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**EFFECT OF LOGOTHERAPY ORIENTED TREATMENT
PROGRAM ON STUTTERING (CASE STUDY)***

**LOGOTERAPİ YÖNELİMLİ SAĞALTIM PROGRAMININ KEKEMELİK
ÜZERİNDEKİ ETKİSİ (VAKA ÇALIŞMASI)***

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Abstract

In this study, it was aimed to test the effect of logotherapy oriented treatment program on stuttering. It was also studied if Logotherapy Oriented Treatment Program is effective on the dereflection of stutterers, reducing hesitations of them and eliminating the behaviors accompanying the speeches.

The study was carried out on three stages within the context of case study. These stages were; identification, psychological counseling and evaluation. In the first stage the thought, emotion, belief, experience, behavior and problem of the stutterer who has accepted to receive help voluntarily was analyzed in great detail. In the second stage it was carried out psychological

* Bu makale Crosscheck sistemi tarafından taranmış ve bu sistem sonuçlarına göre orijinal bir makale olduğu tespit edilmiştir.

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counseling application to test the effect of Logotherapy oriented treatment program on stuttering which is one of the speech disorders. In the third stage it had been done evaluation study to provide permanence of the program which was practiced to effect of Logotherapy on the treatment of stuttering which is one of the speech disorders. In this connection the characteristics of the individual and also the effect of Logotherapy oriented treatment program had been investigated in great detail. In the study the behavioral observations, form of observation and receiving story, the form of determining motor behaviors which goes along with the speech of stutterers, the form of determining thought, emotion and behavior, the form of determining thought indented to stuttering had been used to collect the data. This study has been expressed without any statistical analysis because it is evaluated in the context of qualitative researches.

Findings obtained at the end of the research can be presented as follows;

1. Logotherapy Oriented Psychotherapy Program is thought to be efficient in the treatment of stuttering.
2. Logotherapy Oriented Treatment Program is thought to be efficient in dereflection of the stutterers.
3. Logotherapy Oriented Treatment Program is thought to be efficient in eliminating the motor behaviors accompanying the speeches of the stutterers.
4. Logotherapy Oriented Treatment Program is thought to be efficient in reducing the hesitation numbers of the stutterers.

Key Words: Logotherapy, Treatment Program, Stuttering, Case Study

Öz

Bu çalışmada Logoterapi yönelimli sağaltım programının kekemelik üzerindeki etkisini test etmek amaçlanmıştır. Ayrıca Logoterapi Yönelimli Sağaltım Programının kekeme bireylerin düşünce odağını değiştirmede, kekeme bireylerin takılma sayılarını düşürmede ve konuşmalarına eşlik eden davranışları ortadan kaldırmada ve etkili olup olmadığı incelenmiştir.

Araştırma vaka çalışması kapsamında üç aşamada gerçekleştirilmiştir. Bu aşamalar; tanılama, psikolojik danışma ve değerlendirmedir. Birinci aşamada kekemelik sorunu yaşayan ve bu süreçte gönüllü olarak yardım almayı kabul eden bireyin düşünce, duygu, inanış, deneyim, davranış ve sorunu derinlemesine analiz edilmiştir. İkinci aşamada logoterapi yönelimli sağaltım programının konuşma bozukluklarından kekemelik üzerindeki etkisini test etmek için psikolojik danışma uygulaması gerçekleştirilmiştir. Üçüncü aşamada logoterapi yönelimli sağaltım programının konuşma bozukluklarından kekemelik üzerindeki etkisini test etmek için uygulanan sağaltım programının kalıcılığını sağlamak için değerlendirme çalışması yapılmıştır. Bu bağlamda hem bireye ait özellikler, hem de logoterapi yönelimli sağaltım programının etkililiği derinlemesine incelenmiştir. Çalışmada verilerin toplanması için davranışsal gözlemlere yer verilmiş, Gözlem ve Öykü Alma Formu, Kısa

Semptom Envanteri, Kekemeliğe Eşlik Eden Motor Davranışları Belirleme Formu, Düşünce, Duygu, Davranış Belirleme Formu, Kekeleme Durumuna Yönelik Düşünce Belirleme Formu kullanılmıştır. Araştırma nitel araştırma kapsamında değerlendirildiği için hiçbir istatistiksel analize tabi tutulmadan ifade edilmiştir.

Araştırma sonucunda elde edilen bulgular şu şekilde ifade edilebilir;

1. Logoterapi Yönelimli Psikoterapi Programı konuşma bozukluklarından kekemeliğin sağaltımında etkin olduğu düşünülmektedir.

2. Logoterapi Yönelimli Sağaltım Programı kekeme bireylerin düşünce odağını değiştirmede etkin olduğu düşünülmektedir.

3. Logoterapi Yönelimli Sağaltım Programı kekeme bireylerin konuşmalarına eşlik eden motor davranışlarının kaldırılmasında etkin olduğu düşünülmektedir.

4. Logoterapi Yönelimli Sağaltım Programı kekeme bireylerin takılma sayılarını düşürmede etkin olduğu düşünülmektedir.

Anahtar Kelimeler: Logoterapi, Sağaltım Programı, Kekemelik, Vaka Çalışması

INTRODUCTION

Researches suggest that 20-80% of the stuttering incidents recover. Typically some stutterers spontaneously heal before 16 years old (DSM-IV-TR, 2007). Approximately 80% of the stutterers heal and 60% of this healing is spontaneous. Healing rate is higher in girls (Karacan, 2000:19). There are researches suggesting that 75-80% of the children showing stuttering behaviors will spontaneously heal. The risk that a child who starts stuttering may go on stuttering in future and become a chronic stutterer is 20-25%. Especially in adolescents and adults, in other words "chronic" stutterers, healing chance is considerably low. While there are the ones who completely overcome their problems with a proper therapy, there are also the ones who significantly get better. However, the literature on the field shows that better results can be obtained if the problem is addressed in early ages (Konrot, 2005).

There are different approaches and methods used in the therapy of the stuttering. A group of therapists prefer to manipulate the family rather than the child in early term stuttering and defend not to make the child feel that s/he talks differently. Some clinics prefer to control the environment of the children and aim to solve the problem indirectly in the therapy of stuttering. Some clinics organize technical teaching programs. In these programs environment is controlled by using slow and accelerated speech and breath techniques and problem is solved in an indirect way. In a recent

approach, the therapy is maintained by the child's mother or someone close to the child with a behavioral approach based on operant conditioning. In some clinics, device aided therapies are also applied. Another approach aims that the stutterer administers therapy himself/herself through computer software (Konrot, 2005).

The most commonly applied treatment approaches are behavior modification, breathing exercises and speech therapy. Traditional treatment focuses on changing routine stereotypic behavioral patterns, reducing learned reaction and tension. Analysis and modification of the blocks are performed and it is attempted to reduce or completely eliminate it. In newer therapy techniques, the focus is on reorganizing fluency of the speech; proper transitions between sounds, syllables and words, speed adjustments and reorganizing of the speech are performed (Karacan, 2000:19).

Nelson (2002) argues that stuttering may be helped with breathing exercises and rhythm practices and at the same time using now and presence may improve fluency situation. In a study the individuals, who took an intense stuttering training program, watched themselves in video. Each month improvements were tracked and at the end of six weeks, an increase in the fluency of the speeches of the individuals was observed (Changarathil, 2007).

Koç (2010) used an experimental working pattern in a two-stage research carried out to review the effect of cognitive behavioral therapy on stuttering. In the first stage, the researcher determined the emotion, thought and behavior of the individual in regards to stuttering. In the second stage, stuttering frequency of the individual was identified. An education program for the treatment of stuttering was applied, and as a result it was observed that cognitive behavioral therapy brought about a reduction in the stuttering behavioral of the individual and it was effective in the treatment of the stuttering.

As stated above, stuttering was attempted to be treated using various methods. According to the results, in the treatment of chronic stuttering which damages the academic, social and educational functionality of the individual, there is either no healing or the healing is not permanent. These two situations continue to be a matter of further inquiry in the search of new methods to be used in the treatment of stuttering. In this context, Logotherapy is thought to be a method which may contribute to reaching the defined aims. The following are the research results of the Logotherapy applied areas.

Logotherapy is based on three basics. (1) Freedom of will (2) Will to meaning and (3) Meaning in Life (Frankl, 1967a). According to Frankl, the basic incentive power in human is the effort to make life meaningful or find a meaning. In the individual whose effort was unsuccessful, an existential vacuum occurs and the individual feels himself/herself alone and his/her life in vain. Therefore, the aim of psychotherapy is help the individual find a specific purpose and a meaning which may enable him/her to live and fill this existential vacuum (Budak, 2003: 487).

Meaning of life may always change but it never disappears. The individual can find the meaning of life in three different ways. These are

- To create a piece of art or do a business,
- To experience something or interact with a person, or
- To develop an attitude against an unavoidable pain (Frankl, 2007; Frankl, 1967a).

These are some of the findings from the dissertation of Esping (2008), in which he studied the search for meaning in the life of the individuals who were in graduate education; (1) helping doctorate students in a logotherapeutic way may be effective in finding the meaning of personal difficulties experienced in graduate education, (2) the researchers who can empathize with their dissertations learn to psychological challenge in graduate education.

In a study researching the relationship between meaning, sources of meaning and personality, Schnell and Becker (2006) found that the individuals are inclined to the special sources of meaning depending on their personalities. The individuals who have the capacity of self-transcendence, in other words who devote themselves to the others live their life more meaningfully.

Joshi (2009) set forth the relationship between symptoms of will to meaning, meaning of life, existential frustration and existential vacuum suggested by Frankl in his study carried out to test the thesis of Frankl on meaning of life. Will to meaning and meaning of life together explain the half of the variance of existential vacuum. Meaning of life itself explains the 34% of existential vacuum and 5% of life satisfaction. Will to meaning, meaning of life and existential vacuum together explain 34% of the life satisfaction.

In a research which examined the effect of logotherapy on fatal patients, the patients experienced a significant increase in the purpose and meaning feeling in their lives after six-session logotherapy oriented group experience as measured by Purpose in Life (PIL) test (Zuehlke and Watkins, 1975).

In a study by Somov (2007) which aimed to set forth the effect of logotherapy oriented group experience on drug using, drug-using individuals were included in a program consisting of the meaning of meaninglessness, meaning of pain, meaning of ego, meaning of existence, meaning of death, meaning of freedom, meaning of drug using and meaning of change. No quantitative analysis were performed, the thoughts of the clients on group experience were included. Statement of one of the client was that: "Thanks for the healing. I do not have to be a slave to anything anymore, actually I never had to. I have options, and where I am is here.

Forthsmeyer (1970) found that 18 alcoholics out of 20 found their existence meaningless and purposeless in his dissertation. It was also shown by Alvin R. Fraiser working in Drug Abuse Rehabilitation Center in Norco, California that logotherapy is equally efficient in drug addiction (Cited by Frankl, 1999:22).

In a study examining the effect of a group life in which a logo-autobiography program was applied on the meaning of life and mental health in the spouses of the alcoholics, Cho (2008) designated an experimental group and a control group and logotherapy oriented approach was applied in the experimental group, but not in the control group. At the end of the study, it was found that meaning scores of the individuals in the experimental group were higher and depression, somatization, interpersonal sensibility and anger were lower than the ones in the control group.

In a study by De Witz (2004) examining the beliefs of purpose and self-sufficiency in life, positive meaningfulness was found between them and points of the individuals who had high self-sufficiency on meaning of their life were also found as high. Similarly in a study by Pakenham, Sofronoff and Samios (2004) carried out with 59 parents whose children have asperger's syndrome, the meaning variables of the parents and social support, self-sufficiency, problem oriented and emotional approaches in handling stress were found to have a positive relationship.

Conant (2004) aimed to generate a new approach for the special needs of the several depressive, desperate or suicidal prisoners by integrating rational emotional therapy and Logotherapy theories. While the new method continues on the philosophical theme of finding a meaning in life in a detailed way, various uses of RET techniques aim to have an effect on unreasonable beliefs of depressive prisoners. Within the scope of this study, it was found that suicidal prisoners had unreasonable beliefs on lack of purpose perception in the world and in life. In the planned treatment, therapy sessions will be carried out for one hour in a week. The treatment was aimed to be carried out in 4 stages. These are: (1) Moving away from the symptoms, (2) Changing behaviors, (3) Reducing symptoms and (4) Tendency towards meaning. In the planning process of the treatment, the prisoner playing an active part in therapy allows the patient to take responsibility by making him strong and giving him the sense of belonging to the therapy.

In the treatment process, it is attempted to make the individual completely realize his/her own existential responsibility. The individual should see to what, why or to whom s/he is responsible by realizing herself/himself (Karahan and Sardoğan, 2004:145).

The sources of human spirit are used in two specific methods of Logotherapy: paradoxical intention (using the source of moving away from himself/herself) and dereflection (using his/her own transcendence source) (Barnes, 2005). In the cases in which logotherapy oriented treatment programs were applied, "Paradoxical Intention" and "Dereflection" techniques were used. To define briefly what these methods are, it could be said that, *Paradoxical Intention* is a technique developed to eliminate the hyper

intention and is successfully used in the treatment of neurosis (Frankl, 1999; 96). It is a treatment method which results in short term but permanent healing (Frankl, 2007: 119). This technique was built on the human capacity that is necessary for the individual to break the bad circle that pushes him/her towards psychogenic neurosis such as phobia, anxiety and obsessive compulsions (Wong, 2002; Frankl, 1967,b).

Symptoms stir phobia and phobia triggers the symptoms that cause phobia (Frankl, 1975). People try to prevent their fears from coming off physiologically but that makes them more concerned. If the individual thinks about what s/he does not want to happen, s/he thinks that his/her voice is shaking and s/he can't express himself/herself and these cause the fear. Feeling of fear causes the individual to avoid the behavior. And the individual is condemned to lose control in situations such as shaking, stuttering, etc. In those situations, the individuals are asked to do the feared thing using paradoxical intention. While the individual becomes automatically concerned and tries to control it in a conscious way before, s/he becomes consciously concerned and automatically calms down with this method (Andreas, 2009). Paradoxical intention helps people look at the behavioral patterns from outside (Lukas, 1986).

Lamb (1980), in a study in which he tested paradoxical intention, worked with a 19-years-old student, who was afraid of fainting. Lamb encouraged the student to be excited and face what she was afraid of. When the student tried to do what she feared, she realized she could not and she could complete her exams without getting excited. Also an improvement was observed in her attitude concerning the situation she experienced in time.

Dereflection: Frankl developed dereflection to prevent hyper intention and hyper reflection (Wong, 2002). General examples are insomnia and sexual dysfunctions. The client is pessimist about his/her depression and thinks negatively because of hyper reflection. Hyper reflection is explained to clients and cooperation is made to reduce hyper reflection with the client. The consultant recommends the client to make a list of activities s/he liked doing or was used to doing before depression started or the things s/he always wanted to do but for which s/he never had time (Rice, 2005). The aim of dereflection is to help the patients to get over themselves and to move in line with creative and experimental values (Wong, 2002).

RESEARCH PURPOSE

The research was carried out to test if Logotherapy Oriented Treatment Program is efficient in healing Stuttering, eliminating motor behaviors accompanying stuttering or not and the healing in the behaviors is permanent or not.

METHOD

Research Model

The research was carried out with case study method. This method is used to review individual differences and personal processes. The individuals are deeply analyzed with this process. The research includes recording the past, current behaviors and behaviors during the research which may last for years. In this method, the data are generally descriptive. Instead of stating the findings with numbers and statistical analysis, what the individual is doing and impressions on psycho-dynamic of this behavior are described. In this research method, findings obtained as a result of qualitative evaluations can be stated with coherent graphics (Burger, 2006).

Case study means recording a part of individual's life seen during the therapy. The clinician, who analyses and records the case history, not only makes predictions or hypothesizes, but also tests these things and finds different evidences to understand if s/he makes any wrong or right decisions related to me the reasons of the problem (Seligman and Rosenhan, 1997).

The research was performed with case study method since it aimed to test the effect of logotherapy oriented treatment program on stuttering which is one of the speech disorders. Case study means deeply analyzing thoughts, emotions, beliefs, experiences, behaviors and problems of one individual (Plotnik, 2009). In the research, logotherapy oriented treatment program was addressed as independent variable and stuttering as dependent variable.

The client in this research was a 20 years old female who was training for teacher education. She was 2,5 years old when she began to stutter. While she was walking with her mother, a dog barked near them and with this fear she began to stutter.

Data Collecting Instruments

To collect data in the study, behavioral observations were included and Observation and History Taking Form (Öztürk, 2001), and the other forms which are generated by the researcher were used; Form of Identifying Psycho-Motor Behaviors Accompanying Stuttering, Form of Identifying Thoughts, Emotions and Behaviors, Form of Identifying Thoughts on Stuttering Situations.

Data Analysis

Since the research was evaluated within the scope of qualitative research, it was set forth without being subjected to any statistical analysis.

Stages of Logotherapy Oriented Treatment Program that are followed in Table 1. Aims of the session which held twice a week, behavioral aims of each session and techniques used are presented in the table.

Table 1. Aims for Psychological Consultation Sessions

SESSIONS	AIMS OF THE SESSION	BEHAVIORAL AIMS	TECHNIQUES USED
1st Session	Configuring To present the current situation	Cooperates Takes responsibility Shares thoughts, feelings and emotions A contract is signed	Simple acceptance, asking questions, reflection, summarizing
2nd Session	To define the thoughts at times when there is no hesitation To define the thoughts at times when there is hesitation To make realize the effect of positive and negative thoughts on stuttering situations	Defines the thoughts at times when there is no hesitation and speaks according to this Defines the thoughts at times when there is hesitation and speaks according to this Realizes the effect of positive and negative thoughts on stuttering situations Speaks thinking in a positive way	Simple acceptance, asking questions, reflection, summarizing
3rd Session	To discover herself	Ms R* realizes what she can do.	Interpreting, asking questions, revealing emotions, summarizing.
4th Session	To test the thoughts of Ms R on the power of thoughts.	Ms R realizes the effect of her thoughts in her hesitation experience.	Interpreting, reflection, asking questions, revealing emotions, summarizing.

* A nickname is used.

5th Session	To identify letters that cause difficulty in pronunciation during communication process To identify the words that cause difficulty in pronunciation To control breathing Dereflection	Pronounces the letters that cause difficulty in pronunciation during communication process Pronounces the words that cause difficulty in pronunciation. Controls her breathing. Causes positive dereflection.	Dereflection, interpreting, reflection, asking questions, summarizing.
6th Session	To get to know paradoxical intention technique. To use paradoxical intention technique fictionally.	Gets to know paradoxical intention technique. Uses paradoxical intention technique fictionally.	Paradoxical intention, interpreting, reflection, asking questions, summarizing.
7th Session	To test the truth (To see that the feared thing does not come true)	Tests the truth (Sees that the feared thing does not come true)	Paradoxical intention, interpreting, asking questions, summarizing.
8th Session	To test the truth (To see that the feared thing does not come true)	Tests the truth (Sees that the feared thing does not come true)	Paradoxical intention, interpreting, asking questions, summarizing.
9th Session	To organize the behaviors according to new thoughts and emotions	Organizes the behaviors according to new thoughts and emotions	Confrontation, interpreting, asking questions, summarizing.
10th Session	To test the truth (To see that the	Tests the truth (Sees that the feared thing	Paradoxical intention,

	feared thing does not come true)	does not come true)	interpreting, asking questions, summarizing.
11th Session	To test the truth (To see that the feared thing does not come true)	Tests the truth (Sees that the feared thing does not come true)	Paradoxical intention, interpreting, asking questions, summarizing.
12th Session	To evaluate	Makes evaluations	Reflection, interpreting, asking questions, summarizing.
13th Session	To evaluate the psychotherapy process.	At the end of psychotherapy, the individual is aware of the cognitive, affective and behavioral changes in herself.	Reflection, interpreting, asking questions, summarizing.

FINDINGS

1. Diagnosis and Psychological Evaluation

According to the diagnosis criteria in DSM-IV-TR (2007), determination for Miss R is given below.

Diagnosis: Stuttering

A Diagnosis Criteria: The speech of Miss R is inappropriately bad for her age in regards to both fluency and timing.

A1 and A2 Diagnosis Criteria: Miss R often repeats sounds and syllables.

A3 and A4 Diagnosis Criteria: Miss R experiences problems regarding exclamations and word hesitations (e.g. pausing in a word).

A5 Diagnosis Criteria: Miss R experiences hearable or silent blocks (e.g. completed or uncompleted breaks during speech).

A6 Diagnosis Criteria: Miss R uses periphrasing (e.g. use other words in order to avoid obligatory words) and uses the word “well” instead of the words she cannot tell.

A7 Diagnosis Criteria: Miss R pronounces some words with a tense emphasis and this has a negative impact on the fluency of the speech.

A8 Diagnosis Criteria: Miss R makes one-syllable word repetitions (e.g. “I-I-I see him”).

B Diagnosis Criteria: The impairment in the fluency of Miss R’s speech affects her success in school negatively, and Miss R avoids presentations and situations in which she needs communicating. Also she worries about experiencing her situation as a problem in her professional life.

C diagnosis criteria: Speech difficulties are generally much more than the ones accompanying this problem. Meantime, taking into consideration the age of Miss R and her recognition of her stuttering concerning the stuttering situation Miss R is experiencing, 2nd type stuttering diagnosis can be thought.

Psychological Evaluation: Miss R connects her stuttering to a fearful incident she experienced when she was 2,5 years old, but this experience is not a factor to cause stuttering itself. This experience is a situation which triggered to stuttering. Miss R is in deep anxiety about her stuttering situation she has experienced. This anxiety affects her academic success, social life and future plans in a negative way. Miss R is concerned about not being able to fulfill her teaching profession that her mother and father dreamed of. However the concern about not being able to fulfill her profession is not a factor that causes stuttering, it is a reason why this situation continues increasingly. The reason why Miss R continues stuttering is that she experiences anxiety due to focusing on failing instead of what she can do.

2. Findings on the Psycho-Motor Behaviors Accompanying Miss R’s Stuttering Before and After the Treatment

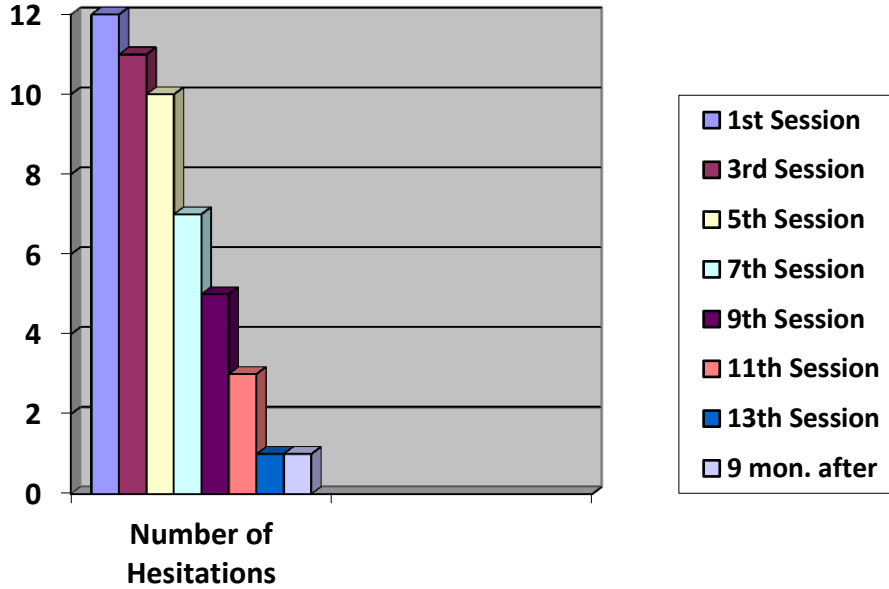
Table 2. Form of Identifying Psycho-Motor Behaviors Accompanying Miss R’s Stuttering After and Before the Treatment

Psycho-Motor behaviors accompanying stuttering	Before and After the Treatment	Usually	Often	Sometimes	Occasionally	Never
Opening and closing eyes	Before the treatment				x	
	After the treatment					
	9 months after the treatment					x
Moving arms	Before the treatment			x		
	After the treatment					

and hands	After the treatment		x
	9 months after the treatment		x
Changing sitting posture	Before the treatment		x
	After the treatment		x
	9 months after the treatment		x
Lip gestures	Before the treatment		x
	After the treatment		x
	9 months after the treatment		x
Blushing	Before the treatment		x
	After the treatment		x
	9 months after the treatment		x

In the analysis presented in Table 2, it was observed that while Miss R “usually” performed the opening and closing eyes behavior before the treatment, she “sometimes” performed it after the treatment and “never” performed it 9 months after the treatment; while Miss R “often” performed the moving arms and hands behavior before the treatment, she “occasionally” performed it after the treatment and 9 months after the treatment; while she “sometimes” performed the changing sitting posture behavior, she “never” performed it after the treatment and 9 months after the treatment; while she “often” performed the lip gestures before the treatment, she “never” performed it after the treatment and 9 months after the treatment; while she “sometimes” performed the blushing behavior before the treatment, she “never” performed it after the treatment and 9 months after the treatment.

3. Findings on Number of Hesitations of Miss R Before and After the Treatment

Figure 1. Number of Hesitations of Miss R Before and After the Treatment

In the analysis in Figure 1, the number of hesitations within one minute before the treatment, during the treatment and after the treatment was identified. Accordingly Miss R experienced 12 hesitations within one minute in 1st session, 11 in 3rd session, 10 in 5th session, 7 in 7th session, 5 in 9th session, 3 in 11th session and 1 in 13th session. In the study for testing the permanence of the application after 9 months of the treatment, number of hesitations in Miss R's speech was determined as 1.

CONCLUSION AND DISCUSSION

In this part, conclusions obtained as a result of the research and discussions on them are included. This part consists of three stages. Conclusion, rationale for this conclusion and literature findings supporting this conclusion are included in the first, second and last stages respectively.

1. Logotherapy Oriented Psychotherapy Program is thought to be efficient in the treatment of stuttering which is one of the speech disorders. The most basic anxiety and fear experienced by the individuals whose stuttering is not physical but psychological is the thought of being disgraced. Before starting to speak, the stutterer experiences anxiety about the hesitations s/he may have. When s/he starts to speak and hesitates, this situation turns into fear. To overcome the pressure of the anxiety and fear experienced by the individual in this process, s/he prefers not to speak (becoming introverted). As a result, not confronting this feared situation becomes the main purpose and this causes the stuttering to become chronic. Because escape and avoidance behavior plays an important role in reducing anxiety experienced by the individual. This reduce in anxiety stiffen escape and avoidance reaction.

Clients intend to experience the feared things (such as stuttering, blushing) until now. Intention and fear balance each other. If one really intends to do something, s/he does not fear from it. The reason why someone is in need of exaggeration is fear (Barnes, 2005). The main aim of Logotherapy oriented Psychotherapy is to make the person confront what s/he fears. As a result of risking confronting the feared thing, it was observed that there was a significant increase in the speech performance of the individual. This situation was experienced by the chief of psychiatry at Mainz University, West Germany in his own life. While he was a stuttering student at high school, he was given a stuttering role to play in theatre since he could stutter. But after a while, it was decided that someone would play his role (Frankl, 1967b).

2. Logotherapy Oriented Treatment Program is thought to be efficient in dereflection of the stutterers. When the behaviors of the individual are analyzed, the reasons that trigger and sustain these behaviors can be understood. The behavior is result, the triggerer is thought and the thing that sustains is feeling. In other words, the individual first think, then feels and behaves. In Logotherapy Oriented Treatment Program, the main philosophy is that the intention aspect forms the focus of thought. Addressed from this perspective, the result becomes a factor that triggers the process. In other words, when the individual's basic intention focuses on speaking without hesitation, s/he loses his/her awareness of his/her characteristics. This causes the individual to focus on only one of the situations that consist of many factors in the speaking process and ignore the factors that may enable him/her to talk without hesitation. Logotherapists enable the patients to heal by turning negative inputs into positive ones (Barnes, 2005). In this context, Logotherapy Oriented Treatment Program provides dereflection by making the individual realize all factors s/he owns that may help him speak without hesitation. As a result, the individual exhibits new thoughts, emotions and concerning behaviors in regards to speaking process by centralizing his/her strong aspects.

3. Logotherapy Oriented Treatment Program is thought to be efficient in eliminating the psycho-motor behaviors accompanying the speeches of the stutterers. Stuttering may be accompanied by behaviors such as blinking, twitching, lip gestures, head gestures, breathing behaviors and making fists, etc. (DSM-IV-TR, 2007). It was observed that Logotherapy Oriented Treatment Program was effective in reducing and eliminating accompanying behaviors such as blinking, moving arms and hands, changing sitting posture, lip gestures, blushing since it increased awareness of his/her characteristics which may enable the individual to speak fluently instead of focusing on one point during speaking process.

4. Logotherapy Oriented Treatment Program is thought to be efficient in reducing the hesitation numbers of the stutterers. The stutterer is afraid of hesitation at any moment. The individual in this vicious circle can not save himself/herself very

easily. S/he develops additional symptoms such as shyness, timidity and insecurity (Yörükoğlu, 1989). Since stuttering causes imparities in social functions, it commonly results in anxiety. Anxiety increases stuttering (Semerci, 2010). The most basic anxiety and fear experienced by individuals, whose stuttering is not based on any physical reason but on psychological ones, is the thought of being disgraced. Logotherapy oriented treatment program allows the individual to confront what s/he fears and take the risk of facing the feared situation. As a result, it was observed that there was a significant decrease in hesitation number of the individual.

The following suggestions can be made based on the findings obtained at the end of the research.

1. Logotherapy Oriented Treatment can be used effectively in the treatment of stuttering.
2. Logotherapy Oriented Treatment Program can be studied to see if it is efficient in processes of accepting and realizing oneself and gaining self-confidence.
3. In the Psychological Counseling and Guidance undergraduate programs, activities for gaining cognitive competence, affective features and behavioral skills which may allow Logotherapy to be used effectively should be organized and elective courses should be suggested accordingly.

REFERENCES

- ANDREAS, S. (2009). Understanding Ourselves and Each Other. *Six Blind Elephants*, 2, Retrieved June 17, 2009, from http://www.achievingexcellence.com/pch_and8_5.html
- BARNES, R. C. (2005). Logotherapy's Consideration of the Dignity and Uniqueness of the Human Being. *Franklian Psychology: An Introduction To Logotherapy*, G.E. Rice (Eds.), Viktor Frankl Institute of Logotherapy.
- BUDAK, S. (2003). *Psikoloji Sözlüğü*. Ankara: Bilim ve Sanat Yayınları.
- BURGER, J. M. (2006). *Kişilik*. (1th ed.), İstanbul: Kaknüs Psikoloji.
- CHANGARATHIL, R. (2007). *The effectiveness of video self-modeling (VSM) as a fluency maintenance strategy for adults and adolescents who stutter*. M.Sc. dissertation, University of Alberta, Canada. Retrieved August 25, 2009, from Dissertations & Theses: Full Text.(Publication No. AAT MR29943).
- CHO, S. (2008). Effects of Logo-autobiography Program on Meaning in Life and Mental Health in the Wives of Alcoholics. *Asian Nursing Research*, 2, 2.
- CONANT, J. B. (2004). *Changing Irrational Beliefs and Building Life Meaning: An Innovative Treatment Approach for Working With Depressed Inmates*. The Chicago School of Professional Psychology: For the Degree of Doctor of Psychology.

- DE WITZ, S. J.(2004). *Exploring The Relationship Between Self-Efficacy Beliefs And Purpose In Life*. The Degree Doctor of Philosophy in the Graduate School of The Ohio State University.
- DSM-IV-TR (1994). *Ruhsal Bozuklukların Tanısal ve Sayımsal Elkitabı*. (4th ed.), Ankara: Hekimler Yayın Birliği
- ENÇ, M., ÇAĞLAR D. & ÖZSOY Y. (1987). *Özel Eğitim Giriş*. (3th Ed.), Ankara: Ankara Üniversitesi Eğitim Fakültesi Yayınları.
- ESPING, A. (2008). *The Search for Meaning in Graduate School: Viktor Frankl's Existential Psychology And Academic Life in a School of Education*, Ph.D. dissertation, Indiana University, United States -- Indiana. Retrieved April 17, 2010, from Dissertations & Theses: Full Text.(Publication No. AAT 3307567).
- FRANKL, V. (1967a). The Philosophical Foundations of Logotherapy. Edit. James C. Crumbaugh, Hans O. Gerz, and Leonard T. Maholick, *Psychotherapy and Existentialism. Selected Papers on Logotherapy*, New York: Simon & Schuster ISBN 0-671-20056-9,1-18.
- FRANKL, V. (1967b). Psychiatry and Man's Quest for Meaning , Edit. James C. Crumbaugh, Hans O. Gerz, and Leonard T. Maholick, *Psychotherapy and Existentialism. Selected Papers on Logotherapy*, New York: Simon & Schuster ISBN 0-671-20056-9,71-86.
- FRANKL, V. (1975). Paradoxical Intention and Dereflection. *Psychotherapy: Theory, Research & Practice*, 12,3, 226-237.
- FRANKL, V. (1999). *Duyulmayan Anlam Çığılığı*. (4th ed.), Trans., S.Budak, Ankara: Öteki Psikoloji Dizisi.
- FRANKL, V. (2007). *İnsanın Anlam Arayışı*. Trans., S.Budak, (8th ed.), İstanbul: Öteki Psikoloji Dizisi.
- JOSHI, C. A. (2009). *An Empirical Validation of Viktor Frankl's Logotherapeutic Model*. Ph.D. dissertation, University of Missouri - Kansas City, United States -- Missouri. Retrieved April 17, 2010, from Dissertations & Theses: Full Text.(Publication No. AAT 3374257).
- KARACAN, E. (2000). Çocuklarda Kekemelik ve Diğer İletişim Bozuklukları. *Psikiyatri Dünyası*, 4, 18-21.
- KARAHAN, T. F. & SARDOĞAN, M. E. (2004). *Psikolojik Danışma ve Psikoterapide Kuramlar*. Samsun: Deniz Kültür Yayınları.
- KOÇ, M. (2010). The Effect of Cognitive-Behavioral Therapy On Stuttering. *Social Behavior and Personality*, 38,3, 301-310.

- KONROT, A. (2005). İletişim, Dil ve Konuşma Bozuklukları. Edit., S. Topbaş, *Dil ve Kavram Gelişimi*, Ankara: Kök Yayıncılık.
- LAMB, C. S. (1980). The Use of Paradoxical Intention: Self-Management Through Laughter. *Personnel & Guidance Journal*, 59,4, 217.
- LUKAS, E.S. (1986). *Meaning in Suffering*. Berkeley, CA: Institute of Logotherapy Press.
- NELSON, L. A. (2002). Language Formulation Related to Disfluency and Stuttering. *Stuttering Therapy: Prevention and Intervention with Children*, Stuttering Foundation, America, 19-37.
- ÖZTÜRK, O. (2001). Ruh Sağlığı ve Bozuklukları. (8th ed.), Ankara: Nobel Tıp Kitapevleri.
- PLOTNIK, R.(2009). *Psikoloji'ye Giriş*. (1st ed.), Trans., T. Geniş, İstanbul: Kaknüs Psikoloji.
- RICE, G. E. (2005). *Franklian Psychology: An Introduction To Logotherapy*. Viktor Frankl Institute of Logotherapy.
- SCHNELLA, T. & Beckerb, P. (2006). Personality and meaning in life. *Personality and Individual Differences*, 41,1,117-129.
- SELIGMAN, M.E.P. & ROSENHAN, D.L. (1997). *Abnormality*. London: W.W. Norton & Company, Inc. New York.
- SEMERÇİ, B.(2010). Konuşma Bozuklukları. Retrieved March 3, 2010, from http://www.cetinozbey.com/index.php?option=com_content&task=view&id=82&Itemid=128
- SOMOV, P.G. (2007). Meaning of Life Group: Group Application of Logotherapy for Substance Use Treatment. *The Journal for Specialists in Group Work*, 32,4, 316- 345.
- WONG, P. T. P. (2002). Logotherapy. *Encyclopedia of Psychotherapy*, 2, 107-113.
- YÖRÜKOĞLU, A. (1989). *Çocuk Ruh Sağlığı*. (15th ed.), Özgür yayın dağıtım.
- ZUEHLKE, T. & WATKINS, J. (1975). The Use of Psychotherapy with Dying Patients: An Exploratory Study. *Journal of Clinical Psychology*, 31,4, 729-732.