



# Treating the Stammering Patient Ref169

*with Rob Grieve*

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## TRANSCRIPT

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**Steven Bruce**

Good afternoon and welcome once again to the Academy of Physical Medicine and what a lovely afternoon it is, glad you could join us. I'm talking today to Dr. Rob Grieve, who is a senior lecturer in physiotherapy at the University of West England, and we're going to be talking primarily about treating the stammering patient. But also we might be addressing how a practitioner who stammers can treat their own patients as well. Rob, great to have you with us. I see from your bio that you're the author of a book, Stand Up and Be Heard, you've written a number of papers for various eminent research journals. So you're pretty good at what you do. And what's your connection with stammering?

**Rob Grieve**

Okay, hi, yeah, I've been a stammerer all my life. I would say that after my teaching, which I've been doing now for about 19 years, I actually became more fluent, but I've always had, I suppose you could say, a sort of mild stammer.

**Steven Bruce**

Right. And so presumably, that's had its own impact on you treating patients as a physiotherapist? And I'm assuming you still treat patients, you're not just into research and teaching?

**Rob Grieve**

Well, no, I've actually been, I would say, for the last sort of four or five years, I've actually been doing less clinical work. But yes, my stammer has occasionally caused me quite a few challenges. I actually had one incident where I was actually involved in a rugby game as a therapist, and I actually ran up to one of the injured players and I couldn't I wasn't able to introduce myself, I wasn't able to say "physiotherapist" and he had to actually finish the sentence for me. So that was actually quite embarrassing. And there have been quite a few times where patients have said to me, oh, you have a stammer.

**Steven Bruce**

As though you hadn't noticed already?

**Rob Grieve**

Yeah. And also, I'm obviously quite keen to sort of talk about this sort of whole thing, because maybe one might not be seen to be fluent, you therefore often could get an actual judgement that you don't really know what you talk about.

**Steven Bruce**

Of course, yeah. Just while we're on the subject of you treating a patient in a rugby match, I understand it's pretty common for people to try to finish sentences for people who have stammers, is that a good thing or a bad thing?

**Rob Grieve**

Right, ok, I mean, if we're talking about the patient, one of the absolute sort of keys is to really be patient and to give that person time. And I think one of the real challenges for people who stammer is when their sentences are finished for them.

**Steven Bruce**

Right. I imagine that has also consequences in a clinical environment where if you want to communicate effectively, we have to make sure that it's what the patient wants to say, not what we're trying to say for them.

**Rob Grieve**

Yeah, yeah. And also, I suppose that if we're thinking about things clinically, let's say we don't actually have as much time as we would like to have, and then when we're doing our sub objective and when we try to finish off sentences? Yeah, I mean, that's always I would say, a negative.

**Steven Bruce**

And what about obtaining valid consent from patients? Are there pitfalls there we need to avoid?

**Rob Grieve**

No I actually think, once again, it's really just giving the patient the opportunity to actually give us their consent verbally. I mean, they could also, as we know, they could also give us written consent. But yeah, I think it's just really all about trying to give the patient time. That's the key.

**Steven Bruce**

Interestingly, we had some physiotherapists on a few weeks ago talking about comms and consent, and it's all very well saying they can give written consent, but actually, because we have to get consent for every single thing we do, you can't do that at every stage. Therefore, you've got to orally say to people "Do you understand this? Are you happy for me to do that?" And they even recommended that we say to the patient, could you just tell me what you think I just told you. Which of course could be a challenge.

**Rob Grieve**

Oh, yeah. So I think, obviously, when we're talking about verbal or we're talking about oral consent it is really, as I say just about just giving that patient the space. And also just making that actual patient feel comfortable. Because the thing is, and also just to link this whole thing up, when we're talking about stammering, it comes in quite a few different forms. So you could have the patient who overtly stammers, so that is very clear. Or you could have a person like me, who is maybe more sort of covert, who might find it hard to actually say the word, might pause, and then use alternative terms.

**Steven Bruce**

We've had a couple of questions coming in at the moment. And I haven't got any names for the questions, but someone's actually said something that's in my mind as well, what is it like for, obviously you can only answer for yourself, what is it like for the person who stammers? Do you feel really frustrated by not being able to get the words out? Are you very self-conscious about it? How do we need to empathise with a patient who does stammer?

**Rob Grieve**

Yeah, I would actually say that the key word is frustration. Because, as I say, my speech has improved hugely, but there were and there still are times when you know exactly what you want to say. But it's often the real sort of challenge about how or actually trying to say it. Yeah, so I think that that is an

absolute key one, the actual frustration. And also, one of the things I said earlier, if you are maybe seen to be less fluent, that does not equate with being a good communicator. And I think this is an absolutely key thing, that people often think that just because one might be slick, one might have very good presentation, it's not always going to link up to be good at actually explaining things or be a good communicator.

**Steven Bruce**

Interestingly, we've had a comment come in from a chap called Alexander, who said he's had a stammer since he was five and his stammer gets worse when he talks to somebody with an impediment, I think. Is that something you've come across?

**Rob Grieve**

No, mine actually gets worse when I've got to read out text, I find that very hard, to actually read out text. So we used to have this awful thing on exam boards when you had to read out all the student names. And there were some sorts of names that I couldn't say without stammering and it just used to take ages. I used to find that a real challenge for me. But no, I wouldn't say that someone with an impediment and also, when we say impediment, what do we mean?

**Steven Bruce**

I don't know. Because the question was sent to me as it was. And I wonder whether he means if he's talking to somebody who also stammers.

**Rob Grieve**

Yeah, I actually feel more relaxed when I'm actually speaking to a person who also stammers because there seems to be more of that empathy.

**Steven Bruce**

Right. Alexander has come back in and said that he often loses confidence if he's stammering and it gets worse with fatigue or stress or being unwell.

**Rob Grieve**

Yeah. I agree with that. Yeah, because I actually had a physio, a colleague, who actually always actually found that if he didn't have enough sleep, he actually lost his fluency, he actually became less fluent.

**Steven Bruce**

I suppose getting to the basics of this, someone has asked the predictable question, are we any closer to understanding the mechanism, the reasons behind stammering now? We ought to be given that people have always stammered.

**Rob Grieve**

Yeah, so the actual thoughts are that this is a neurological problem. The thoughts are that between 1 to 3% of the population stammer. Many young people, as they get older, if we use that sort of term, sort of grow out of the stammer, that's one thought. But yeah, it seems to be a neurological cause.

**Steven Bruce**

Does that mean that we're any closer to being able to overcome the problem?

**Rob Grieve**

I'm not actually sure. The thing is, as well, one of the things that quite a few people actually say is, is it actually something that we will always overcome or is it really more to do with how we actually deal with our stammer? So I've always been of the, I suppose one of the ways, just talking on a sort of personal thing, and that's actually linked to all my actual work to do with public speaking, I landed up doing a job lecturing, which you could argue, would be one of the more terrifying things to do as a person with a speech dis-fluency. But by actually doing this thing that I found fearful it was, I suppose, I won't use the word necessarily, overcome, but it really sort of improved, or I actually started to stammer less and it actually gave me a huge amount of confidence. And I think one of the big things that's actually linked to stammering is often that many, many people feel quite fearful, because it's not necessarily the fact that they are stammering but it's how people respond to that stammer. So that would be absolutely key, when we are actually dealing with patients who stammer, and I would say that if we could be positive, we could give them time, if we could not finish their sentences. I would say that is how we will actually work with stammers.

**Steven Bruce**

Georgina has come in with a comment about treating patients. So she says she treats a teenager who has a stammer, and he often resorts to thumbs up signs, when they talk. It's quicker and easier to go along with the hand sign she says, but she often wonders if it's because he's embarrassed or frustrated and just wants to get on with treatment. Should she give him more time to express himself?

**Rob Grieve**

Yeah, I mean, if she can. If she feels that she doesn't actually have enough time to maybe sort of do as much as she would like to do with her treatment and he and she find that using thumb signs or using hand signals is a good way to go, then yeah, that's what I would do. I mean, I think it's really all about actually meeting, as we all know, meeting the patient's needs.

**Steven Bruce**

Yeah. Marjorie asked an interesting one, which may be outside your field of expertise, I don't know. She says, are there any links to the hypoglossal nerve? Obviously, that can be in your expertise, but she asked whether cranial work could help?

**Rob Grieve**

I've got absolutely no idea. Sorry. To be completely honest. Yeah, no, no, sorry. I've got absolutely no idea. The only thing I actually do know is that there's obviously, and all the sort of research tends to be sort of linking up to, an actual neurological cause, but that's about as far as it goes, as far as I know.

**Steven Bruce**

Well, interesting. Fred's come in on this and said, do you think it's due to heredity or is a stammer learned behaviour or is it just idiopathic?

**Rob Grieve**

Well, there is actually talk that, yeah, there could be some sort of genetic link. I mean, I actually found out that my grandfather had a stammer. Also, I know quite a few people who have got stammers and also so do other family members.

**Steven Bruce**

Okay. Well, I have a number of questions about help. I like this one, I don't know who asked it but the full question that I've got here is, have you had help and if so, what kind of things can you do to improve, assuming it's not just a case of saying bugger and fuck a lot as in the King's speech? Which was just a great movie, but not very helpful. Actually, maybe the King's speech is a helpful movie because the practitioner that he saw seemed to improve his speech quite a lot. So what sort of things done today to help people who have a severe stammer?

**Rob Grieve**

Well, yeah, there is obviously therapy, there's a fair amount of speech therapy. I mean, I had it, but for me it was, when I was a teenager, it was no real benefit, but it is of benefit to many people. My way of actually doing it was actually sort of facing my fear and just trying to do as much talking as possible and that really sort of helped me. But you know, that was my own personal way. There's also a fair amount of work that's actually done on breathing there's all of this kind of stuff. So there is a fair amount of therapy that people could use.

**Steven Bruce**

What's the purpose of the breathing that you mentioned? Is this just a way of calming the brain to minimise the aggravating factors, as it were?

**Rob Grieve**

Yeah. So you know this whole thing about when we're actually talking about, it's also quite closely linked to public speaking, so when we have this fear, we have the sort of fight and flight, the actual breathing just sort of slows things down. It is actually sort of one of the ways, and I think one of the big ones is that often when people are fearful, they tend to speak very quickly. So it's actually quite a good way just to maybe try and sort of slow yourself down. That is often seen as quite a beneficial thing.

**Steven Bruce**

So, are you aware of the specific breathing techniques which are taught?

**Rob Grieve**

I'm not aware of all of them. But one of the things that a lot of people do is a sort of diaphragmatic deep breathing, that actually seems to be quite an actual beneficial form.

**Steven Bruce**

We've got some breathing techniques being taught in a week or two's time on the show. So we can ask about it when we come back in for that one. Nita, you've gone all anatomical on us, as I've been warned by Claire. Nita says that she also was thinking about the hypoglossal nerve, including the anterior cingulate with input of sound to help the cortex to relay the signal in the brain. I'd be interested to know

whether anyone who practices sacro-occipital technique, or craniosacral technique, if you're an osteopath, has had any success in this. And I only ask that because Claire, my wife who you know, says she's had remarkable success with a child with Tourette's in the past. Now, she didn't go out to treat the Tourette's, she was just trying to help the parents who wanted to do something and she didn't expect an improvement. But it made a difference in that condition, which is, of course neurological. So it might be that some people have experience of cranial helping people with a stammer as well. Even if their cranial is simply relaxing them to reduce those aggravating factors. Joanne says what's the truth about the theory that some stammers can be caused by forcing left handers to change to right hand? She read that recent imaging studies of stutterers have suggested that stuttering is tied to disturbed signal transmission between the hemispheres.

**Rob Grieve**

Yeah, one of the things that I have actually heard is that if you have someone who is left-handed and then you try and change them to be right handed, that might have some sort of influence, and that might actually be linked to their stammering. But as I say, I'm not an actual stammering researcher. I could tell you a lot about myofascial pain, I could tell you a lot about myofascial trigger points, all of that kind of thing, where I did my PhD in, but when it comes to the actual research about the neuro sort of side of stammering, I really wish I could actually give you more, but I really, really can't. I can tell you about the experience of being a stammerer.

**Steven Bruce**

I suppose also Joanne use the word stuttering as opposed to stammering, is there a reason for using one or the other?

**Rob Grieve**

It's an American term. So we here in the UK use the word stammerer and we actually often tend to use the word person who stammers. Whereas in the states, yeah, it's actually really more so to use stutterer.

**Steven Bruce**

Okay. Interesting, Alexander has come back in. Alexander, who sent in the comments earlier on about being a stammer himself since the age of five. He says that breathing is one of the main ways to reduce this fluency. And everyone that attended a course he did in London in his teens, and he's now 46, could speak much better as a result. Phillip says what about trauma? Could that be a possible cause?

**Rob Grieve**

And, once again, I think that I would say that anything that causes anxiety. I suppose you could also argue that things like post traumatic stress, trauma or anything like that, I suppose might lead or there might be some kind of link. But once again, I really don't know what the evidence is.

**Steven Bruce**

Okay. I have been asked whether people who stammer often have problems with specific sounds.

**Rob Grieve**

Yep. So actually one of the really interesting things and I think this is something that quite a few people might find interesting, is that stammerers always find it difficult to say their names. And that is a really, I think, a very interesting and a very sort of challenging sort of thing. So you'll often ask a person who has a stammer, they often find it very hard to actually say their name without stammering.

**Steven Bruce**

Curious, because you would have thought that would be the least stressful thing that they could say.

**Rob Grieve**

Yeah. And so I always used to wish that my name didn't start with R. So often I would have loved to have called myself George or something. And it is a really, really challenging thing. So let's just say, because when we're talking about my book, which was on public speaking, if you have to introduce yourself and you find you are unable to say your name, without a stammering, that can be a very challenging thing.

**Steven Bruce**

Have you managed to overcome that yourself?

**Rob Grieve**

Partially. I mean, one of the things I always use, I always use humour. So if I'm ever giving a talk and I find it hard to actually say my name, or if I'm teaching a whole group of students, I will just say, right, okay, just to tell you, I've got a bit of a speech disfluency, etc, etc, it will give you time to actually write your notes, or something along those kind of lines. But that took a long time and also one of the things I think, would be quite hard if you, let's say, you're a therapist with a stammer, you might find it quite hard to go into a waiting room and actually call out your patients' names without stammering. That's one of the things I always used to find quite challenging. Or if you wanted to introduce yourself and then you stammered, you might have an actual patient who might look less favourably on you because remember, we were saying, there can often be this thing that people think just because someone might be less fluent, they might actually know less or they might be less confident. No, they're absolutely fine. They just have a stammer.

**Steven Bruce**

You and Alexander both used the word disfluency, which I imagine if I said to somebody I had a speech disfluency most people would think, well, what does that mean? Whereas if I said I had a stammer they would understand. Do you use that term for a reason?

**Rob Grieve**

No, it's just one of those interchangeable terms, but I would actually say that using the word stammer is more accurate.

**Steven Bruce**

Right, okay. When you were talking about specific sounds you said you wished that your name was George or something, but of course a Robert or a Rob can easily be a Bob, but plosive sounds like that, are they particularly difficult for stammerers?



**Rob Grieve**

Well, it's a really personal thing. So you'll find that some people find it hard to say certain things. So, when I talk about, you can see I'm trying to say now, when I actually talk about running, I often find it really hard to actually say run, to say Rs. So Rs for me are always quite challenging. But yeah, also the whole thing about stammering is that it is quite individual. So some people might block, some people might pause. I often tend to pause when I'm trying to get the word out. Some people might, which I often do, move. So one of the things when we're talking about speaking in public is the use of gestures. So I actually gave a course, which I used to do, on myofascial trigger points and I spent the whole course tapping my foot to help me to actually get out certain words. And one or two people afterwards actually asked me, do you have a problem with your foot? So there's all these kinds of strange, sort of individual things that are linked to a stammer.

**Steven Bruce**

I've had an interesting comment here from Jennifer. Jennifer says that she has had success treating a stammering patient over a few treatments, he was using cranial technique and she says he became virtually asymptomatic and came back for treatment intermittently afterwards. It's a single case study, but obviously, it's worth a try from the sound of what Jennifer says. Thank you, Jennifer.

**Rob Grieve**

Has she published it? Sorry. Because I would really say that that would be a really good thing to try and do, to try and actually publish that.

**Steven Bruce**

Well, there you go, Jennifer, you need to get that published. And I know just the person to help you do that, if you're a little bit awkward about publishing things.

**Rob Grieve**

Just start off with a case series, you know what I mean? One of the things that I think is quite key if people want to get into research, we often say, just sort of start off with a case study and then that can actually lead to other work.

**Steven Bruce**

Well, I mean, that's a brilliant idea. I've had two people ask about whether you know of any connection with tongue ties and stammering

**Rob Grieve**

Not really. So when we're actually saying tongue tie, what do we mean?

**Steven Bruce**

Well, it's an interesting one, isn't it? Because we've had a number of people on the show who say, well, you should just leave them, there's no need for them. It's a mechanical, a musculoskeletal problem. But we know what we're talking about with a tongue tie, don't we.

**Rob Grieve**

Yeah, I'm not too sure about that one, Steven. Sorry.

**Steven Bruce**

All right. Do you think, Lawrence has asked this question, do you think there is a connection with other speech dysfunction, disfluencies, such as lisping? are the mechanisms similar, do you think?

**Rob Grieve**

I wouldn't have actually said so. I mean, a lisp and a stammer are quite different. I think honestly, the best person to talk to there would be a speech therapist. The sort of stammering is different. No, I wouldn't say that they are linked.

**Steven Bruce**

Do you know of any benefits from hypnosis? A question from Philip.

**Rob Grieve**

Well, my father always used to say to me that he always thought that that would be a very beneficial thing. I have heard people say that that might be something worth trying. Once again, I don't really know if there's much evidence on the actual use of hypnosis.

**Steven Bruce**

I've got a question here, which takes us back to comms and consents. The person who asks is anonymous says, since you're a practitioner, as well as someone who stammers, is it okay to ask for a patient to repeat something during a case history if we haven't understood what they've said? To the person who asked the question, they say it would feel very rude to them, but how would you feel, what's your experience?

**Rob Grieve**

I mean, I would say that if you actually feel that there's a lack of understanding or the person's not actually sort of clear then yeah, then I personally, I can't see any problems really. And I suppose it's the age-old thing, it really sort of depends how you actually speak to them. So yeah, I would think that's absolutely fine.

**Steven Bruce**

Would someone be offended, someone with a stammer, would they be offended if you said to them during treatment, it's okay for you just to give me a thumbs up or a thumbs down when you mean yes or no to whatever question I ask you, would they prefer not to be told that?

**Rob Grieve**

Well, I think if they are able to use their voice, then personally, I would actually encourage them to actually say yes or to say no. But if that's their chosen way of doing things, then I think yes, that's absolutely fine, but I wouldn't say to them, you don't have to say yes or no, just give me a thumbs up. I think, like all of these things, as we all know, each patient is different.

**Steven Bruce**

Actually Sue's asked an interesting question, she's asked whether there's a typical age, when stammering tends to become evident or to manifest itself. Alexander mentioned, it was at five for him, but is it always in childhood?

**Rob Grieve**

Well, it tends to be sort of early childhood, but one of the interesting sort of things is that many children who are fluent when they are older, often have a bit of a stammer when they first learn to speak. And I was actually told by a speech therapist, if you have a child, who is maybe stammering on a few words, just ignore them and there is a very strong chance that they will actually, I won't use the word necessarily grow out of it, but they will be fluent speakers. One of the worst things I think, is when you have a young child who is struggling, is trying to say words, is to say things like "Spit it out" and that's what my dad used to say all the time, which I really think played a big part in my actual stammering, or things like "Get to the point." So if you apply pressure, then that often has a very negative effect.

**Steven Bruce**

Yeah, actually, that's possibly an indirect piece of advice for us, isn't it? Because if we're treating patients who have children who stammer then it's something we can discuss with them, because I imagine many parents, might not be aware of how to handle children who have that problem. Donna has asked about breathing exercises. She says she healed her stammering through Pilates and breathing. And we did of course, talk about breathing exercises earlier on. So how about a connection to dyslexia? You may not know this, but Camilla would like to know. As someone with a PhD, I imagine you're not terribly dyslexic.

**Rob Grieve**

I'm not too bad. Although spellcheck always helps, the usual kind of thing. No, I'm not really sure once again. I'm not actually sure.

**Steven Bruce**

What then about signposting our patients to resources that can help them, either the parents or the sufferers themselves? Sufferers is the wrong word, of course, it's the people who have a speech disfluency. What can we tell them to do? Who can help them?

**Rob Grieve**

Right, okay, so I was a trustee for three years for the British Stammering Association, which is also called Stamma. So if you go onto the internet, you can actually be a member and it's free. They have loads of really good resources. They've also got a helpline so people can actually telephone in so I would say that they would be your first port of call.

**Steven Bruce**

That Stamma is spelt S, T, A, double M, A, isn't it?

**Rob Grieve**

Yeah. So they actually changed, so it sort of has always been the British Stammering Association, but they then sort of changed the actual name to Stamma about two years ago. So I think the terms are used interchangeably.

**Steven Bruce**

Okay. Thank you. This one ought to be right up your street because Siobhan says she's delighted to listen today because she's worked with a two-and-a-half-year-old boy and his mum thinks that a body scan through fascia, fascial assessment, triggered the stuttering. I know, you're an expert in fascia as well here. She says, there was no treatment applied, but the stammer increased in expression over a few days afterwards. Any theories, ideas or thoughts on that one?

**Rob Grieve**

Absolutely no idea. I'm really not sure. As I say, my sort of area has really been more about trigger points and this whole area. The actual fascia and the actual trigger points aren't necessarily the sort of same thing, although we talk about myofascial trigger points. I'm really not sure how that actual scan could have increased. I mean, I really find that very strange. I'm struggling to see how there could be any link.

**Steven Bruce**

It does strike me that when when people take drugs, I mean, medicinal drugs, prescribed drugs, they fill in the yellow form if there are adverse side effects. So we have a good track record of the consequences of taking a particular drug. With something like this, let's say for example, that a scan of some sort had exacerbated or triggered the problem, no one would ever connect the dots, would they? Because it just wouldn't get reported. So it might it might actually an idea for practitioners when they have a stammering patient or parents of a stammering patient, to find out what went on prior to the stammer starting and just try and build up some sort of pattern, I don't know. Your book is about public speaking, which I imagine that most people probably think is a very brave arena to wander into if you have a stammer. We've got a few minutes left, why public speaking and does the book address it from a stammerers perspective particularly or just from the god awful fear of standing in front of a crowd of people?

**Rob Grieve**

Yeah, so the book basically already began about me, stammerer, doing public speaking, and then I actually since 2015, I've been doing a workshop. So I've been doing workshops for students who've got a fear of public speaking. And the big thing is, the real key thing and the whole thing the actual book talks about is being authentic. It talks about not being a perfect, not actually thinking about being slick. If you are all of those kinds of things, that's absolutely fine. So it's really turning the whole thing about public speaking is not about this sort of slick presentation, but it is about knowing what you're actually talking about, being enthusiastic, being passionate, all of those kinds of things. So that whole approach is very powerful for stammerers, because many people who are stammer, and I am a person who used to spend all my time thinking how is this actually going to sound, I spent all my time thinking about how I was actually going to say things as opposed to what. And I must say these workshops have been very interesting, and I think they've changed quite a few people's actual viewpoints.

**Steven Bruce**

Interesting that you-

**Rob Grieve**

Sorry to interrupt you. You can see, I'm actually getting quite passionate about it, because I really feel that as a person who stammers, by using this approach, my speech improved massively, because I wasn't spending all my time thinking about being fluent.

**Steven Bruce**

Yeah. Well, what I was about to say was you were clearly very passionate about that. And you didn't stammer once when you said all of that and you were going for a long time there, which is really interesting. Shani has asked us, she's perhaps reflecting back on that film The King's Speech, she's saying is it true that stammering doesn't happen when a person sings? Would you like to give us a rendition of God Save the Queen?

**Rob Grieve**

Well, okay, now that is a really interesting thing. So I actually sang in a choir for years and singers, when you sing, you do not stammer. And also, what I find quite interesting as well as if you change your accent, so you get a lot of people change their accents, and that also makes them appear to be more fluent. But when you sing, you do not stammer.

**Steven Bruce**

Interesting you say what you did about an accent because Sylvie says that some people stammer in one language, but not in another language. I guess that's a similar sort of thing. She obviously wants to know why, but I'm guessing that that's a bit of a mystery.

**Rob Grieve**

Yeah. I've got no idea there again. Sorry, once again.

**Steven Bruce**

Alexander sent in an observation, same Alexander as before, saying that his son copied him for the first couple of years and he found that very upsetting himself, but the young lad found his own way after that. Have you got children of your own?

**Rob Grieve**

Yeah, I have. So I've got a 26 year old daughter and a 27 year old. Yeah. So they're basically grown up now.

**Steven Bruce**

Did they copy you?

**Rob Grieve**

No.

**Steven Bruce**

Ok, so it's not a universal thing?

**Rob Grieve**

Yeah, I think one of the really hard things about stammering is that it tends to be the butt of many jokes. And it can be really challenging when you are teased. And I know that when children, obviously they're doing it innocently, but I think if people are actually mocked or teased, I mean, that can be incredibly hurtful.

**Steven Bruce**

Yeah, it's funny actually before we scheduled you to come in on this, I noticed on, I can't remember the TV program, but actually, a person with a stammer was being mocked on a TV program for comic purposes and I kind of thought that probably politically incorrect these days and certainly not sensitive to people who are stammerers. Somebody, again unknown, has said that when they stammer, they sometimes don't realise for a few seconds that it's happening. Is that something that happens to you? Is it common?

**Rob Grieve**

No. That's an interesting one. I think if I think about trying to be fluent, I will actually stammer more. So if I think about, when I'm just about to say a word and I think about trying to be fluent, I often find I'm actually stammering more. But yeah, I mean, I think it's just one of those things that it just basically happens. Yeah.

**Steven Bruce**

Joseph has taken us back to, I've just a second observation from Joseph. Joseph says he stammered in Spanish, but he doesn't in English, and he would love to know why. But he also said one of the immediate self reported effects of releasing a tongue tie in adults is a marked release of tension in the cranial cervical junction. I've only had two examples of this, both are professional singers, he says, and both reported the same effect. So possibly a connection with cranial nerves there. Anne says, could the foreign language fluency be linked to the fact that you've learned it as an adult or just later development engaging higher brain functions? And again, that's something to ponder maybe? Rob it's been really kind of you come on here. And I mean, it'd be patronising to say it's brave, I mean, to go out and do public speaking with a stammer must be quite a challenge in the early stages. And I think it's really helpful for us as practitioners to be able to see a little bit further inside the head of a person who has a stammer, because it helps us to understand how patients feel when they come and see us, doesn't it? And also to be able to signpost them towards an organisation, which may be able to help and think of a few treatments that, at least potentially could help as well. So thank you very much for that. We will put a link to your book, which is Stand Up and Be Heard, on the website when we post the recording. I've had lots of thank yous coming in, this is marked in red on my list of questions here, so thank you to all those who've sent in their observations and their thank yous. And yeah, we'll let you know how we get on with that write up, that review of the case where cranial work helped a stammerer, and maybe we can get some work done on that as well. And that's it, thank you very much for joining us.

**Rob Grieve**

Thank you very much, Steven. Thank you very much for having me.

**Steven Bruce**

It's been our pleasure. Right, that's our lunchtime for today. That's our CPD for this week. Looking ahead on the 15th we have Rob Schleip back coming to talk about the science of fascia. Rob was with us a couple of months ago and was a fascinating and very enthusiastic speaker, who I'm sure you will enjoy seeing again. Lunchtime on the 17th we're talking about treating long COVID with breathing techniques and again, we will be bringing up perhaps the prospect of breathing for stammering during that program as well. That's with another physiotherapist Kelly Mitchell. And then looking ahead to the 22nd at lunchtime we have yoga-based practices for practitioners benefit and for the benefit of our patients. So that's it for now. That's it for this week. We have a couple of first aid courses still with places on them. If you want to join the McTimoney Chiropractic Association first aid course, that's a hands on one, that's actually the first one we're doing in the classroom for over a year. That's on the 10th at Wallingford at the MCA headquarters. 10th of July. On the fourth of July, we're doing another online course and I think as all this lunchtime, we had about 12 places left on that one as well. You can access that one through our website. And I sent out an email a couple of days ago asking for volunteers for peer discussion review. If you could get back to that email and if you're interested, just click a button to say you're prepared to help somebody out. That would be very helpful and much appreciated. And I will now shut up and let you get on with your day. Thanks for joining us. Good afternoon.