

Twelve questions on Stammering



“What doesn’t kill us, certainly makes us strong.”

A primer on stammering or stuttering
and what can be done about it.

Dr. Satyendra Srivastava

Samagra

Path of Integral Awareness, Action and Living

stammering

Dedicated
At the holy feet of
Sri Chandra Swami ji Udaseen
Sadhana Kendra Ashram
Dumet, Vikasnagar, Dehradun

SOME TESTIMONIES

"I felt diminished by my stutter. It was very confusing. It went away and then returned- for no obvious reason! It was very mysterious. It ruled me. At the core of my being instead of light and joy, there was this fear of words, of situations, of what the world might think or say... But as I talk about it, a new world is opening up..."

"I had never seen or listened to another stammerer. After joining this self help group, I have discovered that I am not alone. That there are many, just like me. We are silent but we are there- a sleeping continent..."

"I became a researcher, I guess, because of my stammer. I don't have to speak too much in this job. But I am worried now. Will my child inherit my problem?"

"It is the sheer vulnerability of some very young children incapable of communicating without extreme effort and discomfort that makes parts of Unspeakable almost unbearable.." ('Unspeakable' is a movie on stammering by John Paskievich).

"I look back & realize that some quite amazing things happened to me because of my stammer, not in spite of it. Kind of blessing, I would say."

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What's in a name?

Following current trends, which emphasize that people come first and only then their disability, we have preferred the term 'PWS'(people who stammer) over other terms in this booklet. Stammering is something we do; it is not something we are. Furthermore, stammering may be the most apparent thing about us, but it is not the most important thing about us. And, of course, this is true of any difference or disability we see in ourselves or the people around us. Lastly, we have used 'stammering' and 'stuttering' interchangeably.

Acknowledgment

Many people have risen above their difficulties. Not only that, but they have gone on to share their experiences with others. Without such sharing, the following effort would never have been possible. In particular we wish to acknowledge the following sources:

The Stuttering Homepage (Judith Kuster, Minnesota State University)

www.stutteringhelp.org

British Stammering Association

Indiastammering.com

wikipedia.org

I also wish to thank Satish Patel and Keith Boss for their valuable feedback.

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Preface

"This child can sing very well but cannot put two words together without stumbling."

This is how I recall my mother sharing her confusion with a neighbor, when I was a child. I too as a child often asked, as I would be drifting off to sleep, why do I get stuck on some words? But no answers were forthcoming from any quarter. I grew up, learned to communicate, by choosing words carefully, sometimes avoiding certain situations and words. Sometimes I was fluent, sometimes not. After all, it was a problem which had extreme variability. There were 'good days' and there were the 'not so good days'. Stammering is not a fixed and visible disability, like blindness or paraplegia. This was both an advantage and a problem for me.

After training as a medical doctor and working as a social worker for years, I realized that while stammering may not have a cure, in the same way as Tuberculosis or other diseases have a 'cure', there is a lot both PWS and society can do about it. There is considerable improvement in speech therapy now, even if it is not accessible to a vast number of people in India. The Internet has plenty of self help material and forums for PWS. On the other hand, social attitudes are changing on a variety of issues. More needs to be done yet. A large part of the problem of stammering is the lack of public awareness and support. This booklet is being offered to address this need.



I. What is stammering?

Have you, as a child, ever run to a drain, confident that you will jump across- and then suddenly stopped right at the edge? Discovered that you just could not- not even for your life, leap across? Do you recall the feelings of disappointment and frustration? Even confusion and shame? This is what happens to many children when they try to speak and can not get out one word.

People who stammer (PWS) know it intuitively. For others, it is involuntary repetition of part of a word (syllable) while speaking. It is caused by a rare neuro-physiological disorder of the speech nerves in the brain. It is important to understand its 'involuntary' and 'variable' nature. It may not be present while singing, whispering, reading with others, talking to pets, friends and under a variety of other conditions. On the other hand, it may strike under quite common situations like saying our name, talking over the phone, speaking while being observed, etc. There is considerable variety in its symptoms and factors which lessen or make it worse.

It is one of the truly ubiquitous health disorders. PWS are found in every socio-economic group, culture and region. It is more common among men than women by 4 to 1. About half of PWS may have a close relative with the same disorder. But people do not know enough about it and therefore many misconceptions prevail about this disorder:

“Stammering is just a bad or funny habit.”

“Stammerers can't think clearly.”

“Stammerers think too fast for their tongues..”

“Stammerers are not intelligent.” Etc.

The fact is that PWS are normal people in all other respects. But as they grow older in a society which does not understand their particular disorder, they tend to mask their problems at considerable emotional cost and suffer in isolation. Society and PWS need to acknowledge the problem and take necessary steps.

Let us go back a little and understand how we talk. Speech is a complex activity, wherein hundreds of muscles act in close coordination. One of these muscles is the diaphragm, the muscular partition between the chest and abdomen. It acts as the bellows and pushes streams of air up, passing through the vocal cords. This gets the vocal cords vibrating. The tongue and lips, other muscles, modulate this vibrating air stream by coming in contact with each other and other parts of the mouth.

All this fine coordination takes place because of minute electrical impulses originating in the brain and running down to these muscles through fine nerves. Within the brain itself, a group of nerves, designated as the 'speech area' are connected with other parts of the brain dealing with grammar, syntax, speech content, emotions, thinking, analysis, visualization, memory, etc. We all know that strong emotions can rob one of the powers of speech. It seems that among people who stammer, this vulnerability is greater than 'normal'.

The most common symptom is repetition of a part of the word: My name is S-S-Sachin. But over the years, a child develops many more symptoms of which he himself may be largely unaware:

- ✧ Breathing abnormalities during stuttering, especially upper chest tension.

- ✧ Laryngeal blocks, which cut off airflow during stuttering.
- ✧ Articulation problems, including tension in the lips, jaw and tongue, and prolonged or repeated sounds.
- ✧ Secondary or "escape" behaviors, such as head jerks, eye blinking, or facial grimaces.
- ✧ Neurological abnormalities visible via brain scans.

As the child moves to adulthood, some psychological symptoms are added :

- ✧ Avoidance of feared sounds, words, and speaking situations. For example, the PWS may avoid making telephone calls. Even the choice of a career may be dictated by these difficulties.
- ✧ Substitution of another easily said word.
- ✧ "Anti-expectancy" speech behaviors to prevent stuttering such as speaking in a monotone or affecting an accent.
- ✧ Deep anxiety about keeping it hidden.

Some PWS may be able to manage their dysfluencies so well that even their family may not know that they stammer. Even though their speech sounds fine, these "covert" PWS can be crippled by severe psychological fears and anxiety.

2. How many people stammer?

Between 5% and 15% of children stutter at some point in childhood. These are 'normal dysfluencies' of the growing child. Many children recover spontaneously. Some children may persist with this manner of speaking due to certain stress in the environment - birth of a sibling or other stresses of the early family life. This stress could also be due to demands made by "Grammar", which a child is just beginning to learn at this stage. Genetics also play a role, since about half of such children may have a PWS as a close relative. The sex ratio among children who stammer is equal but gradually becomes 4 men to 1 woman in the adult age population.

"Invariably gave wrong answer in the class. This was preferable to giving the right answer and stammer.." (an Indian PWS).

Over all, about 1% adults are expected to be PWS. They can be found in any caste, community, ethnic group or region. Therefore their number in India would be at least one crore (i.e. ten million). Some Indian therapists claim that their number could even be more- almost 3%. But due to cultural stigma and social attitudes, they may neither seek help nor accept their problem openly.

3. Why do people stammer?

It is simplistic (wrong) to believe that it is just a 'bad habit'. There is an actual 'neurological' disorder which makes uttering some sounds (often consonants) or transition from one sound (syllable) to another difficult. When the nerve impulse for the next syllable fails to come from the brain, the speech system repeats the last sound, until it arrives. Sometimes no sound or air may escape- a block. PWS often describe it as locking up of their jaw, tongue or mouth. This leads to considerable struggle behavior- as if we are trying to force the word out of our mouths. Eye blinking, grimace, head nodding or movements of other parts of body may be associated with this struggle. At one time, we may have used it to get out of this 'block', and then they become unconscious secondary behavior.

Brain scan studies have found no differences in brains of PWS when they are not talking, and when they are talking fluently. But during stuttering, changes are seen in their brain activity. Left-brain areas (where speech and language are produced) which should be active during speech, become inactive, while right-brain areas which should be inactive during speech, become active. Unusual right-hemisphere activity is related to fears, anxieties, or other emotions PWS may associate with speech. So it can not be said if this is the cause or the effect of stammer.

Brain scans have found abnormally low activity during stuttering in the central auditory processing area, and in the area that integrates auditory and somatic (body) sensation. Stuttering seems to be related to an inability to integrate what the PWS hear - with the muscle

movements they feel.

Stuttering appears to be caused by excessive amounts of the neurotransmitter dopamine in the left caudate nucleus. This is the area that translates speech into muscle movements.

Another prominent view is that stuttering is caused by neural synchronization problems in the brain. Recent research indicates that stuttering may be correlated with disrupted fibers between the speech area and language planning area, both of which are located in the left hemisphere of the brain. Such a disruption could potentially be due to early brain damage or to a genetic defect.

Stress & Anxiety: In certain situations, such as talking on the telephone, stuttering might increase, or it might decrease, depending on the anxiety level connected with that activity. Stuttering appears to reduce stress in PWS temporarily, as measured by systolic blood pressure, but then causes stress, creating a cyclical pattern in which the PWS stutters on the first syllable of the first word, then says the rest of the word and several more words fluently, then stutters again, then says a few more words fluently, and so on.

One study found that developmental stuttering and Tourette Syndrome may be pathogenetically related. The central feature of Tourette syndrome is 'tics'; Tics are repetitive, semi-voluntary movements such as eye blinking, throat clearing, coughing, neck stretching, and shoulder shrugging, etc. Tics are exacerbated by stress, and when the affected person tries harder to control the undesired movement, the conditions can become more pronounced. But while Tourette's is considered a health disorder, stammer is thought of as a 'strange habit'.

From the research of Per Alm, another theory is that there are two pathways in the brain, responsible for speech. While the medial path deals with spontaneous speaking, the lateral path deals with speech, where 'timing cues' are coming from outside like reading in unison, singing, talking to the rhythm of a metronome etc. It is proposed that the medial path is affected among the PWS; therefore spontaneous speech may be affected but singing, reading in a group etc. might be quite normal. Further, the lateral path has the ability to provide timing of speech without external cues, but it requires greater conscious focus on certain aspects of speech. For example, PWS may stutter much less, while imitating a dialect, an accent, doing role play, whispering etc.

4. Why do some PWS tend to speak fast? Why do they deny the problem?

When children start speaking around 2-3 yrs, stammering is a normal event, which gradually clears by the age of five or six. But this stammering of the child is quite 'smooth' and 'transparent'. It is not associated with the struggle, secondary behavior (blinking, nodding etc.), avoidance behavior and emotional side effects which are often seen in adolescent and adult PWS. Between 3-6 yrs, certain stressors may predispose some children to persist with 'developmental stammer', which gets overlaid with dense secondary, emotional reactions and habits. These reactions are initiated and shaped by early experiences with other children, siblings, family and teachers. The 'horror' seen on the face of a kindly teacher can be internalized by the child as a negative emotion of shame, forever linked with the act of talking.

Later, these negative emotions manifest as fear of certain words, situations and even people. These inner fears make forward flow of speech difficult. They result in 'blocks'- when the child (or adult) is not able to make any sound in spite of much struggle. PWS often fear a block as a very embarrassing event. But these blocks are completely unpredictable. So, they try to say rapidly, whatever they have to, before they get the feared 'block'. Another common reason is they fear that they might be interrupted, which has happened with them so often as a child.

Denial is a normal psychological reaction to overwhelming stress.

When we have lost a loved one, our mind refuses to believe the fact, for the first few weeks. Regarding stammering, society has a deep discomfort born out of incomprehension, something like: Perfectly normal people losing all control over themselves, something like an epileptic...

On the other hand, to most PWS in developing countries, little or no treatment is available. And lastly, this is one disorder whose variable/invisible nature makes it possible to believe that it has improved and gone away. Under these circumstances, PWS with less obvious stammer see little gain by acknowledging their problem. Obviously, if they could accept it, it would save them from considerable stress and anxiety.

5. How does stammering affect PWS?

A common problem faced by young PWS is job interviews. Stress is well known to increase the speech difficulties. The interviewers may mistake this for lack of confidence, lack of knowledge, nervousness or a chronic communication disorder. They may not realize that the same person may speak normally on the job.

The other problem young PWS may face is the difficulty to communicate their feelings, inner thoughts and develop enduring relationships, particularly with opposite sex. Since strong emotions make stammering worse, PWS may find expressing anger verbally difficult. Often such emotions are buried deep and result in feelings of self loathing, unworthiness and deep dissatisfaction. Without our knowing, these feelings may affect our attitudes, our view of the world, our choices of pastimes, career, relationships etc.

On the other hand, some PWS grow into diverse directions: they may learn diverse languages, become writers, singers, actors, IT professionals, doctors, teachers etc. They may even attribute their success to their stammer and consider it as a blessing in disguise. But many PWS are not able to acquire higher education. This is because educational institutions have poor understanding of this neurological condition. Few schools have a speech therapist on their faculty.

As they grow older, PWS may develop better insights into their problems. They may even become more accepting of their issues and problems.

6. Why do people react to stammering as they do?

Studies show that people (both PWS and those who speak 'normally') experience stress (raised BP, heart rate etc.) when they hear someone stammering. Studies also show that PWS experience considerable stress when they feel they have to be 'fluent'. This is a dilemma. Who should have the onus of coping with their stress?

Ideally, the audience should work on their attitudes by developing more acceptance to the diversity we may have in our speech. The PWS also need to work on their overall communication and not worry so much about 'fluency'. Both need to be aware of their sub/unconscious reactions (like looking away, shifting uncomfortably, etc), in order to be able to deal with them successfully.

7. How do I know if my child will grow out of her or his stammering?

As mentioned earlier, normal dysfluencies are a part of a child's speech learning process. But the old practice of 'wait and watch' is no longer recommended. The following considerations may call for an early consultation with a speech therapist.

1. Does the child have a PWS as a close relative (uncle, cousin, father, etc)?
2. The child repeats sounds more than twice, li-li-li-li-like this. Tension and struggle may be evident in the facial muscles, especially around the mouth.
3. The pitch of the voice may rise with repetitions, and occasionally the child will experience a "block" no airflow or voice for several seconds.
4. Normal dysfluencies come and go; but in this case, these are frequent and persistent.
5. If the child stutters on more than 10% of his speech, stutters with considerable effort and tension, or avoids stuttering by changing words and using extra sounds to get started, she or he will profit from having therapy with a specialist in stuttering. Complete blocks of speech are more common than repetitions or prolongations. Dysfluencies tend to be present in most speaking situations in such cases.

8. What can I do if my child stammers?

While direct therapy with the child will be conducted by the therapist, the family has a vital role in helping the child gain the new skills, habits and attitudes:

1. Talk about it openly, so that your child feels comfortable about this issue. Try not to be upset or annoyed when stuttering increases. Your child is doing her best as she copes with learning many new skills all at the same time. Your patient, accepting attitude will help her.
2. When you and others talk to her, talk in a slow, relaxed fashion.
 - Use small, simple sentences. Speak slowly and clearly.
 - Give a gap of a few seconds before you answer her questions
 - Let there be small silent gaps between your sentences when you talk to her
 - Never interrupt her when she is saying something; let her finish, wait for 2 seconds and then ask your question. Don't ask too many questions.
 - Never force her to say or talk when she does not want to: never force her to recite poems for a guest; if she does it on her own, welcome it; praise her. But never force her.
 - Never interrupt her to say: Slow down; First think what you want to say; Take a deep breath, etc. These suggestions don't help. These only make a child feel bad and ashamed.

- If you don't understand what she says, say- 'Sorry, what did you say?' But don't react negatively, either in words or through facial expression and body language
 - Encourage her to talk in a louder voice.
 - Slow and relaxed speech can be the most effective when combined with some time each day for the child to have one parent's undivided attention. Set aside a few minutes at a regular time when you are doing nothing else but listening to your child talk about whatever is on her mind.
 - Increase the situations in which your child is most fluent. If your child is more fluent during bedtime stories, extend this time by reading one more book at bedtime or provide other reading opportunities throughout the day. Success in one situation builds confidence and leads to success in more situations.
 - Do not encourage your child to use 'tricks', such as substituting words or tapping a foot, to help her or him get through a moment of stuttering. These tricks do not really help and eventually become part of the stuttering pattern. In the long run, they can make the stuttering more conspicuous.
 - Do not let teasing from siblings or friends go unrecognized. Take siblings/friends out of sight and sound of the dysfluent child and talk to them.
3. Every child excels at something or the other; Find out and praise her or his achievements in those fields. Help him to develop a strong and positive self image, but remember to keep the praise realistic and objective.

4. To help the child gain confidence, encourage her to excel at some hobby: painting, sketching, singing, playing some musical instrument, outdoor games, drama, etc.
5. An intelligent mind helps a PWS greatly by helping him to understand what is happening inside and outside; it helps him to acquire and master those small psychological / language skills which facilitate communication in spite of stammering. So, pay attention to his intellectual development.
6. Talk to his teachers (or principal) and explain to them that they must not give any negative comments to the child. That they must ensure that she is not bullied / harassed in the class room by other children. If some children do that, explain to them that the child is doing her best not to stammer, and that their mocking only makes the situation worse.
7. In the home, try to create an open atmosphere where the child can freely talk about his difficulty with talking. If you or other family members show your distress, pain or irritation when he stammers, the child will develop feelings of shame which might affect his personality.

9. What shall I do when I am talking to a PWS?

1. Listen to the content of the message rather than to how the message is coming out.
2. Keep natural eye contact with the person to show that you are listening and are interested in their message. "Natural" does not mean staring at the person; nor does it mean avoiding looking at the person. Pay attention to how often and for how long you usually look at another speaker and then try that with the person who stutters. Try not to look embarrassed or alarmed. Just wait patiently and naturally until the person is finished.
3. Let your posture, your facial expressions, your manner, and your voice show that you are listening and are interested and that you are not embarrassed.
4. You might be tempted to finish sentences or fill in words for the person. Unless you know the person well and have his or her permission, please do not do this. Your action could be taken as demeaning. And, of course, if you guess the wrong word, the difficulties multiply.
5. The person's stuttering sometimes makes it harder to understand what he or she is saying. If you do not understand what is said to you, do not be afraid to say, "I'm sorry, I didn't understand what you just said." No matter how much of a struggle it was for them to say it, this is

preferable to your pretending you understood, or guessing what his or her communication was.

6. Refrain from making remarks like: "Slow down," "Take a deep breath," or "Relax." Such simplistic advice can be felt as patronizing and is not constructive.
7. Instead of telling the person to slow down, try using a slower, more relaxed speaking rate yourself. This may help relieve the feeling of time pressure and it will show them that you have time to talk.
8. Treat the person who stutters with the same level of dignity and respect as you treat other people.
9. Be aware that people who stutter usually have more trouble controlling their speech on the telephone. Saying "Hello," in particular, often presents a special problem for us. Please be extra patient in this situation.
10. People sometimes ask if they should ask the person questions about his or her stuttering. This is something we must leave to your judgment. But surely, stuttering should not be a taboo subject. If you have a question about it, the person will probably appreciate your interest. It is to your mutual benefit that it be talked about openly. You should be prepared that some people who stutter will be sensitive about it, but if you follow the rules of common courtesy, you should be fine.

10. I am a teacher. What can I do to help?

1. Meet with the child's parents before school begins to learn about their concerns and expectations.
2. Encourage positive communication skills in the classroom: do not interrupt someone when they are talking, talk for, or finish thoughts and statements for anyone else.
3. Avoid, as much as possible, treating the child with dysfluencies differently from others in the classroom. It is important that the child does not feel any differently than the other children by receiving "special treatment." The child who stutters should be held to the same academic and social standards as the other children in the classroom.
4. Commend the child when he or she participates in classroom discussions. Praise what they say, not how they say it.
5. If the child is teased by classmates, make sure to talk to the child first before confronting the teasers. Listen to what the child has to say, how he or she is feeling. If the child agrees that you speak to the teasers, pull them aside, away from the child, and tell them why their behavior is inappropriate.
6. If appropriate, it may benefit the child if you talk to the class about stuttering. It is important to get permission from the child. You may even help the child present a science project on stammering or how a DAF device helps PWS. (Read on

for explanation of DAF under question no. 12)

7. Do not call on students in a specific order. People who stutter build up tension and anxiety when they know their turn is coming because they anticipate that they will stutter. It is best to call on the child early on in the process.
8. For oral presentations, encourage the child to practice the oral presentation requirements at home. It may even be helpful for the child to practice in the classroom to relieve some anxiety. Be sure to ask the child about how they feel about doing an oral presentation and what could be done to make it a little less frightening.
9. Most children who stutter are fluent when reading in unison with someone else. Rather than not calling on the child who stutters, let him have his turn with one of the other children. Let the whole class read in pairs sometimes so that the child who stutters doesn't feel "special." Gradually he may become more confident and be able to manage reading out loud on his own.

11. I am a PWS. What can I do?

Speech therapy is not affordable for everyone, nor is it available everywhere in India. But it does help. So if you can, go for professional help. But many PWS may not be able to do so. Here is what they can do on their own and with some help from family and friends:

1. Start talking about the problem with close friends or family members; this reduces the emotional isolation we develop over years. You may even start an interactive blog on the web. Here are two examples:

<http://thestutteringbrain.blogspot.com/>

<Http://closetstutterer.blogspot.com/>

2. Prepare well for formal presentations - use PowerPoint if appropriate (or other AV aids).

3. Consciously plan and place thoughtful silences in your speech; use these silences to breathe deeply. It relieves stress and tension in speech muscles. Make your presentation or discussion participatory: ask questions and listen to others when they talk.

4. Smile whenever appropriate, while talking. Smile reduces your tension and the chances of stumbling over words also goes down.

5. Practice deep abdominal breathing and other relaxation exercises at frequent intervals during the day. While talking, remind yourself to switch into this kind of breathing instead of holding the breath

unconsciously.

6. Volunteer to serve someone needing help in the neighborhood for example, a person with paraplegia. This takes your mind away from your own problem and generates good vibrations.

7. When sub/unconsciously, you talk to yourself- what kind of things do you say to yourself? PWS often acquire critical attitudes of the world around them and judge themselves harshly for every little failure or setback. The use of positive affirmations, religion, yoga, meditation, etc can help us change our self perception and attitude towards life.

8. Join a self help group. Start one if there are none in your neighborhood. A self help group can start with even two PWS. For ideas about how to run a self help group, visit the following website:
<http://www.indiastammering.com/>

You may even join a web based support group. Here are two:
<http://uk.groups.yahoo.com/group/stutteringselfhelp/>
<http://health.groups.yahoo.com/group/IndianPWS/>

There are many specific skills (like eye contact, slow onsets etc) to be acquired by constant practice and by developing greater insight into and awareness about what we do when we stammer. Which muscles tense up? Do we hold our breath or try to force it out against a closed throat? What happens before and after? This awareness helps us to deal with these, one at a time and over a long period.

Above all, do you have the will to change yourself? It is a long process with many ups and downs, but finally a very rewarding journey.

12. Is there a cure for stammering?

Drugs have not shown much promise. Among the electronic aids, Delayed Auditory Feedback (DAF) and Frequency shifted auditory Feedback (FAF) machines have been shown to help. These machines look like a hearing aid and play back the sound of our own voice in the ear with a delay of 40-100 microseconds. This is based on 'choral effect': PWS stammer less when speaking in unison with others. It also slows down the speech. Similar software can be used with some cellphones; it works even when we are not talking on the phone. But these technological interventions do not offer a 'cure' and beneficial effect tends to wear off after some months in some cases. As a part of wider exploration, it should be given a try. It could also be used as an adjunct to speech therapy. The software is available for free trial on a regular computer or palmtop:
<http://www.speechgym.com/>

There have been some claims of cures but there have been no objective studies to confirm this. To many PWS, to be able to talk about their stammering without a sense of fear or shame is 'cure' enough. Yet they should continue to work on their 'communication' skills and strategies- as opposed to 'perfect fluency', which in any case is a myth.

For more ideas or to help organize a workshop, feel free to contact:

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Stuttering

THIS BOOKLET

Stammering is as old as human speech. It is a neurological condition which leads to communication difficulties. Its presentation can be very diverse and variable. Social stigma plays a major role in its evolution. While speech therapy is a possibility, it is not available to many in small towns and villages across the country. Social education, focusing on teachers, employers, health care providers, parents and family members appears to be the key. Self help groups can help a lot. This is a primer for anyone interested in the issue: PWS, their family members, friends or colleagues.



SAMAGRA

Dr Satyendra Srivastava is a Community health consultant and a recovering stammerer. He works with voluntary agencies and lives in Herbertpur, near

Dehradun. Samagra aims to create an integral institution and a movement of individuals, each pursuing their vision of a harmonious relationship with themselves, the earth and the cosmos at large. The work of Samagra will be centered on integral awareness, action and living, focusing on such areas as health, spirituality, the environment, education, complementary medicine, interfaith initiatives and mind-body approaches to health. It is a trust in India.

www.samagrapath.com