For many children and adults who stutter, it isn’t the dark that frightens them, it’s the light. An onstage spotlight and microphone, the light of a classroom where they might be called on at random, even the light coming in through the bedroom window in the morning as they think about speaking situations they may encounter that day – these ordinary situations can fill them with panic.

Overcoming this fear is important, but hard to achieve. After all, most speech therapy takes place in an insular therapy room. That’s why it’s so important to provide situations for our clients to experience successful communication outside their comfort zones. The challenge is changing their reaction to speaking situations outside of therapy to manage fear in the moment and continue to venture into light-filled situations.

I have worked with people who stutter for 37 years, but I don’t stutter. I can imagine the feeling, make parallels to running a marathon (the diligence required to achieve a goal), losing control of a car on ice (losing control during a stuttering block), losing weight (accepting the need for change), or the endless other ways people who don’t stutter try to conjure up or try to relate to the sensation of stuttering. But, given that I truly don’t know what that feels like, I have stopped saying those analogies to my clients...except the Whack-A-Mole analogy. If you think of stuttering as an elaborate game of Whack-A-Mole (and if you don’t know what this is, get down to Chuck E. Cheese ASAP!) you will realize that it can be unexpected, unpredictable, and the reaction may also be erratic.

Let your client describe the sensation. Allow both of you to recognize that speaking can be a fearful situation. Let him/her try to make you understand so you can empathize. Describe, recognize, empathize that person’s individual experience, because as a wise friend once told me: If you know one person who stutters, you know one person who stutters.

One day I had a mom drop her teen off at a store so that I could walk through the store with him asking questions to people in the store. I was so proud of him. He asked questions. He was polite, yet assertive. He seemed confident. At the end, I said: “So, how did that feel?” His response: “That was the weirdest thing you have had me do so far. It was creepy!”

Next, don’t minimize the reaction. Don’t try to tell the child or adult how he feels after a step outside their comfort zone. Yet also, look at that moment without passing judgment. “Yes, your throat clenched, your eyes closed tight, you felt??....., you thought??.....”

I was in the observation booth observing a graduate student work with a teen with significant struggle behavior initiate a phone call. It was painful for me to watch her set him up for a situation that he was unprepared for physically, emotionally, and cognitively. When he blocked on the first three words, and took over four minutes to ask, “What time do you close?” he ended the call and hung his head to hide his tears. The graduate student said: “See, that wasn’t so bad!”
I understand what she wanted to do; fix the situation, make him feel better, put a positive spin or manipulate the feeling. Instead, she minimized the emotion and confirmed to the client that she had no clue what his reaction was to that call.

As a therapist, I am often asked: “How can you tell someone it is OK to stutter and in the next breath say, but you need to stop stuttering? Isn’t “fluency” the primary goal? Actually, it is not. I like to think of it as changing the *reaction* to the stuttered moment. Instead of pushing through a block, release it. Instead of avoiding a feared word, recognize that it is scary and say it anyway. Instead of thinking of five ways you could replace that word or a way to rearrange the sentence so the word falls before a vowel so that it is easier to ease into it, use that cognitive power to focus on the sensation of moving forward through the word.

One therapy session I asked a young girl to go to the offices in my building asking if they had a can opener she could borrow. We talked ahead of time about the feeling she might encounter, the thought process, and the speech production. When, we realized that the lawyers down the hall had one, tucked away in a very elaborate liquor cabinet, we added amusement to our reaction, and of course secrecy.

We often encourage our children, teens, and adults who stutter to get outside their comfort zone. I want mine to also feel success with that adventure. Building on speech hierarchies and writing out zones of comfort help start the dialogue for building on success.

One day I was preparing a teen to make phone calls. The first step was talking to each other on two phones in the therapy room. Even with this step I saw his breathing quicken, but he did it. Then, I said that I was going to leave the room and call him from the hall. As I went into the hall and rang the phone in the therapy room that he was to answer, I heard him scream: “Mrs. Thurman come fast!” I ran into the therapy room and said: “What’s wrong?!” His panicked response: “The phone is ringing!” We both laughed as he saw that it was only me. I had only just told him that I would call; however, the amygdala had taken over his body, locking out all cognitive function.

The amygdala is responsible for the Fight or Flight response. Research has shown that its primary role lies in the processing of *memory, decision-making,* and *emotional reactions.* It is capable of taking over unpredictably; clouding our thought and changing our body reactions. As you work through your hierarchies, anticipate to feel the fear. Then, you are not caught off guard when it happens.

Recognize and celebrate all successes, whether it is fluency, confidence, or completion. Brene Brown in her book *The Gifts of Imperfections* talks about the three Cs: Courage, Compassion and Connection. Talk about these as you review each speaking situation and prepare to approach new ones.

Parents are always the first to blame and the last to praise. If anyone followed the recent thread in the ASHA-Div 4 list serve they will see how this happens. (This is a national list serve that allows speech language pathologists to raise and respond to questions about stuttering therapy/research.) A five-year old develops secondaries. The first five responses concerned what the parents must be doing to cause this. Why would you want a parent to develop a narrative of
We need to know that parents are doing what they think is right. Yet, they need guidance from therapists. Parents must get outside their comfort zones as well.

I was reviewing a phone call with a teen before entering into what I call a “Three Tiered call.” It involves at least three interchanges with the person on the other line. This was his first time and his mother, sitting across the room was visibly worried. As the phone rang, she whispered: “take some deep breaths, make yourself calm and just relax….” Clearly, she was the one with a challenged comfort zone.

In his new book: Far From the Tree, Andrew Solomon says “It is both essential and impossible to tease apart the difference between the parents’ wanting to spare the child the suffering and the parents’ wanting to spare themselves the suffering.” As a parent, I know that suffering overlaps. As a therapist, I will assert it is hard to differentiate. When a child suffers, the parents feel it as well. So, it makes sense that they would want to minimize suffering for all involved.

Developing resilience is an important part of the therapeutic process. I believe that you can talk about resilience at any age, even if you have to modify the language. Sometimes resilience is implied to be extraordinary, but everyone has the potential to develop resilience. Build on previous successes. Help your client find effective thoughts to move through the barriers and cultivate resilience.

I like to tell my kids: If you banish the dragons, you banish the heroes. Without making that phone call, without raising your hand in class when you know the answer, when you only run the Power Point in a group presentation, the dragon has won.