

Letters to the Editor

The Editorial Staff assumes no responsibility for the opinions expressed in letters.

STUTTERING THEORY AND RESEARCH

Among the various speech and hearing problems, stuttering today probably represents the chief area of controversy and disagreement, and still remains an enigma in many respects. Possibly one of the main reasons for this relates to bias of previous investigators and to the large amount of research activity of past years which did not utilize present day levels of sophisticated research design. Goodstein (*J. Speech Hearing Res.*, 1, 1958, 359-376) in summarizing results of research over the past 25 years relating to one aspect of the problem, namely the relationship between functional speech disorders and personality including stuttering, states, 'In general, these methodological and conceptual limitations were so important that few, if any, generalizations were clearly suggested by these studies, emphasizing the need for more and better research.' With respect to stuttering, he states that due to methodological inadequacies, such as use of unvalidated instru-

ments, small Ns and failure to cross-validate, few trustworthy generalizations were evident.

It appears significant that some progress is now being made in assessing previous research. The Goodstein appraisal of research related to one aspect of the problem, it is hoped, will lead to further appraisal in other aspects of the stuttering problem. The multitude of studies related to stuttering causality which were reported over the past 25 years could well bear the same type of scrutiny. It is enlightening that our present professional journals now employ the services of statistical consultants to assess and aid present-day research articles bearing on the subject, but it still leaves the mass of accumulated data of the past which has not received such attention. Unfortunately, those in the position of utilizing such data for instructional purposes may cite those studies which support their particular bias concerning the problem of stuttering, even though the research in many cases is not valid. Some texts describing the problem may also draw more heavily from research articles which tend to support a particular point of view. Other texts specializing in reporting every available source

without objective evaluation of the methodology employed serve to confuse the student because of the conflicting data. Most speech pathologists do not pretend to be statisticians and the job of evaluating the previous studies in this area should be performed by a professional person in this capacity.

It is quite probable that such evaluation, if it is carried out, will reveal large numbers of studies which will no longer appear valid. Certainly the healthiest result which might occur from this would be the re-exploration of previous investigations carried out with more highly sophisticated statistical design. This would lead to more objective research findings and theoretical formulations which would explain the problem of stuttering more fully.

It is hoped too, that present day exponents of theories of stuttering causation will exercise greater restraint until more objective evidence is available to explain the problem. There seems to be a natural desire for most speech pathologists to expound at length on particular theories which may be quite unsubstantiated. As a case in point, West (An agnostic's speculations about stuttering. In J. Eisenon (ed.), *Stuttering: A Symposium*) speculated that stuttering was biochemically induced inasmuch as 'no stuttering has been found among diabetics.' A study by Bolden, (M.S. thesis, Univ. of Wisconsin, 1955), however, which included questionnaires to physicians throughout the country inquiring whether, in their practices, they had met with diabetics who stutter, revealed many affirmative answers. In another text, (Berry, M. and Eisenon, J., *Speech Disorders*), while the authors state that 'no attempt will be made to persuade the student about any one theory or explanation of stuttering,' a description of organic theories is presented, followed by the statement, 'About half of the adolescent and adult population do not belong to this "organic group."' No validation is offered in support of this statement.

In summary, the problem of stuttering may someday be more satisfactorily explained if three essentials are carried out. One is the continued exploration of the problem through objective experimentation carried out with adequate statistical measures, second is a review of previous research scrutinized as to validity and objectivity and third is appropriate restraint in formulating of theories of stuttering until more objective evidence is available.

ROBERT F. HEJNA
University of Connecticut

SPEECH CORRECTION IN THE U.S.S.R.

May I add a brief supplement to Black's report in the February, 1960, issue of the *Journal of Speech and Hearing Disorders*, on speech correction in the U.S.S.R. In 1958, I visited the U.S.S.R., where I interviewed mostly researchers but also the head of the speech correction program in Leningrad. In 1959, I visited an associated country, Czechoslovakia, and looked in on the speech program in the city Brno.

The speech clinician I visited in Leningrad was unfamiliar with American work. He knew the English journal, *Speech Pathology and Therapy*, but not the *Journal of Speech and Hearing Disorders*. He seemed particularly interested in American thought on stuttering and cleft palate. During our discussion of stuttering he showed me a hearing-aid-like, noise-generating device to be worn by stutterers. This device, if I remember correctly, had been announced several years ago with great hopes. It has now been abandoned because stutterers did not experience lasting improvement and found it cumbersome. He said that in his city there were early and late surgery schools of thought regarding cleft palate. He was in the process of introducing a 'new treatment' device called a 'floating obturator.' This device was put in the child's mouth at the age of two weeks. No difficulties were being experienced, and apparently patients can acquire good speech as well as undergo late surgery.

In Brno, Czechoslovakia, I visited a residential school for severely speech handicapped children (speech handicapped being defined as having more than 20 defective sounds). The program and teachers seemed to be excellent, but it was noted that direct auditory training practice was deliberately avoided in the procedures. I discussed stuttering rehabilitation techniques with a physician in a hospital. He was attempting to develop Pavlovian techniques and was already using a 'sleep' therapy in which patients are kept under sedation for about two weeks. It was reported to be effective with children but not with adults. The rationale for this treatment was that the enforced speech inactivity weakens existing neural connections in the speech centers in the brain and permits establishment of better connections upon resumption of normal speech activity.

NEWMAN GUTTMAN
Bell Telephone Laboratories, Inc.
Murray Hill, New Jersey