

[FREE] A Handbook on Stuttering

## A Handbook on Stuttering

OLIVER. BLOODSTEIN

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#9561355 in Books 1975 #File Name: B003IXM45U404 pages | File size: 60.Mb

**OLIVER. BLOODSTEIN : A Handbook on Stuttering** before purchasing it in order to gauge whether or not it would be worth my time, and all praised A Handbook on Stuttering:

0 of 0 people found the following review helpful. A Reference Work, Not a Textbook By Resembling Q. Velcro  
The good: This book is incredibly comprehensive when it comes to stuttering theory and research. Look up anything at all about stuttering and you'll find at least two references, if not ten. It also does a good job of incorporating historical perspectives and research from several disciplines.  
The bad: The book reads like an encyclopedia -- maybe even like a dictionary. If this is your textbook for your fluency class, set aside a LOT of time for reading it. There is hardly any information on how to treat disfluency; standardized treatment programs are described in theoretical terms and outlined, but that's it. You could read the book cover to cover and still not know what some of the basic techniques of stuttering treatment actually look like.  
So it's not a useful book for treatment, but it's a good "library" title on disfluency for a student or professional. I would not recommend it for clients or interested non-professionals -- it's too dry and theoretical, and assumes a good amount of background knowledge.  
0 of 0 people found the following review helpful.  
Five Stars  
By Customer  
Very informative. Can be dense so I suggest using a highlighter to take important notes.  
9 of 11 people found the following review helpful. Many good parts, but out of date  
By Thomas D. Kehoe  
Oliver Bloodstein's A Handbook on Stuttering for Professional Workers was first published 1959. He wrote brief summaries of all of the research findings in the field of stuttering. This totaled 88 pages. In 1969 he expanded the booklet and shortened the title to A Handbook on Stuttering. New editions were published in 1975, 1981, 1987, and 1995. For the 2007 edition, Bloodstein asked Nan Bernstein Ratner to bring the book up to date. The result is over 500 pages covering 2800

studies! However, the book needed an overhaul, not just an update. The book's structure reflects stuttering research circa fifty years ago. Then, research was 80% about adults and 20% about children; and 90% about etiology and 10% about treatment. The first eleven chapters present research on adult stutterers, searching for stuttering's etiology in adult stutterers' physiology, personalities, and other areas. The twelfth chapter is about early childhood stuttering, and the last chapter is about treatment. But, beginning in the 1980s, stuttering research moved to focus on children, as about 80% of stutterers are children, and almost all stutterers started stuttering as children. Chapter 12 starts by saying, "To try to glimpse something of its etiology in the mass of information we have accumulated on adults and school-aged children is a little like viewing it through a dense screen." Yes, and this is why the book should have started with early childhood stuttering. One's beliefs about how stuttering starts colors how one interprets data about every other area of stuttering. Too much of the book is devoted to obsolete ideas about stuttering etiology that make no sense in the light of what we now know about early childhood stuttering (for example, most of chapter 2). I liked the chapter about early childhood stuttering. The chapter begins with Wendell Johnson's diagnosogenic theory. The author(s) then presents three studies conducted by Johnson and his associates to test different aspects of the diagnosogenic theory--and the results of all three studies didn't support the diagnosogenic theory! The author(s) take a clear stand here: "the central premise of the diagnosogenic theory would not appear to have been borne out by the group data." (page 308) Then Johnson's "Iowa Study" is compared to Yairi and Ambrose's "Illinois Study," published in 2005. This is where the book shines: a clear-eyed look at the old studies, side by side with recent research. However, the chapter has some flaws, for example, in the middle of the section about Johnson's work is a four-page digression about whether listeners can accurately count the number of stuttering disfluencies in adult stutterers' speech. I especially liked the six-page section about recent brain scan studies. This is the best overview I've seen on the subject, leaving the reader with clear ideas of what's abnormal in the brains of adult stutterers during speech. However, the chapter begins with 23 pages about lateral dominance. Compared to the brain scan studies, the lateral dominance studies were crude--e.g., forcing left-handed children to become right-handed, or the "Wada Test," which injected sodium amytal into left and right carotid arteries, at substantial risk of death. And the results of most of these lateral dominance studies were "inconclusive." I'm not sure what I learned from those 23 pages, other than that neuroscience research wasn't much until the 1990s. The section about "Language Ability" is good. It begins with studies about preschool children, and then later paragraphs cover older children and adults. But the section lacks subheads so I kept having to go back and look whether I was reading a paragraph about what age group. The chapter about treatment covers the history of stuttering therapies well. Then in the section about "Current Behavioral Therapies" we get Suzybelle, the scary puppet that punished small children when they stuttered (1972); a hospital in Australia where stutterers lived for three weeks trading tokens when they stuttered or spoke fluently, and they needed the tokens for food and cigarettes (1972); and some "innovative" programs using a new technology called "delayed auditory feedback" (1974, 1980)! The description of Hollins is clear, especially on the question of whether the program is effective: "Very little published data have emerged from the Hollins program over the years" (page 360). I was also impressed that this section on Van Riper stuttering modification therapy included the few effectiveness studies, such as a 2005 study of the Successful Stuttering Management Program (SSMP, a.k.a. the Breitenfeldt program), which found that "the program did not produce statistically significant changes in fluency." I like that the author(s) aren't afraid to step on the toes of some of the biggest names in our field. The section about "Pharmaceutical Treatments" starts out well, covering the published studies of various drugs that either did or didn't reduce stuttering. But the section doesn't mention that some medications prescribed to children cause stuttering, especially Ritalin and SSRIs (e.g., Prozac). No studies have been published about this, raising a question: if an important topic has only anecdotal reports, should it be included? I didn't read some chapters, such as the chapter about personality tests. I read everything in the fifth edition carefully and that chapter could be summarized with "Stutterers have, on average, completely normal personalities, except for speech-related fears and anxieties." Smaller quibbles: The first chapter goes on for six pages trying to develop a definition of stuttering, and leaves out silent blocks. The section about measuring stuttering (page 8) doesn't discuss time-interval measures of stuttering, used by Roger Ingham and others in some studies. The section on genetics missed Comings' 1996 study linking stuttering to the genes that control dopamine levels (Comings, D., et al., "Polygenic Inheritance of Tourette Syndrome, Stuttering, Attention Deficit Hyperactivity, Conduct, and Oppositional Defiant Disorder," *American Journal of Medical Genetics* 67:264-288, 1996). I couldn't find anything in the book about illnesses and stuttering onset. Yairi and Ambrose reported that 14% of children started stuttering after an illness or extreme fatigue (Yairi, E., Ambrose, N.G. *Early Childhood Stuttering*, 2005, ISBN 89079-985-7, page 62-63). Tourette's is linked to childhood streptococcal infection that causes the child's immune system to attack brain cells in the putamen area (ADVANCE For Speech-Language Pathologists, July 6, 1998, page 22). Saving the worst for last, I come to the section about "Assistive Devices." This is my area of expertise, as owner of Casa Futura Technologies. The first mistake: "delayed auditory feedback (DAF)...forces [stutterers] to speak more slowly." That myth was dispelled by Joseph Kalinowski, Andrew Stuart, and colleagues, in a series of studies first published in 1993. But Kalinowski and Stuart's research isn't mentioned, except in a mistaken summary saying that their 1993 study investigated "frequency filtering," when it in fact compared DAF, FAF, and white noise. Rather, we get a nice history of Israel Goldiamond

using DAF as punishment in an operant conditioning therapy in 1965, and discovering that stutterers liked this form of punishment; followed by studies of DAF use in therapy from the 1970s. The information about the Edinburgh Masker mistakenly suggests that it produced white noise, when in fact it produced a sine wave matching the frequency of the user's phonation. Next we learn, regarding frequency-altered auditory feedback (FAF), "Data to support the effectiveness of FAF in treating stuttering while the speaker wears the device is currently scanty." That statement was true in the 1995 edition, but many studies have since been published. A question is raised on page 299 as to "Whether or not [DAF] can be successfully exploited to create durable therapeutic improvements in fluency in spontaneous speech outside the speech clinic is still under investigation." Actually, that question was answered by Ryan and Van Kirk in 1974, Ryan and Ryan in 1995, and Van Borsel in 2003. There's a wealth of information in *A Handbook on Stuttering, Sixth Edition*. Parts are up-to-date and well-written, and much of the older material is well-written and still worth reading. But there's too much obsolete research, the book is missing too much research from the last decade, and the organization doesn't reflect current research areas. The book belongs on the bookshelf of every researcher and historian in the field, but not on the bookshelf of clinicians or consumers. Bernstein Ratner did excellent work updating the areas of her expertise, but the field has become too big for one person to be an expert in all areas. I hope that the seventh edition will invite more editors with expertise in more areas, and will restructure the book, perhaps along an age progression of the disorder, with an effort to provide information useful to a broader audience. Hopefully we won't have to wait twelve years for the seventh edition.