's handicap.

The other school, and a much older one, is the avoidance-cultivation, or distraction, method. It aims to prevent stuttering through active interventions to induce immediate fluency, to "establish" or nurture fluency in a sheltered "laboratory" environment, then to transfer the programmed fluency and to maintain it.

With therapies that aim at the prevention of moments of stuttering, and the stretching of fluency through the cultivation of avoidance of difficult situations, there is never an assurance of a method for meeting future fear and failure. By their very nature, such therapies increase the penalty on stuttering, the avoidance component, and the conflict. That they work for awhile at all is probably due to the novel-stimulus effect, or distraction principle. This means that their half-life is far less than the stutterer's full life.

The cultivation of fluency and suppression of stuttering behavior appeals to the worst in the stutterer: his tendency to deny the problem, to cover up, to conceal. And unless the cover-up is complete--in itself a fantastic and unlikely achievement--the stutterer will be worse off. His avoidance tendencies will have been strengthened.

The therapist needs to be on the side of the id, to accept the fears and failings of the client, not just demand more perfection in performance. The stutterer has already had plenty of that. If it worked, he would not be there for therapy. Aiming for perfect fluency and encouraging denial of the stutterer role is merely a way of ensuring that the behaviors will continue.

Competition in the marketplace of ideas and research findings is decidedly healthy; different ways of looking at the problem may be explored, and alternate hypotheses checked out. When we enter the matter of a competition on cure claims, or reported fluency 'established' percentages, however, it is quite another matter. The crassness of the marketplace then enters in. Since commercial fame and publicity is heaped on those who report a new cure or an astoundingly high success percentage) a reinforcing state of affairs is thereby set up for success claims. The higher the better, the more sensational and attention-seeking. Although it is the victims of stuttering who are most frequently charged with attention-seeking, it is the experimentalists reporting spectacular results who are most often guilty of it.
We have come to believe that stuttering is perpetuated by **successful** avoidance, by the successful suppression of outward stuttering behavior and the substitution of false fluency, or by inner patterns of stuttering.

With some individual variability, stutterers appear to have the capacity to suppress the outward appearance of their stuttering, producing an apparent reduction in frequency. We assume that response suppression is a central continuing cause in maintaining stuttering behavior. This suppression of outward stuttering behavior may temporarily "make the stutterer seem better"; actually, it moves into a retreat position that makes ultimate recovery enormously more difficult.

The suppression of stuttering behavior has given rise in current literature to curves showing how much the stutterer has improved, or how much fluency has been "established." But at the end of this process, the stutterer is farther from a true recovery, not closer.

Though space does not permit us to develop it here, we hypothesize that stuttering becomes fixed or established in childhood when the stutterer learns successful suppression techniques. It is not so much that is a contributing factor--or the successful use of tricks or crutches, though that is enormously important. Rather, the basic step is the learning of a suppressive mechanism.

This formulation is quite different from previous theories to the effect that stuttering results from the unsuccessful attempt to avoid expected stuttering, and it is different from the anticipatory struggle hypothesis of Bloodstein. It is not the struggle, but the successful avoidance of struggle that perpetuates stuttering. How is this possible? Through successful learning of a suppressive mechanism.

The suppressive hypothesis is consonant with and is a new part of the double approach-avoidance conflict theory of stuttering. Avoidance reduction is even more basic as a vehicle of therapy, improvement, and recovery. Openness is a key to success; suppression is a toboggan ride to failure.

We have seen enough relapses of the suppressive therapies to be fairly sure that when response suppression is the basic vehicle of therapy, then relapse is inevitable. The consequences are that the stutterer is even more distant from a final solution to his problem.

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sent by Vivian Sisskin and added with permission of Vivian Sheehan
November 24, 1997
Remembering Joseph Sheehan

by Oliver Bloodstein

presented at the ASHA Convention Memorial to Joseph Sheehan

Joe Sheehan and I shared many basic assumptions about stuttering. There was a good reason for that. We were both students at the University of Iowa at the same time, in the late 1940s. There we both absorbed Wendell Johnson's own special reformulation of the anticipatory struggle hypothesis. The anticipatory struggle hypothesis is an idea that has been expressed in different ways by different people from time out of mind. In its most general form it says that the decisive factor in stuttering is the stutterer's belief in the difficulty of speech. The stutterer anticipates difficulty on the word "Mississippi," struggles and strains in the mistaken belief that is the only way to say such a difficult word, and consequently stutters, because the struggle and strain is the stuttering. There is an entirely different way of expressing the same concept. It's the theory that if stutterers were to forget that they are stutterers, they would have no further difficulty with their speech. They would have no need to learn a new way of talking, or to monitor their speech, or to be concerned with transfer or maintenance; they would just go ahead and talk like anyone else.

Joe Sheehan eventually elaborated this concept to such an extent that it became in many respects a different theory. But at the core of his thinking there remained a basic idea that linked it strongly to the anticipatory struggle hypothesis. That was the assumption that the underlying cause of stuttering blocks is the individual's self-concept as a stutterer, or, as Joe Sheehan preferred to put it, the person's role as a stutterer.

Needless to say, I was influenced by the anticipatory struggle hypothesis too. My own efforts to elaborate it were far more prosaic than Joe's. But our views had much in common; we were both groping in the same dark. I don't want to discuss my own ruminations about stuttering here, but it's necessary for me to say something about them in order to tell about something significant that Joe contributed to them. In my view, an illuminating way to talk about stuttering is to say that all of the surface features of the disorder are reducible to two underlying factors, tension and fragmentation in speech. Tension comes to the surface in the form of all of the signs of effort and strain that are observable in stuttering. Fragmentation is evident whenever normal movement stops in speech, but it is especially apparent in the stutterer's repetitions. A stutterer repeating the first sound or syllable of a word seems to me to be uttering the initial part of the word in the belief that the whole thing is too difficult to attempt all at once, and to be doing that repeatedly until the conviction needed to say the word as a whole returns. From this point of view, stutterers do not really repeat anything; what they really do is repeatedly stop themselves from going on. This helps to explain why stutterers seem perversely to repeat sounds that they have already said perfectly several times. It also explains why stuttering virtually never occurs at the ends of words. But it remained for Joe Sheehan to provide what seems to me to be the most compelling evidence in support of this view in a very simple observation that I had overlooked in twenty-five years of listening to stuttering. In an article he published in 1974 he pointed out that stutterers' repetitions
often involve progressively larger segments of the word, as in the example "th--thir--thirty-five."

This observation of Joe Sheehan's illustrates something of fundamental importance about his contribution to stuttering research. Joe was never subverted by the narrow view of science as something wholly limited to laboratory experimentation. He himself was an outstanding experimenter who knew more about research design and inferential statistics than most people in the profession. But he never allowed himself to substitute laboratory experimentation for careful clinical observation guided by intelligence. He knew that laboratory experimentation is a double-edged weapon. Used to the exclusion of everything else with a problem like that of stuttering, it can limit our perspective and distort our vision. In the first place, it limits us to those aspects of stuttering that we can investigate in the laboratory. Even worse, it may create misleading laboratory analogues of real life conditions. Let me give two examples that show how Joe Sheehan refused to be swayed by misleading results of laboratory investigations.

The first example has to do with punishment. As long as speech clinicians have worked with stutterers, they have observed that in situations in which stutterers anticipate social penalties for stuttering, their speech difficulty often tends to increase. Then, about twenty-five years ago, the first attempts to do operant conditioning experiments on stuttering seemed to show the opposite: Loud noise contingent on stuttering blocks decreased their frequency; so did electric shock, the words "no or ~~~wrong," and time-out from speaking. And so the cry arose that all our previous assumptions about the effect of punishment on stuttering had been wrong. Now Joe Sheehan had been a pioneer in the application of learning theory to stuttering. But he was not beguiled by this new wisdom about punishment. He had too much faith in his clinical observations. He attributed the so-called punishment effect to distraction. And he was criticized for that. Only later did it become evident that the stimuli used in the laboratory experiments were for the most part not punishing. Reed and Lingwall (1976) showed that the response-contingent administration of loud noise and the word "wrong" frequently failed to elevate the subjects' GSR. Adams and Popelka (1971) and James and Ingham (1974) found that few subjects perceived time-out from speaking as punishment; some evaluated it as a chance to relax. Finally, Cooper, Cady and Robbins (1970) demonstrated that clearly non-punishing stimuli such as the words "tree" or "right" reduced stuttering just as effectively as the word "wrong." It is, of course, possible to regard these effects as punishment by a literal interpretation of Skinner's definition of the term. But calling them punishment does not make them valid analogues of the social penalties that stutterers receive in real situations.

No one knows what causes the "punishment" effects of the laboratory, but I would like to point out in passing that Joe Sheehan's distraction hypothesis is more plausible than many people think. When stutterers perceive loud noise or the words "no" or "right" after every block, they soon become conditioned to expect the strange stimulus each time they expect to stutter. This means that the distraction--if distraction it is--comes at the precise moment that is critical for the precipitation of the stuttering block.

The concept of distraction brings me to my second example. For decades it was generally agreed that stutterers could be distracted from stuttering. It was plausible in
itself, and it seemed to explain a great many conditions under which stutterers speak fluently, including the observation that stuttering often disappears when the stutterer adopts almost any novel speech pattern. Then, with the revival of therapies that teach stutterers to speak in new ways, the concept of distraction came under a cloud. Some workers felt that their therapies were disparaged by the implication that their effects were due to mere distraction. So distraction was often branded as a false or even meaningless explanation. The effects of the fluency-inducing speech patterns were attributed to the fact that they produced vocal changes, with the rationale that they compensated for something wrong with the stutterer's phonation. This was easy to do, because the few fluency-inducing speech patterns that had been studied in the laboratory all involved changes in phonation. No attention was paid to the fact that stutterers can often talk fluently when they use a foreign accent or regional dialect, or even when they simply imitate another person's manner of speaking, because these effects have never been studied in the laboratory. No attention was paid to the fact that stutterers are often fluent when they are carried away by enthusiasm, when they are taken off guard, or when they are in emergency situations, because these conditions are very difficult to investigate in the laboratory.

Joe Sheehan was not influenced by the movement to downgrade distraction. His vision was not tied to the laboratory. It ranged over a wide array of conditions that included acting a part in a play, assuming an attitude of false confidence, or hamming in a social situation. He attributed the fluency we often observe in such situations to the fact that the stutterer is assuming a new role, different from his role as a stutterer, and he tended to view the fluency that resulted from novel speech patterns in the same light. I think Joe was right. The distraction in these cases probably does not come from the small amount of attention it takes to talk in a monotone, a high pitch, in a whisper, or in time to rhythm. It seems to come from something that might be called the masquerade effect--the distraction that comes from seeing ourselves in a bizarre role, and perhaps also from the knowledge that others are observing us in that role.

In sum, one of Joe Sheehan's outstanding contributions was the broad and rational perspective that he brought to the scientific study of stuttering. It's a perspective that can be epitomized by saying that what we urgently need in the scientific investigation of stuttering is a little less Skinner and more Darwin. As researchers and theorists, we should never forget that our speech clinics are our Galapagos Islands.

Finally, it remains to be said that Joe Sheehan brought the same rational outlook to the treatment of stuttering that he did to its scientific study. Today we all recognize that, although we can help most adult stutterers a great deal, all our therapies have limitations. In the first wave of behavior therapies fifteen and twenty years ago, these limitations were often overlooked. Joe Sheehan's vigorous warnings were almost the only counterweight to unrestrained optimism and extravagant claims. Joe's warnings have been vindicated. Experience has brought the sobering realization that many stutterers relapse and that cures in which individuals no longer need to monitor their speech carefully are relatively few.

Today one of the questions we hear frequently is "What causes relapse?" If I were to answer that question in the spirit of Joe Sheehan's writings, I think I would say that that's the wrong question. The question is not why so many stutterers relapse, but why some of them don't. When therapy is based on techniques that leave many stutterers
talking in somewhat strange ways; when the techniques require stutterers to monitor their speech for indefinite periods; when the techniques have little visible or clear relationship to the cause of blocks, whatever that may be; and when the techniques seem to have the improbable effect of ridding the stutterer of a lifelong speech difficulty in a few moments; when all these things are true, it seems to me that the real question is why some stutterers gain genuine and lasting benefit. If we could answer that question, it might mean significant progress in our ability to help stutterers. I think I can guess at the kind of answer Joe Sheehan might have given. I think he would have said that virtually every therapy has some potential, however small, for helping a stutterer to accept a genuine role as a normal speaker. To put it in a slightly different way, perhaps all therapies have some potential for helping stutterers to forget that they are stutterers. If this is so, then the challenge to us for the future is to find out what it is about almost all therapies that gives them that potential, so that we can make it work for more stutterers.