

## PSYCHODRAMATIC ROLE TRAINING WITH STUTTERERS

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One of the most frequently observed speech pathologies in the world is stuttering, and considerable efforts have been made to determine its etiology or etiologies, as well as to develop treatment programs effective with stutterers.

Stuttering has been defined by Johnson as an anticipatory, apprehensive, hypertonic, avoidance reaction, "... stuttering is what a speaker does when he (1) expects stuttering to occur, (2) dreads it, and (3) becomes tense in anticipation of it, and in (4) trying to avoid it. What he does in trying to avoid stuttering amounts to a complete or partial stopping of speech." (Johnson, 1955:217).

Sheehan viewed stuttering as a form of behavior that is learned. He attributed the "holding back" or wish not to speak, either to learned avoidance, or to unconscious motives, and concluded that basically stuttering is not a speech disorder, but a conflict revolving around self and role, an identity problem (Sheehan, 1953:27-49). He later noted the primary symptoms of stuttering to be the result of competitive and opposing urges to speak. When these tendencies are approximately equal, oscillations and fixations in speech behavior occur. These findings became the basis of his conflict-reinforcement theory of stuttering (Sheehan, 1958:123-164). In 1970, he modified his position and introduced a Role-Conflict Theory of Stuttering with learning theory. He stated it as follows; "Stuttering is a disorder of the social presentation of the self. In formal role-theory terms, stuttering is most clearly seen as a special instance of *self-role conflict*. As a disorder, stuttering appears to be role-specific, calling for a role-specific theory, a role taking psychotherapy." Sheehan (1970:4) recommends what he calls a Role-Taking Psychotherapy.

According to VanRiper, (1963) the techniques most used by therapists, who hold to the view that stuttering is essentially a learned form of behavior, have the following objectives (VanRiper, 1963:327).

1. To weaken the forces which tend to maintain and strengthen stuttering.
2. To modify and decrease the severity of the stuttering block by eliminating the secondary symptoms of stuttering.
3. To help the stutterer to speak, even though he stutters, in a relatively easy and effortless fashion rather than to avoid fears and blocks.
4. To help the stutterer in an over-all adjustment to his environment.

There are two action methods, both derived from the work of Dr. J. L. Moreno, which show promise and have been used with observable effectiveness to achieve the behavioral objectives outlined by Sheehan and VanRiper.

The effect of a Psychodrama Program on sturrerers was reported by Honig (1946). The subjects of the study were a group of forty-one people, aged sixteen to thirty-five, who were treated at the Evening Session Speech Clinic of Brooklyn College, New York, for two hours a week, in classes of four or five. Three types of stutterers were treated psychodramatically; the situational (in which disfluencies occur in one specific situation), the cyclical (in which disfluencies occur periodically), and the perpetual stutterer (disfluencies are demonstrated with almost every attempt to speak). The students were treated for sixteen weeks, psychodrama sessions lasting two hours each, once a week. The major results reported were:

1. Once the proper rapport was established, the students demonstrated that in the psychodramatic situations they were able to speak with a minimum of stuttering, even when facing a stress situation.
2. At the termination of treatment, there was a marked personality adjustment, and an increased skill in handling speech situations in the clinic.
3. Students indicated by their own testimony, that they had a feeling of security, to speech situations outside the clinic. Honig concluded that psychodrama was a valuable method of treating all three types of stutters (Honig, 1946:175-176).

Despite its reported effectiveness, Psychodrama is infrequently employed in the treatment of stuttering. Perhaps this is because so few people interested in dealing with speech pathology have the necessary skills. Researching into the effectiveness of Psychodrama in this area would be further complicated by the great variation of psychodramatic techniques, and directorial styles. Role Training, on the other hand, is more highly standardized. The necessary skills may be imparted in an academic setting, and may be useful to those who seek to attain the four objectives referred to by VanRiper.

*Role Training* is a form of role playing in which participants reenact past experiences with the assistance of a skilled director. Role training sessions are directed at differentiating *in action* those patterns of behavior which may have been inadequate, bringing inadequacies to the attention of the *director*, the *individual*, and the *group*. The director, by encouraging the presentation of alternative patterns of behavior, helps the members of the group to explore alternatives, and each member to expand his own role repertoire. Each member of the group can afford to be objective in evaluating the inadequate behavior patterns of others, and presenting alternative courses of action. Each learns to become critical of inadequacies, his own, as well as others. Each member of the group, as he learns (a) alternative patterns of behavior, and (b),

to become critical of inadequate patterns, also learns to distinguish between rejection of a *pattern of behavior*, and rejection of *himself* as a person. He can attribute the failure to inadequate performance in a role. All of the above involves the acquisition of social skill. Role tests have been employed to measure the ability to perform in roles. With greater social skill the individual can be expected to experience increased success in occupational, family, and community roles.

Changes in behavior attributed to Role Playing, and Role Training have been reported in a great many studies. Several of these studies have demonstrated that improvement in general role ability, that is, social skill, results from participation in Role Training Programs. (Argyris, 1951), (Barron, 1947), (Bowman, 1949), (Haskell, 1957), (Heimbach, 1959), Kay, 1951). While these studies indicated that Role Training Programs have resulted in increasing the social skills of participants, none dealt with stuttering, or any other speech dysfluency. However, a careful reading of the reports of these studies leads to the conclusion that the Role Training experience in itself may contribute to a weakening of the forces which tend to maintain and strengthen stuttering (objective 1), by providing the stutterers with a warm, permissive atmosphere, which is conducive to experimentation in speech. In the roles of other people, the participant is involved in a great deal of non-propositional speech, a form of speech for which he has less individual responsibility. Stutterers tend to be far more fluent in this type of speech, and the gradual elimination of the secondary symptoms of stuttering may be expected to result. A modification and decrease in the severity of the stuttering block may be expected to follow (objective 2). As he is encouraged in roles other than his own, to speak in a relatively easy, and effortless fashion, a participant would have less of a need to avoid fears and blocks (objective 3) (Berry & Eisenson: 1956:269).

With increased ability to perform in important roles, one might reasonably expect the stutterer to achieve a more satisfactory adjustment to his environment. In this way, Role Training may be expected to contribute, not only to the attainment of objective 4 referred to above, but to a significant reduction in stuttering.

An exploratory study designed to examine the potential of a Role Training Program on stutterers was administered to male adult stutterers at the Federal Correctional Institution, Terminal Island, California. This paper is a partial report of that study.<sup>1</sup> The problem that was the focus of this study may be stated as follows: "Will a Role Training Program Administered to Stutterers Achieve a Reduction in the Severity of Disfluencies?"

This study was conducted at the Federal Correctional Institution, Terminal Island, California. The facility is a maximum security prison with strict security precautions taken to limit ingress or egress to authorized persons. The

subjects of the study were all inmates assigned to the NARA program, an acronym for a program administered under the provisions of the Narcotic Rehabilitation Act. All of the subjects were selected for the study by Dr. James T. Freeman, the chief psychologist of the NARA Program of the institution. All seven men in the prison who considered themselves "stutterers," were accepted for the Role Training Group. Dr. Freeman considered three of the subjects severe stutterers, and the other four, mild to moderate. In addition to the seven stutterers, he included six other persons whom he believed might benefit by the role training. Non-stutterers were included because to limit the group to one category of persons would have created a false homogeneity. According to others experienced in Role Training, to place subjects in a group based on one characteristic they have in common, encourages a concentration on the common problem. In this case, sessions might focus on speech problems, rather than the development of generalized social skill. One of the stutterers left the group after two sessions because of ill health. The other six remained until the end of the study. They ranged in age from 25 to 37. One was Black, the other six, White. All but one were married at the time of the study, or had been married. All were in prison for offenses involving the use of drugs, five were heroin users, and one was addicted to amphetamines. All six considered themselves stutterers, and could not remember when they did not stutter.

The principal method for measuring change used in this study was a comparison of ratings of severity of stuttering on an oral reading prior to the Role Training Program, with ratings of severity of stuttering on the same oral reading immediately after the completion of the program. The oral reading selected was a five hundred word essay entitled; "You Can Stop Being a Procrastinator." Before the first Role Training Session each subject was asked to read the selection onto tape two times. After the tenth session, subjects were asked to read the same selection onto tape. Ratings of severity of stuttering were made of the pre-Role Training Program recordings, and of the post-Role Training Program recordings, in accordance with suggestions made by Johnson, Darley, and Spriestersbach (1963:246-261). A comparison of the pre and post Role Training Program severity ratings provided the measure of change. The assumption is that in the course of a Role Training Program the anxiety level of the stutterer would be considerably reduced, and his spontaneity increased. Therefore, changes in the severity of stuttering could be reasonably attributed to participation in the Role Training Program.

Before the Role Training Program began each subject was also asked to complete a form entitled; "Stutterer's Self-Ratings of Reactions to Speech Situations." It was administered in accordance with instructions given in Johnson, Darley, and Spriestersbach (1963:265-266). The information obtained was valuable to the director, as it provided many clues to trouble

spots, and furnished the sort of data that made it possible to predict in advance the type of Role Training that would be most useful and effective. Instructions for completion of the Self-Rating form were read to each subject, and he was given time to ask questions.

### THE ROLE TRAINING PROGRAM

The Role Training Program consisted of ten role training sessions, each approximately one hour and forty minutes in length. The director in a warm-up at the first session explained stuttering as a form of speech hesitancy in which the speaker was experiencing difficulty in choosing between alternative ways of expressing himself. Role Training was being offered to increase spontaneity, particularly the ability to choose between alternatives. Neither the terms stuttering nor speech hesitancy were again referred to in the course of the Role Training program. The area to be explored in a Role Training session is greatly influenced by the warm-up talk of the director at the beginning of each session. The director selected for the warm-up areas of interest indicated by members of the group in the discussion portion of the previous session. The ten Role Training sessions revolved around the following roles:

1. Meeting Strangers.
2. Focus on Strengths of Group Members.
3. Long Range Goals.
4. Appearing before a Parole Commissioner.
5. The Job Applicant.
6. Relationship with Fellow Workers.
7. Relationship with Employers.
8. Need for More Schooling.
9. Family Roles.
10. Family Roles.

Each of the six subjects were protagonists two or more times during the course of the ten sessions, and participated as auxiliary ego in at least one other. The same can be said for the non-stutterers who were members of the group. In the first two sessions, the non-stutterers were more active in the verbal portion of the sessions. By the third session, there was no noticeable difference in participation. No record was kept of the extent of participation of the non-stutterers nor were they given any tests.

### RESULTS

The rating of severity of stuttering was made by four judges, two of whom are male counselors working with alcoholics, a third, a female nurse, working with an alcoholic rehabilitation program. The fourth is a lay person, the wife of one of the counselors. The individuals chosen to judge the severity of

stuttering were not speech clinicians. They were people with a background in rehabilitation counseling, and in Role Training. Since neither the Role Training Program, nor the tests were administered in a speech clinic, it was considered desirable to use the four judges selected.

The pre-Role Training Program tapes were rated by the judges immediately after the program started, and the post tapes some eleven weeks later, immediately following the completion of the program. We surveyed the ratings of the four judges of severity of stuttering, on oral readings taped before and after the Role Training Program. According to these ratings all of the subjects improved considerably in their ability to read an essay onto tape. While it is true that they were more familiar with the contents after the Role Training Program, having read the essay three months prior to the post-test, this experience would not appear to make them sufficiently familiar with the contents to account for the difference in fluency.

Mr. George A. Johnston, a graduate student, who was present at virtually all of the sessions, including the first, and the tenth, expressed the view that every one of the six subjects showed considerable improvement in speech communication, and stuttered far less at the end of the program than at the beginning. Dr. Freeman, who was in frequent contact with all of the subjects came to the same conclusion. Even though these men did not employ rating scales or other measuring instruments on which to base their evaluations, their conclusions were objective to the extent that they reached them based on personal observations of the subjects.

### CONCLUSION

The subjects of this study were certainly not representative of the universe of stutterers. They were all male adult inmates of a prison, drug users, and all stutterers. The Role Training Program employed was adapted to their needs, and may not necessarily be effective with others. The experimenter would hypothesize, however, that it could readily be adapted to the needs of any adult group.

Critical questions may always be raised when any treatment program such as this is evaluated:

1. Is the technique employed one that can be administered by ordinary individuals after suitable training, or is it a non-specific influence that depends for success on a particular personality?
2. Does the technique show lasting effects in careful comparison with a non-treated "control group" carefully matched for accurate comparisons?
3. Will the techniques produce results with more typical groups of stutterers who have never been drug users?
4. Will a study utilizing more refined clinical speech diagnostic procedures, a larger sample, jointly conducted by a speech pathologist, and a Role Training specialist confirm the results of this exploratory program?

These questions, or ones like them are often directed at Role Training Programs, because it is assumed that success is dependent on the insights or genius of the therapist. The Role Training Program used in this study can be administered by any professional who has successfully completed training at Moreno Institute, New York, or any of its affiliates.

## NOTES

1. The study was conducted by Rochelle J. Haskell, one of the authors of this paper, whose M.A. degree was completed under the direction of Dr. Alfred L. Larr, who collaborated in this research.

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