Movie Discussion: The King's Speech

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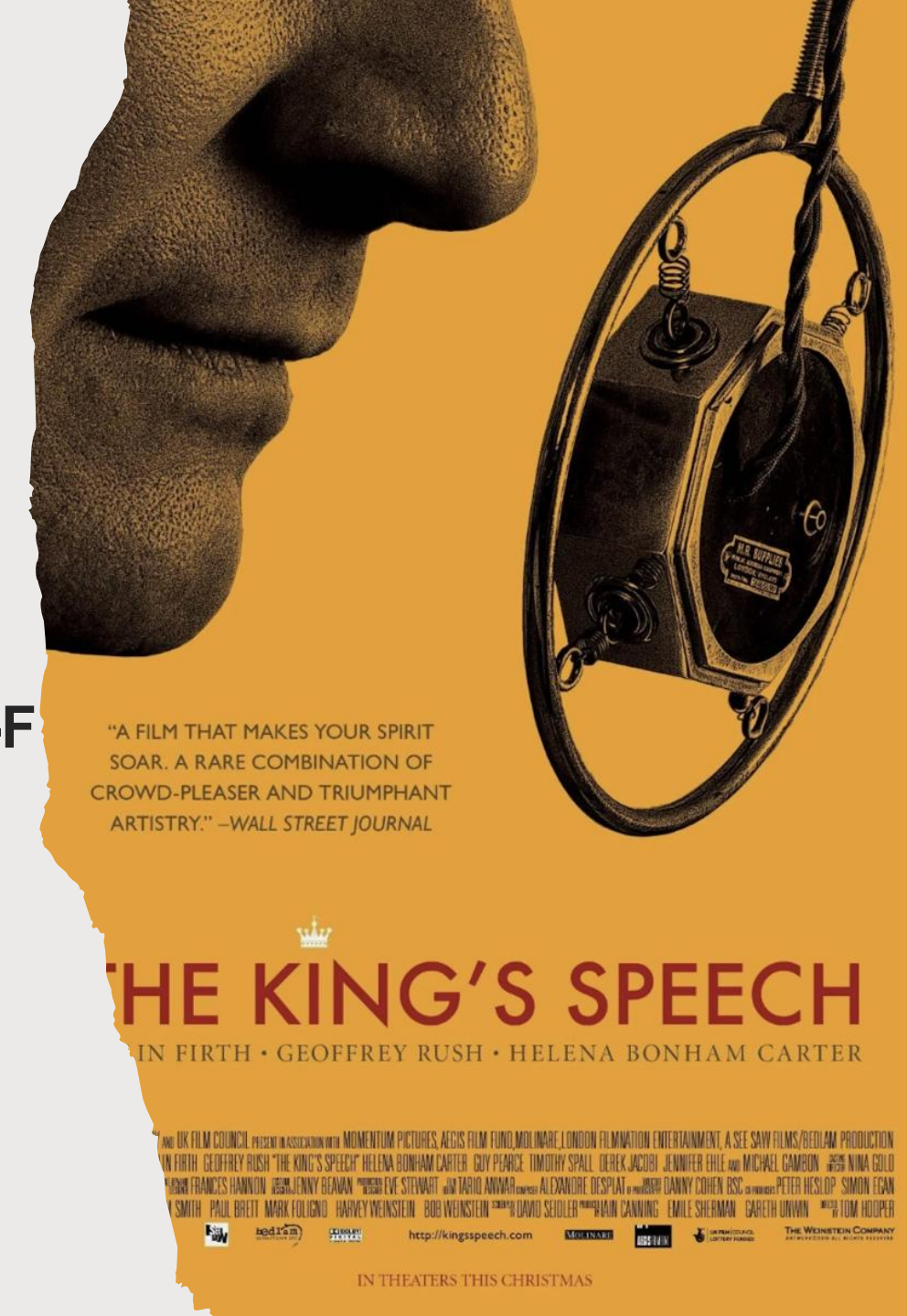

What We Know

- **What it is:** A neurodevelopmental difference
- **Onset:** Typically ages 2–4
- **Incidence:** 8–10% across the lifespan
- **Prevalence:** ~1% at any given time
- **Natural recovery:** ~80% of children recover
- **Sex:** More common in males
- **Genetics:** Strong genetic influence; runs in families
- **Neurology:** Differences in brain structure, function, and connectivity
- **Culture:** Occurs across cultures worldwide



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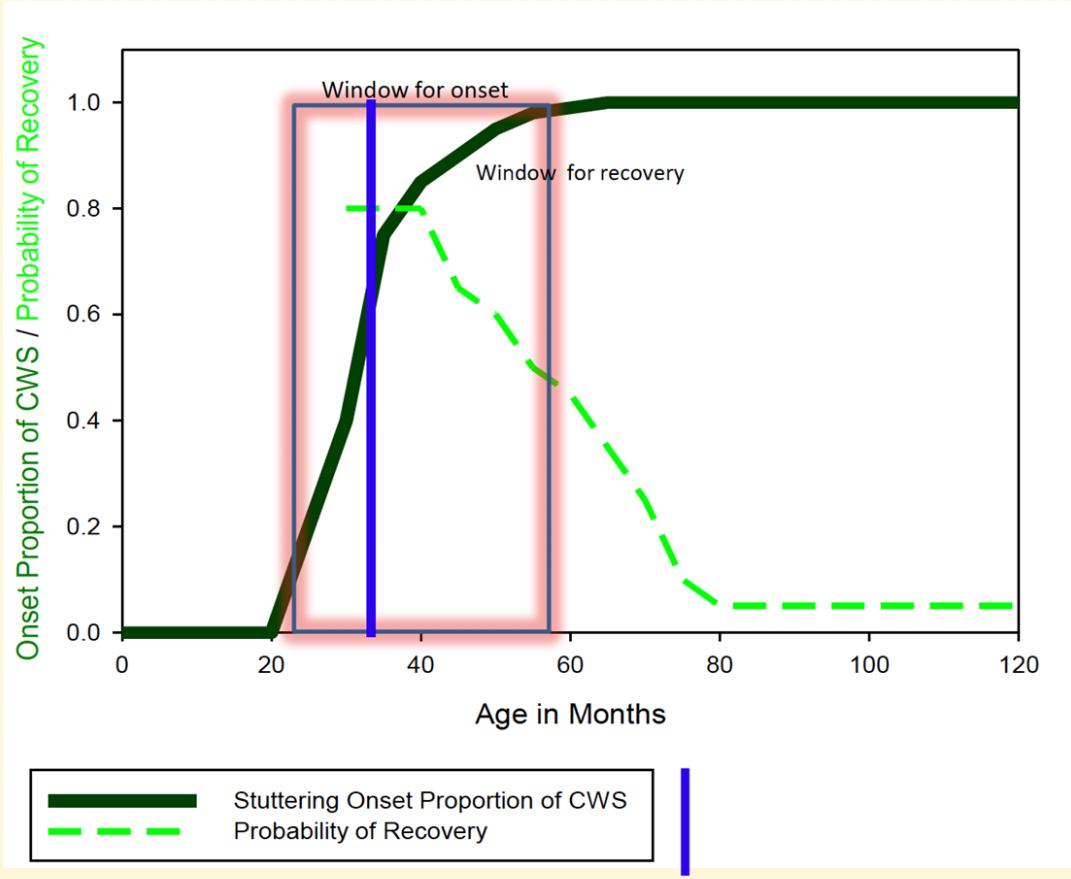
The Multifactorial Dynamic Pathways Theory

Smith & Weber, 2017

Stuttering Onset and Recovery



Adapted from Yairi & Ambrose, 2005 and Reilly et al., 2013, *Pediatrics*

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Beyond Common Assumptions

- **Cause vs. consequence:** Anxiety, shyness, and nervousness may result from stuttering, not cause it
- **Variability:** Stuttering naturally varies across situations and contexts
- **What you see:** Observable severity may reflect learned struggle and reactivity—not neurological stuttering alone
- **What you don’t see:** Anticipation, fear, avoidance, and efforts to conceal stuttering



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Research Headlines – The Neurobiology

Brain: Differences involve left auditory-motor pathways, the arcuate fasciculus, and corpus callosum, with developmental trajectories differing in persistence vs. resolution

Chang et al., 2014, 2019

Genetics: Stuttering is highly heritable, with many genetic variants contributing to risk

Pruett al., 2025; Kang et al., 2010

Motor & Language: Speech-motor coordination is less stable in people who stutter and becomes more vulnerable as linguistic demands increase

Smith & Weber, 2017; Walsh et al., 2021

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"For Vivian and her clients – you have a voice!"

~ David Seidler, Screenwriter,
The King's Speech



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Research Headlines – The Lived Experience

Neurodiversity: Stuttering reframed as neurological difference rather than defect, shifting the focus from fixing the individual to supporting diverse ways of speaking

Constantino, 2018; Constantino et al., 2022

Stigma: Public stigma and ableist assumptions shape how stuttering is experienced and how people who stutter are perceived and treated

Boyle et al., 2023; Johnson et al., 2024

Concealment: Concealment is dynamic and context-dependent, extending beyond hiding stuttering moments to hiding one's identity as a person who stutters

Gerlach et al., 2021; Gerlach & Cage, 2025

Community & Culture: Stuttering is increasingly understood through community, culture, pride, and belonging, challenging fluency as the expected norm

STAMMA, n.d.; Stuttering Commons, n.d.

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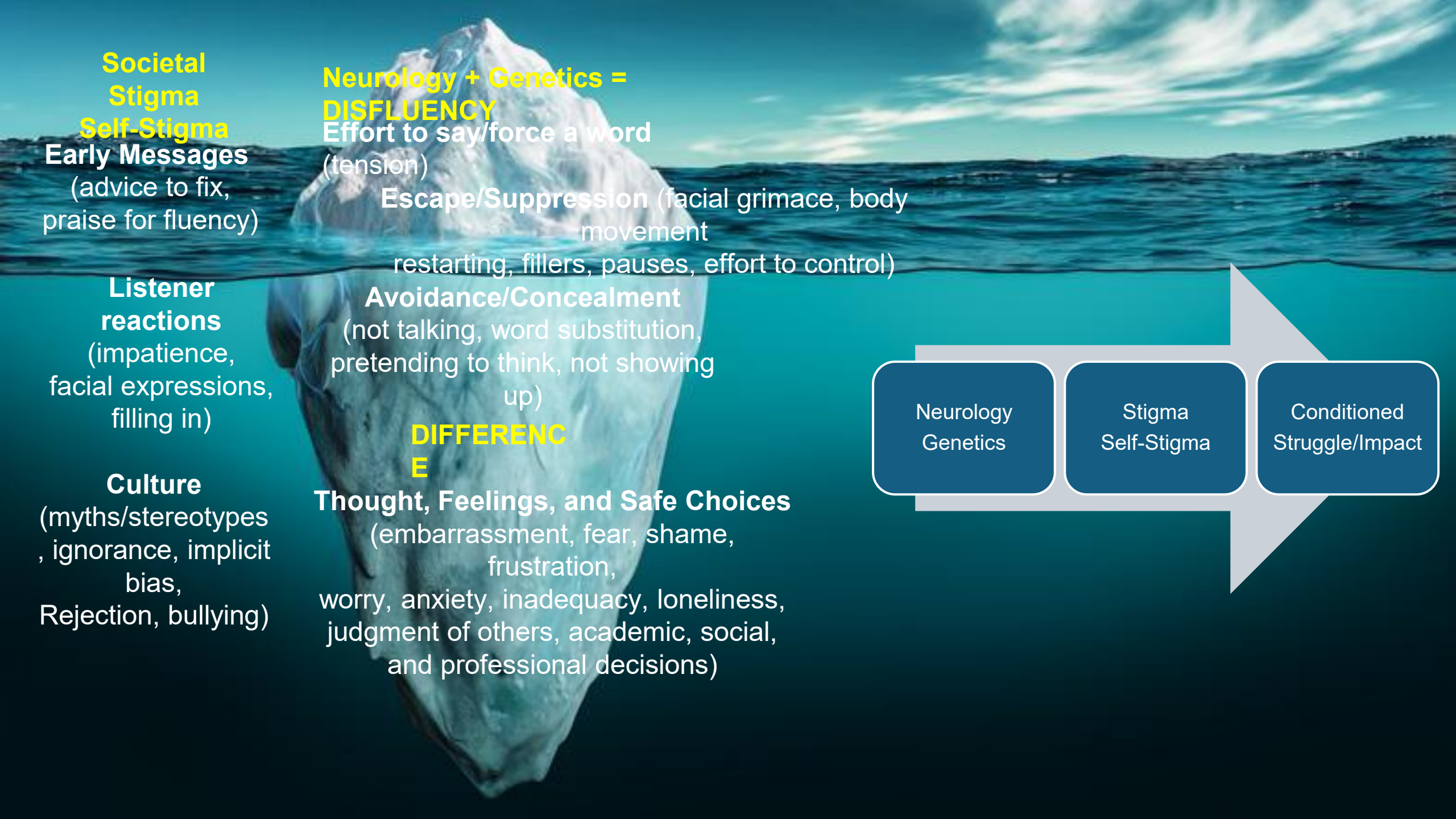
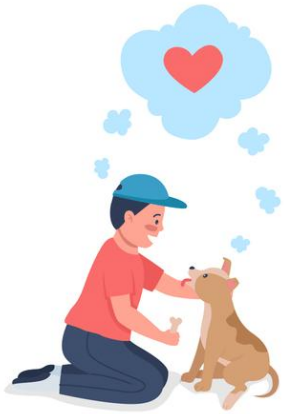

Societal
Stigma
Self-Stigma
Early Messages
(advice to fix,
praise for fluency)
Listener
reactions
(impatience,
facial expressions,
filling in)
Culture
(myths/stereotypes
, ignorance, implicit
bias,
Rejection, bullying)
Neurology + Genetics =
DISFLUENCY
Effort to say/force a word
(tension)
Escape/Suppression (facial grimace, body
movement
restarting, fillers, pauses, effort to control)
Avoidance/Concealment
(not talking, word substitution,
pretending to think, not showing
up)
DIFFERENC
E
Thought, Feelings, and Safe Choices
(embarrassment, fear, shame,
frustration,
worry, anxiety, inadequacy, loneliness,
judgment of others, academic, social,
and professional decisions)
Neurology
Genetics
Stigma
Self-Stigma
Conditioned
Struggle/Impact

Instrumental Conditioning: Negative Reinforcement Contingency



(Increases response)

Stimulus	Response	Consequence:
"Sit!"	(Dog sits)	Treat

Disfluency, block, tension Anticipatory anxiety; fear Worry - judgment of others	**Secondaries**: Loss of eye contact Head nod Filler Word substitution	Escape, suppression. Release or prevent the moment of stuttering

Habitual

Temporary

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The Film:
Experience and Misconceptions

Lived Experience

- Panic, loss of control, dissociation; tunnel vision (public speaking scenes)
- Humor (Difficulty initiating speech; jokes - timing issues)
- Reading is difficult for most
- Variability (people; words, contexts)
- Self-stigma (”I am not a king”)

Myths/Advice

- Marbles in mouth (first doctor)
- “Take you time” (King George V)
- “Relax” (King George V)
- Switch handedness (reported by Bertie)
- Be/act confident (King George V)
- Exercises - breathing exercises; physical exercises; strengthening speech mechanism (Lionel)

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The Practice

Fluency Enhancing

- Auditory masking (music)
- Talking to yourself
- Singing
- Swearing and tongue twisters

Escape/Avoidance

- Deep breaths
- Timing with body movements (arm swinging)
- Prolonged vowel production
- Role enactment (anger; swearing)

Counseling Themes & Common Factors

- Faith in your own voice; self-advocacy
- Problem is deeper than quick fluency (referred to “tricks”)
- Value of support, alliance
- Belief in the process

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The King's Speech: THE FINAL SPEECH

Reduce Time Pressure	• Replace hesitations with pauses • Exaggerated pausing and phrasing with text markings
Alter Context	• Narrow the audience - "Say it to me"; proximity • Word replacements in the speech (avoidance)
Distraction	• Lionel swearing, singing • Lionel fist shaking to accent words
Fluency Enhancement or Timing Devices	• Alter intonation; linking words together • Choral mouthing of words

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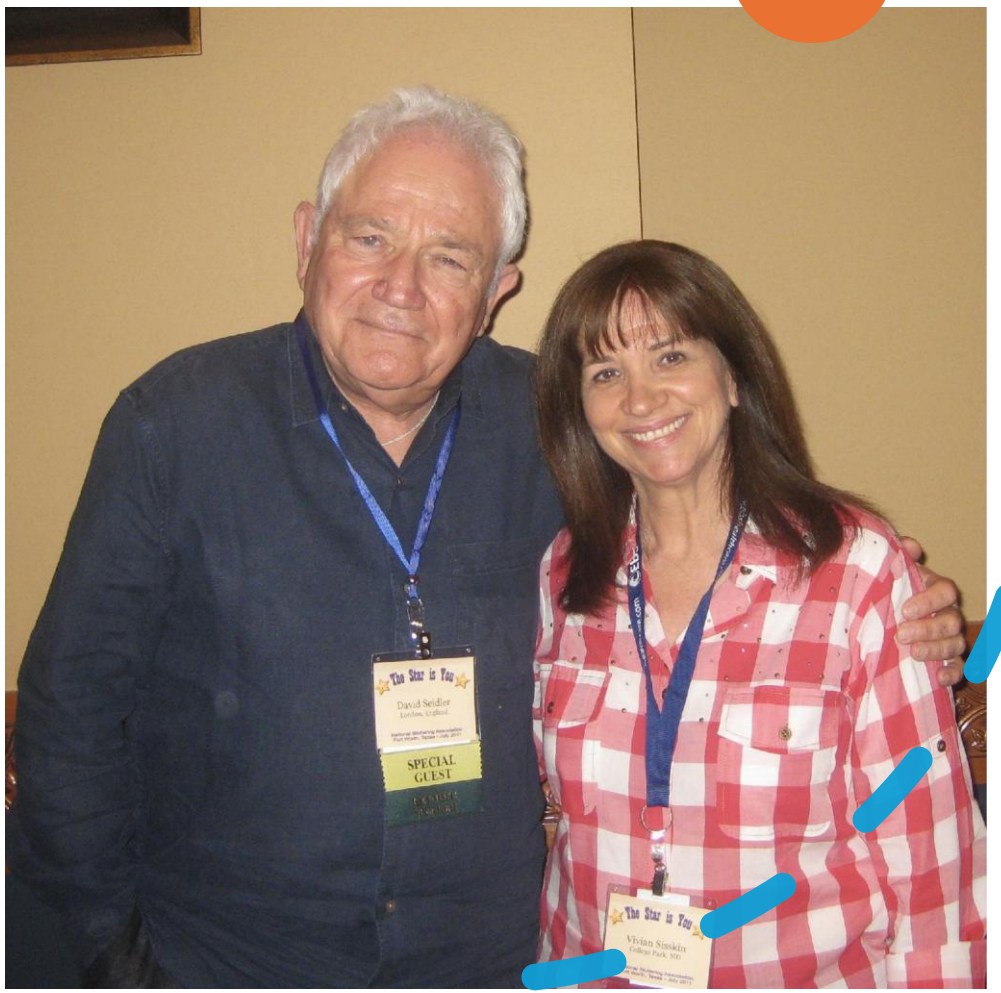
On Logue and **Cure**

Lunch with David Seidler, July, 2011

”He was apparently an extraordinarily charismatic man with huge confidence — not only self-confidence, but confidence in you. He never said, “I can cure your stutter.” It was, “You can cure your stutter.” (Los Angeles Times, 2010)



Conversation with Mark Logue, (grandson of Lionel Logue), Diane Rehm Show, Dec, 2010

*About **cure** – “There’s* evidence that Lionel didn't believe he was cured. The message to Bertie – “the cure was within the Duke himself all along”.

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Shifting Perspectives on Stuttering



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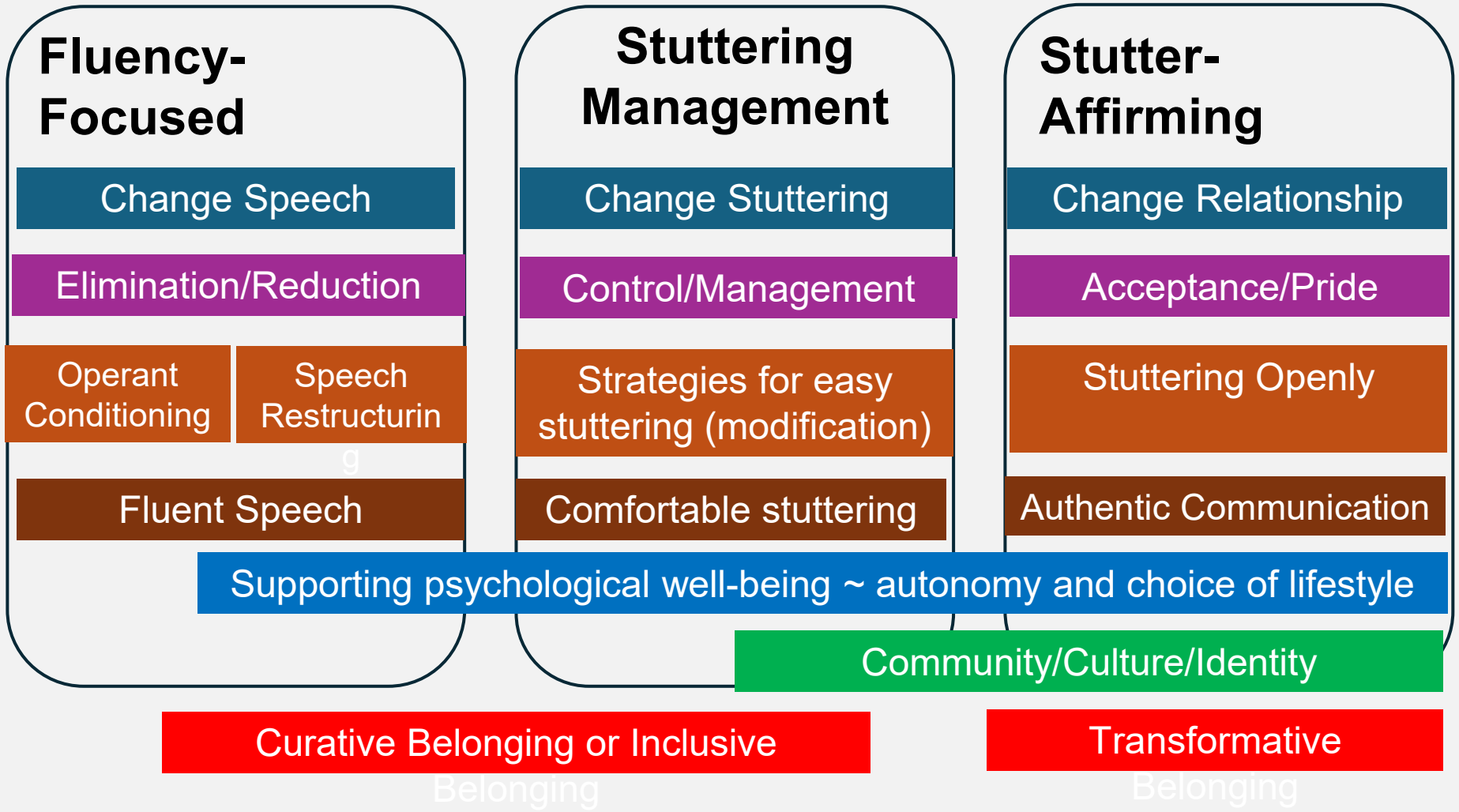
Current Therapy Approaches: Values and Outcomes



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Thank You

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