

A CLINICAL SUCCESS: LEONARD **CLINICIAN: JOSEPH SHEEHAN**

Leonard was both one of the severest stutterers that I have ever encountered and one of the most normal and healthy in personality. Since we have now known him for over eighteen years, we have an excellent followup on his progress and on the outcome of his therapy.

The effect of stuttering on the personality is frequently not as great as might be assumed for, despite the severity of his handicap, Leonard had an easy outgoing personality and was a clinically normal adult. Considering his communication problems, he had developed astonishing social facility.

Leonard was waiting for me when I arrived at UCLA as a new member of the faculty. He had undergone some abortive therapy in the public schools in California around the fifth or sixth grade and had gone through a summer speech improvement camp experience in the Midwest. He had come to UCLA to try the Dunlap approach and had begun some training in negative practice with Drs. George Lehner and Maxine Gunderson. When I first met Leonard he was still trying to imitate his own stuttering a la Dunlap, but it was not a close duplication of his true pattern.

Leonard's habitual pattern consisted of a violent tilting back of his head; rolling his eyes toward the ceiling; the muscles in his neck would stand out; he would become flushed; he would twist his face in a forced grimace; attempt various starters; some head jerks in an effort to release himself from the block; and also would accompany his stuttering with various bodily gestures. He had little fluency capacity and stuttered severely on almost every word. His name and words beginning with the same sound as his first and last names were especially difficult.

He had so often distended and flexed his neck muscles during his blocks that he wore a large collar size for his weight. Later, as he reduced his struggling behavior during stuttering, he was able to reduce his collar size as well—a nice operational definition of his return to normality. But much happened before then. We return now to Leonard as a bull-necked struggler with words.

Leonard was one of two brothers who stuttered. His older brother had begun stuttering at the age of six, at the time Leonard was born—a significant precursor of their relationship. Leonard himself began stuttering at about the age of three and became considerably more severe than his brother. Although there were mo-

ments of closeness between the brothers as they grew up, there was always a heavy undercurrent of rivalry. In fact, when I first began to work with Leonard, his brother was being treated psychoanalytically by Dr. Lee Travis. Thus Leonard and his brother were not only rivals but had gone to therapists who were in themselves professional siblings in southern California! During the course of their therapies they would argue occasionally about who was following the right approach.

Leonard reported that his stuttering began with repetitions and with blockings. The stuttering had first been noticed by his mother and father about the age of three, although teachers had played an important part in his first vivid stuttering experience. This occurred when he was about six, when he was placed in a speech class, where he first remembers blocking severely. He felt startled at the amount of difficulty.

Leonard had lived in Detroit until the age of 13 when his family moved to southern California. His father was in the wholesale fish business during his early years and later a real estate broker. He relates, "My father was uninvolved with the family and with me except with money." Leonard's mother was sometimes accepting, sometimes entirely rejecting. She had told him that if he was going to stutter, he shouldn't speak at all. When he did stutter, a hurt look came over her face.

Leonard felt that his brother was always preferred, that he was more rejected than the brother. Thus, Leonard began stuttering at the age of three in a family in which, within his memory, a preferred nine-year-old brother had always stuttered. A symptom of protest? A bid for attention? Identification with a more successful rival? While we cannot be sure looking backward, any one of these seemed a possible pathway to stuttering for Leonard, and his brother remained for years a most important figure in Leonard's life. Now that Leonard has found himself and a new style and ease in speaking, his brother has melted more appropriately into the background of Leonard's life.

Soon after he entered the clinic, Leonard took our intake battery which in his case consisted of a Rorschach, TAT, DAP, MMPI, LOA, and a history. The results revealed many positive personality assets, including good quality M or Movement responses on the Rorschach. Leonard's group was included in the Rorschach prognostic study which we undertook in the early 1950's, and Leonard's improvement was in line with the findings on the prognostic potential of the Rorschach. He was also included in our LOA (Level of Aspiration) study and showed higher self-esteem and less defensiveness than most stutterers included in that study.

Leonard was in therapy at the UCLA clinic from 1949 to 1953, again for a brief period in 1956, and much later, following two years

of individual psychotherapy, he returned for "finishing touches" in 1965. Upon his return in 1965, Leonard spent half his time in the clinic working on his own speech; the balance of the time, he began to assume the role of auxiliary therapist to the new stutterers coming into the clinic. This experience has proved especially significant to him and partially accounts for his more complete recovery.

Now to the therapy itself. Stuttering was viewed as an approach-avoidance conflict, as a form of learned behavior, and the basic goal of therapy was the reduction of all tendencies to avoidance, whatever the source. This approach is covered partially in two articles by Sheehan, *J. Psychology*, 1953, and *JSHD*, 1954, on presentation of a conflict theory and integration of psychotherapy with speech therapy. The Speech Foundation booklet, *On Stuttering and Its Treatment*, contains numerous examples of the therapy in operation.

Leonard worked both individually and in a succession of therapy groups. He had contact both with each new group and with various advanced groups that were formed during his time in the clinic. Always he was one of the most courageous. Leonard would try anything, though never in a reckless or foolhardy fashion. He possessed both discernment enough to see what needed to be done and guts enough to do it—a happy combination for a stutterer. He had a kind of stubbornness or dogged persistence that he was able to turn into an asset in therapy. For many stutterers stubbornness is a liability!

Among specific techniques he worked on were these: keeping eye contact while stuttering; freely accepting the role of stutterer; openly discussing stuttering; observing closely what he did when he stuttered; monitoring visually via mirror work, aurally via recordings, tactually as he trained himself to feel how he stuttered; making a block longer in order to make it easier; resisting audience rejection, time pressure, interruption threat; stuttering voluntarily on non-feared words with varying patterns; stuttering openly and forward as possible on feared words; observation of the fact that he spoke many words normally and fluently; self-observation aimed to demonstrate that his stuttering was not something that happened to him, but something that he did, his own behavior; stuttering as easily as possible; constantly expanding the circle of situation difficulty entered; continuing open discussion of stuttering and frequent identification of himself as a person who stuttered.

Among further methods, Leonard would practice: stuttering without one of his major tricks; adaptation to delayed speech feedback; creating especially difficult and challenging speaking situations; assuming responsibility for his own speech behavior; and overcoming avoidances at every level.

For example, he would sit on the steps of the Psychology building at UCLA, reading aloud the Daily Bruin, stuttering freely and openly to all passersby in the process. He would ask questions of

bus drivers at intersections, just as the light changed and they were about to take off. He learned to resist time pressures from others, and to cease putting himself into the built-in time pressure system to which nearly every stutterer constantly subjects himself.

The aim of reducing avoidance for the sake of future improvement was constantly stressed—at first briefly to Leonard, then by him to himself and other stutterers. As Leonard began to assume the role of auxiliary clinician, he did a significantly better job on his own speech.

Leonard attributes his greatest improvement to the period 1950-52, which coincides with our own observations and to the observer evaluations made during that period in the Rorschach prognosis study.

Throughout the early part of his therapy in the clinic, Leonard continued to work on the Dunlap method, attempting an exact duplication of his true stuttering pattern as a means of changing the habitual pattern. Research we conducted in the 1950's comparing the effects of the Dunlap technique, a bounce technique, and a slide or smooth prolongation as means of voluntarily stuttering (Sheehan, *JSHD*, 1957), added to our growing disillusionment with the initiation of the true pattern. Leonard shifted to a still greater emphasis on the reduction of avoidance and the strengthening of approach behaviors. Since the experiment showed that the Dunlap technique did more harm than good, it is interesting that Leonard improved during the 1950-52 period in spite of using it part of the time. But he was doing many other things of greater importance all in the direction of reducing avoidance and developing an easier and more open way of stuttering.

Our experience with Leonard and negative practice illustrates an important principle in stuttering therapy, *i.e.*, a mistake in technique can be absorbed successfully provided the total relationship is good and provided the individual has enough personality assets to move forward despite flaws in the therapy.

Leonard's social adjustment had always been more than adequate, and he had enjoyed a normal dating life. In 1953 occurred an event which we wish we could arrange for all our stutterers, for its major effects appear definitely therapeutic. Leonard married an attractive girl who had come from the Midwest to study speech therapy and psychology. The marriage has turned out satisfying, to use Leonard's term, and appeared to consolidate the gains Leonard had already made through the combination of stuttering therapy and psychotherapy just summarized.

For two years prior to returning to the clinic for finishing touches in 1965, Leonard had two years of psychotherapy. While he did not make any actual improvement on his stuttering during that time, he feels that greater awareness of his feelings helped him to preserve

gains already made and enabled him to continue improvement. Upon returning, he spent part of the time working in an advanced group on his own speech and part of the time as a beginner's group co-therapist. He has profited from both roles and speaks with much greater smoothness now.

At present Leonard is working as a geophysicist, has a daughter 11 and a son 9, is still happily married, and appears to have found fulfillment in life. Avocationally, he continues to function as an auxiliary member of the clinic staff, and he is one of our most effective speech clinicians. He is perceptive and makes incisive analyses of the tricks and avoidance mechanisms used by each new group of stutterers, and he is respected by them all. While he still has some moments of hesitation and choppiness in his speech, he is continuing to work and to improve, and he is usually within the normal range of fluency. He now enjoys himself as a speaker and takes pride in his new ability. Leonard is his real name, and his self-acceptance is such that he has approved the use of it.