STUTTERING THERAPY: USING THE ‘RIDICULUM!’ CURSE

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The repeated pairing of a *humour response* with exposure to a *feared stimulus* gradually *diminishes the feelings of anxiety* evoked by the stimulus.

Martin, R. 2007:339
CLINICAL PRACTICE
SPEECH LANGUAGE PATHOLOGIST

FLUENCY SPECIALIST

LECTURER on
‘FLUENCY DISORDERS’
UNIVERSITY OF MALTA
What To Expect

➢ Why Use Humour?

➢ Research, Theory and Rationale

➢ Application in Stuttering Intervention.
to use creativity and fun in your sessions....and ...

THAT IS WHAT THIS PRESENTATION IS ALL ABOUT!
WHY USE HUMOUR?
Are we, speech language pathologists, on the same wavelength with the people who stutter?
...passive recipients of our wisdom!
SPEECH LANGUAGE PATHOLOGISTS ARE FROM MARS,
People Who Stutter Are From Venus
What inspired me to research on the relationship between

HUMOUR

and

STUTTERING

?
I was inspired …

- by a client of mine, Kyle, who was a lively young boy and who actively and joyfully participated in my group therapy sessions.
- He was full of fun, wit, and always smiling …and he stuttered! He was an inspiration to his mates.
- Students were impressed by his popularity and charm.
Eight years later, now a young man aged 18 years, he was referred again for stuttering intervention.

He presented as a serious young man, anxious, tense and without a smile.

He claimed:

‘I lost the young Kyle’.

He had lost his zest for life, his wit and his excitement. If only our intervention could bring back the harmony, serenity and wit of the ‘young Kyle’.
Dr David Mibashan in his forward to Catherine Ripplinger Fenwick's (2004) "Love and Laughter – A healing journey"

she discovered that humour and hope were very important elements in her recovery.
George Vaillant’s (1977) ‘Adaptation to Life’

• Two coping mechanisms for successful people are:

  HUMOUR
  
  and
  
  ALTRUISM
Abraham Lincoln, during the Civil War

“Gentlemen, why don’t you laugh? With the fearful strain that is upon me day and night, if I did not laugh I should die, and you need this medicine as much as I do”.
So from…

- PRESIDENTS
- CANCER PATIENTS
- SUCCESSFUL PEOPLE

HUMOUR COMES FIRST!!
AND SPEECH THERAPISTS?
How many of you do NOT use fun and humour with your clients?
What type of fun and humour do you use?

A. Mild teasing  
B. Making fun of yourself  
C. Making fun of a therapy task  
D. Joking about a complaint or evaluation  
E. Laughing about something unexpected in the context of therapy  
F. Making sessions fun!

Categories of humour adapted from Simmons-Mackie & Schulz (2003)
Some interesting data on Humour in Stuttering Therapy!
Humour used by SLP’s in stuttering therapy:

- Sample: 21 SLPs

95% claimed to use humour in stuttering therapy
Humour used by SLP’s in stuttering therapy:

- Sample: 18 clients

  Only **17%** claim humour is used in stuttering therapy.

**WHAT CLIENTS WANT!**

- **94%** want humour in stuttering therapy
Types of humour service users would like SLPs to use in stuttering therapy:

- mild teasing
- making fun of him/herself (self-deprecating humour)
- making fun of a therapy task
- joking about a complaint, evaluation or assessment
- laughing at something unexpected, or incongruous in the context of therapy
- making sessions fun

Categories of humour adapted from Simmons-Mackie & Schulz (2003)
and clinicians who are perhaps overly stressed, tired, or having a bad day themselves. I cringe when this happens.
OVERVIEW OF CURRENT HUMOUR AND STUTTERING RESEARCH
EMOTIONAL REACTION TO TEASING AND RIDICULE OF PEOPLE WHO STUTTER

PLATT, T., AGIUS, J. & RUCH, W. (data analysis)
People Who Stutter avoid social situations because of the fear of stuttering, not because of social anxiety. (Mahr & Torosian, 1999)

However, could it be that People Who Stutter avoid social situations due to being sensitive towards being laughed at?
GELOTOPHOBIA AND STUTTERING

GELOTOPHOBIA IS THE FEAR OF BEING LAUGHED AT
A model of the putative causes and consequences of gelotophobia as proposed by Titze (Ruch, 2004)
CAUSES:

- **INFANCY**: failing infant-carer interactions.
- **CHILDHOOD AND YOUTH**: repeated traumatic experiences to be taken seriously.
- **ADULTHOOD**: intense traumatic experience of being ridiculed.

*Ruch (2004)*
CONSEQUENCES:

- SOCIAL WITHDRAWAL TO AVOID RIDICULE
- APPREAR COLD AS ICE
- LOW SELF ESTEEM

Ruch (2004)
CONSEQUENCES (cont.):

- PSYCHOSOMATIC DISTURBANCES
- PINOCCHIO SYNDROME
- LACK OF JOY, FUN ....

humour AND LAUGHTER NOT RELAXING SOCIAL EXPERIENCES.
Apart from high fear, *gelotophobia*es experience feelings of high shame and have low joyful emotions *(even when this is in a friendly, playful context).*

Platt & Ruch (2009)
Gelotophobia blurs the emotional responses between *ridicule* and *good-natured teasing*. Positive social interactions induce negative emotional reactions.

Ridicule should induce negative feelings and Teasing happiness and surprise in individuals not suffering gelotophobia.

Gelotophobes make no connection between a stupid or embarrassing situation and the potential joy they could experience in sharing this with other people.

The PhoPhiKat 30 (Ruch & Proyer, 2009) is a subjective assessment scale developed to measure the agents and targets of being laughed at and laughing at others, namely, the concepts of gelotophobia, gelotophilia and katagelasticism.
The Ridicule and Teasing Scenarios Questionnaire for Stuttering
(RTSq_stuttering)

Platt & Agius (2011)
The RTSq-stuttering - 23-item self-report instrument

- 4 = general ridicule,
- 4 = general teasing,
- 5 = non-social laughter,
- 5 = stuttering specific ridicule,
- 5 = stuttering specific teasing.

- After each scenario seven emotions: joy, sadness, anger, disgust, surprise, shame and fear are presented and rated on a 0 (least intense) to 8 (most intense) scale.
RESULTS RTSq_Stuttering
Results show that in General Ridicule Scenarios those who stutter does not correlate to any of the emotions. However, the higher the level of gelotophobia, the more negative emotions: fear, anger, sadness and shame are elicited.
In General Teasing scenarios the *gelotophobes* show a negative correlation to joy, as well as positive correlations to the negative emotions: fear, anger, sadness, shame, and disgust respectively. *People who stutter* only show negative correlation to joy.
In Stutter Specific Ridicule scenarios both the *gelotophobes* and *people who stutter* experience negative emotions. However, for *people who stutter* the highest relation is to *sadness* and *fear*, whereas *gelotophobes* experience more *fear* and *shame* in ridicule situations.
Stutter Specific Teasing has a negative correlation both for people who stutter and gelotophobia. Both correlate highly with sadness, and anger. People who stutter also experience low joy emotions.
Results show that

Overall, it appears that although people who stutter have a sensitivity towards being laughed at, it is only in situations that are stuttering related, which differs from general gelotophobia group.
As the stutterer’s negative sensitivity extends to the pro-social, playful teasing, this may detrimentally impact on the developing or maintaining positive social interactions, where laughter plays a significant part in social bonding.

PLATT, T., AGIUS, J. & RUCH, W. (in progress)
‘Think Smart, Feel Smart’
Programme

• 10 group sessions
• Participation of 15 children aged 8 years- 12 years
• 90 minutes duration

3 Main Components:
• Thinking Skill Tools based on CoRT (de Bono, 1986)
• Desensitization exercise
RESULTS

Communication Attitude Test (CAT)

A more positive attitude to communication with a significantly lower score ($p<0.05$) on the Communication Attitude Test (CAT) was recorded by the children who stutter in the experimental group.
CAT Mean Scores

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Parents

School-age child who stutters

Think Smart, Feel Smart

Cool Speech

Challenge the Dragons

Into the 'real' world

Prepare and Motivate

Creative Thinking skills, Creative Expression and Humour

Fluency Techniques, Public Speaking Skills

Desensitization Exercises - treat fear directly

Home, School, Community

THE ‘SMART INTERVENTION STRATEGY’

(Agius, 2007)
According to Buckman (1994:xv), the use of humour by psychotherapists ‘enables greater insight, objectivity and perspective ... and a more open discussion of painful issues’.
Humour changes Feelings Behaviour and Thoughts.
APPLICATION IN STUTTERING THERAPY
THERAPEUTIC CREATIVITY AND HUMOR (HA-AH-HA) TECHNIQUES:

- SHIFTING PERCEPTIONS
- WORD PLAY
- EXAGGERATION
- PLAYFUL INCONGRUITY
- SELF DEPRECIATION

Agius (2012)
Concluding
LOOKING BACK...

- PHILOSOPHY –
  WHY IS HUMOUR IMPORTANT?

- SCIENTIFIC RESEARCH -
  FEELINGS OF PWS

- CLINICAL APPLICATION -
  INTRODUCING FUN!
THANK YOU FOR LISTENING

"That's all folks!"

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