# A CASE WORK APPROACH WITH CHILDREN WHO STAMMER - A CASE REPORT

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The child guidance clinics often receive patients with stammering. These patients, generally, come after all the available medical examinations have been tried. This is because in our country, such a problem is supposed to be a medical subject. When such cases are received it becomes easier to look for the causes of stammering. The factors contributing and precipitating lie mostly in the child's socio-emotional spheres.

Master S, came to the Child Guidance Clinic of the Hospital for Mental Diseases, Ranchi (in November 1968) with the problem of stammering after all the investigations and treatment by various experts in and around Ranchi proved to be fruitless. Here, the usual investigations were done and the Psychiatric team underlined the psychosocial factors in the case. The patient was referred to the author for case work therapy, though it was felt that case work in collaboration with Speech Therapist could have been the best alternative.

Master S, a healthy child of 8 years, average in intelligence (as revealed by psychological tests), slightly poor in school performance, was known to be stammering for the last three years.

Stammering was progressive in nature. It was more marked in interaction with guests and the father. The child, inhibited and shy apparently, would be very active in the peers group though he would prefer to play with younger playmates. No illness of any importance prior to it could be traced out.

*Aged Family History :* Mother, 38 good looking with normal speech, healthy, and latently aggressive in nature, showed more tolerance towards her children. Religious by nature, she cared more for the child and the husband and had passive role of a woman of traditional Hindu Society. She generally communicated with her husband through children.

Father, 45, with normal speech, bulky, strict disciplinarian, hot in temparament, dominant by nature, was quite anxious to get the child "cured". With high blood pressure and diabetes, he was unable to control his aggressive outbursts at petty matters of the home, though sociable outside home. He would fulfill the demands of the son but would not spare him of his frequent aggressive outbursts.

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This was further confirmed by home visit observations. During visit, father received me very warmly. He had just come from the market with a lot of things for children. He presumed that I had gone there to see the child only. The child was inside and the worker was sitting with the father in the sitting room of the house. He called the child who, as I understood, out of shyness, did not come promptly. Father got very annoyed and shouted at the child from the sitting room itself. The child came to him in a disturbed state. Similarly, in their one of the clinic visits, the child was shouted by the father when he was unable to answer a simple question. He was able to spend quite a lot of time with family members because of the nature of job, he was employed in.

Master S, the only male child of the parents, had six sisters, four of whom were elder to him. The eldest one was of 15 years, and the youngest one was of two years. All the sisters were fluent in speech. The eldest one assumed the role of the mother for the younger ones. Elder sisters were dominating by nature, and a few of them expressed sibling rivalry to a marked degree.

The History did not show any abnormality of speech, or any mental illness or mental subnormality in any member of the family. The family was economically well-off and socially well placed. The family interaction pattern seemed to be very constricted and controlling which did not permit individual enterprises and freedom. In particular, the child got little free movement in the family because of the family's fear lest the "only child might get spoilt".

*Goal of Therapy* : The author, in view of the history, had the following goals while offering case work services, (a) to retard and withhold progressive increase of the problem, and (b) to minimise the stammering.

And this warranted focus on the modification of social environment, training and counselling to the child, which would ultimately result in proper building of self-esteem and facilitating his interpersonal relationship necessary and helpful for amelioration of his problem. There was, however, no intention to understand and handle the conflicts at deeper level.

*Work with Parents and Child:* Full participation of the parents, especially the father, was of crucial importance. I visited the home of the child on the appointed day and time. After initial exchange of the greetings, father started discussing his worries about the child's problem. I appreciated his concern for the child's problem and assured him of the maximum help. As per my plan in the first instance, I talked to them in a joint session. The findings of the clinic were explained and interpreted. Importance of the child's need of love expressed through words and actions, an environment free from frequent criticisms and of humiliation ignoring of his stammering, appreciation for his achievements, roles of parents and siblings, were discussed with them with the help of examples and views of authorities on the subject.

This paved the way for individualised help to the parents as they were sufficiently stimulated to think of their own contributions to the causation of the child's problem. The next meeting was fixed with the father.

The father was a bit upset when his relationships with the child were discussed. He used rationalisation as a defense against recognising his own accentuation to the problem of the child. He told that his father was equally harsh (with whom he had strong identification) but nothing happened to him or others. This was dealt with individualising the child's problem, and recognising his difficulties and a keen desire to help the child. It appeared that he was considering himself to be solely responsible for the child's difficulty and this was corrected by explaining how some of such other things may precipitate, if not cause such problems. The attempt was to maintain his guilt and anxiety at the minimum level. The discussion was directed now, towards the child's needs and difficulties. The full dynamics of his increased stammering before guests and father etc., was explained, which appeared to be very convincing to the father He said, "I want to control myself but I am so by nature". I reaffirmed the need to control self-behaviour which could be achieved gradually and not in "one day". He was suggested to appreciate the child's simple achievement and to give him more freedom. He should ignore the child's stammering and to enable him to feel that he was talking normally. He was further convinced that a practice of these guide lines, were very much required when it was apparent that his speech could be improved only through these ways.

The next meeting with the father started from the discussion of his feelings about the child and his problems and the question of how much can be achieved by way of solving his problem. The father really liked and loved the boy, but was unable to demonstrate it through words because of his temperament. Some samples of stammering of the child was analysed and here, again, the attempt was to convince the father how a congenial social atmosphere could help the child to overcome his difficulties considerably.

In the meantime the child was seen once in an informal way. He informed me that though parents loved him, father shouted at him quite often. He also told how the play-mates and classmates teased him. He met these situations by physical violence which was very much rebuked by the parents. And because of these, I felt, he was becoming more and more inhibited. The child was persuaded to be calm to their teasing so that the boys would gradually stop teasing him. The child looked happy at this suggestion. It was reassured that he could overcome his difficulties considerably.

The mother appeared to be more anxious than the father and as she shared her experiences with the child. She appeared to be over protective too. Whenever, anything was to be done by the child, she would ask her daughters to accompany or assist him. From what she described, it appeared that the husband did not listen to

her at all. She too was given understanding of the child's problem and its dynamics.

After this a meeting with the school teacher with the knowledge and consent of the child and the father was fixed. According to her, the child was almost normal in his studies but a bit mischievious with the boys. The school teacher was counselled about the child's problems. She was further explained how his problem could affect his studies and behaviour adversely. The meeting ended with a request to individualise the child.

The next meeting was a joint session with the parents. I gave them my understanding of the problem and how the home, neighbourhood and school were contributing to his problem. They were suggested,

1. not to rebuke the child unless the mistake is a major one, and not before the guests and strangers,
2. to allow him freedom to move, mix up and do things by himself so that he could regain confidence in himself,
3. to visit the school and convey their concern to the teacher so that the teacher could pay individual attention to him,
4. to allow him to choose his own things,
5. to ignore and forget his stammering as far as practicable,
6. to encourage him to participate in social interaction and take him now and then to the relatives etc., if possible, and
7. not to force things upon him unless essential to do so.

In the end of the session the child was also seen and told about the ways to improve his difficulties in speaking and was reassured that he could improve upon his present speech.

A fortnightly follow-up was arranged for the first three months and afterwards it was made monthly for another three months. The case was evaluated at the end of the follow-up and in the words of the father, the patient had "remarkably improved" which was confirmed by the mother also. In the third monthly school test, his performance had also improved.