

RHYTHMIC DISTRACTION TECHNIQUES IN A DYSPEMIC THERAPY.A GENERAL DISCUSSION.

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Distraction has been defined as "an occupation that relieves excessive concentration", and this may well be applied to any procedure that draws attention away from the speech defect of stuttering. According to this definition then, one may consider imposed rhythms, including the three general types, bodily rhythms, speech rhythms, and rhythmic sensory stimulation, as "distractions".

All these may be successful in reducing the frequency of stuttering, usually for a limited period, and in some cases to a zero degree. This seems to "offer conclusive evidence that stuttering is not basically a phonetic difficulty".

That distractions may be of use in the therapy of stuttering cannot be denied.

First of all as the above definition points out, distractions do "relieve the excess concentration" with which the stutterer regards his speech. Two simultaneous occupations usually mean a division of concentration, and when the stutterer has to divide his attention between speech and another occupation, he is likely to be less conscious of the former. This means that he has less opportunity and time to be emotional about his talking, and with the psychological factor reduced, the stuttering decreases.

The stutterer himself, however, does not realise at the time, or in any case, during the first few times, of using the distraction, that it is in reality a division of attention, or a "relieving of concentration", that is helping him in his speech, and imagines either that he is improving, or that there is some magical charm in what he is doing.

This point can be made use of at the commencement of a therapy. Often when a stutterer comes to a Speech Therapist he has already become convinced that he is an abnormal person because he cannot speak like other people, and has given up all hope of ever attaining a normal speech flow. If, during the first few lessons, he is given an opportunity by means of these distractions to find that he can be as successful as any other talker, (for example, when reading with a metronome,) it may lay an important foundation for the building up of confidence, not only for his own future improvement, but confidence in his clinician as well. Secondly, as has been pointed out, it proves to him that he is not a stutterer because of incurable organic conditions, but that he is a normal speaker who has been subjected to abnormal stimuli.

Distractions as an aid in therapy, need not necessarily be discarded after the first few sessions, but may be used to advantage right through the treatment, combined with other techniques. It must be remembered that in this discussion of distractions, we are considering more specifically, the three general types of imposed rhythm; speech, bodily and rhythmic sensory stimulation.

Stuttering has as one of its manifestations a lack of rhythm. Using an imposed rhythm, in speech, a patient can be made to talk in time with the rhythmic auditory stimulation furnished by the metronome -- beginning during the first few lessons, at a very low imposed speed, and gradually increasing this, till later in the therapy the beat is almost similar to a normal speaking rate. The case should then try to get the same feeling of imposed rhythm without using the metronome, but by imagining that he hears the beat. The same of course can be done with bodily rhythms, such as foot-tapping and arm-swinging, or it can be utilised by beginning first of all with the metronome, then going on to arm-swinging, then to foot-tapping, then finger-tapping, and finally to an imagined rhythmical stimulation, coming down the scale, as it were, in descending order of gross actions, these becoming less and less noticeable.

Choral speaking may be considered as another example of imposed rhythmical stimulation, and this may be very well adapted to a group therapy.

There are however, disadvantages in a distraction technique, which cannot be overlooked, and almost overcome the advantages.

When he first begins to use a distraction to help overcome the stuttering spasm, the distraction is at a highly conscious level. But with constant use one finds that the stutterer tends to become negatively adapted to the distraction, and it later becomes automatic and canalised and the stutter reappears. Often he still uses, but quite unconsciously now, the former distraction, and adds a new one to help him over his difficulties. This may later become canalised too, so that one may find a stutterer, who clicks his fingers and taps his feet, all this appearing quite unconscious. It is thus unwise to use distractions as "tricks" to overcome the spasms, because they are so apt to become automatic.

Secondly one must consider that distractions are ways of concealing the repetitions and blocks, characteristic of a stutterer's speech, from others in the social environment, but that however good the camouflage may be, the clumsy hesitant speech remains all the while, and the stutterer is terrified that the guise might be penetrated. Distraction techniques do not allow for the stutterer to become "toughened up" towards his defect, nor does it allow him to be properly adjusted to it. By concealing the stutter, speech may sound far better to those in the audience, but the stutterer feels no improvement, because of the strain it imposes upon him.

A third disadvantage of distraction techniques, is that it in itself does not include the important psychological factors of the individual's life such

as his home or work environment, his personality make-up, and his social attitudes and evaluations. It makes no provision for these in its therapy, and they are too important to be overlooked. The investigation of a stutterer's general background is as important as an improvement in his speech pattern.

But as Virginia Barber says "a real understanding of the mechanism of distraction, would probably lead to the basic nature of stuttering itself, for if we could isolate and understand the operation of the factors which alleviate the difficulty, it is at least highly probable that most revealing clues to the fundamental etiology of the disturbance would follow."

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