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WHY CLASS WORK IS OF LIMITED VALUE IN THE TREATMENT OF STUTTERING

By MABEL STEVENS

Since stuttering usually appears in childhood and prevents a pupil's good work in the public schools, new departments are being opened and classes are being formed there to meet this condition.

To change the stutterer's speech to normal is a praiseworthy effort; to transform the stutterer himself is to reach the root of the trouble. It is the opinion of eminent authorities that the latter duty cannot be thoroughly performed by means of class-instruction. The idea of such means as sufficient, springs from regarding the stutterer as a pupil rather than a patient, and his affliction as a bad habit to be broken, instead of a disease to be cured. This attitude is fundamentally wrong. Fortunately we are rapidly outgrowing it.

Even after these patients are cured, they must be thought of as convalescents, and treated with tender consideration for some length of time. Under no circumstances should a former stutterer be subjected to a rigid examination or test for speech-defects, thus practically saying to him: "*You could not speak properly. Can you do so now?*" To insist on such a proof that he has "learned his lesson," as popular conception would express it, may have the effect of re-awakening the old difficulty.

Dr. Emil Fröschel, of Vienna, declares that if the stutterer enters an institution, the treatment should nevertheless be strictly individual "*streng individualisierend*." This is next to impossible in any public school. When there are enough applicants to warrant engaging a special teacher, then first from point of numbers and second from lack of time, the assistance cannot be primarily personal. The Chinese custom of having a teacher for each scholar would be the ideal arrangement. The matter of expense alone would prohibit that, however. Thus it will remain forever true that the State cannot make the best provision for these unfortunates, but only the *second* best.

In many cases the permanent cure of stuttering is found to be conditioned upon "*a readjustment of the subconscious*." The patient's state of mind toward life in general, and his im-

mediate environment in particular, is quite peculiar. Therefore in order to secure satisfactory results, correction of character must be carried on simultaneously with the correction of speech-defects. This leads us to the true conclusion *that speech-defect and character-deviation are closely connected.*

Dr. Wilhelm Stekel, of Vienna, predicts that psycho-analysis will be the method of the future for the treatment of stuttering; for the reason that only psycho-analysis probes to the seat of the trouble.

We have referred to stuttering as a disease. Its symptoms have been described by many physicians, and methods of treatment have differed in various ways. In the last analysis it seems justifiable to speak of stuttering not only as a disease with symptoms, but as itself a symptom—a *symptom of emotional conflicts and repressions*, stuttering is the expression of a psycho-neurotic state whose basic element is embarrassment, or fear—with its counterpart, desire. The statement is often made, "Our child is nervous, painfully embarrassed, but he exhibits no fear, he simply stutters." True! Yet the stuttering is but a manifestation, a surface evidence of an undercurrent of fear. Heretofore fear has been called a symptom of stuttering. But with greater cogency, in the light of recent developments, we may declare stuttering to be a symptom of fear. Fear is behind the stuttering. But what is behind the fear? To reveal *that*, is the aim of psycho-analysis; and the cure consists in helping the patient to make the discovery for himself. That the cause of the specific fear must be somewhere in his individual life-history is perfectly self-evident. That the release from fear can only be a strictly individual experience is as true as that stuttering is an individual affliction. This is the position maintained by psycho-analysis. It goes further than any other method. It investigates deeper. It touches bed-rock.

A COMPARISON OF METHODS

As the arrival of a new theory creates discussion, so the appearance of a new method stimulates comparison. Therefore, since it has been the writer's good fortune to have some acquaintance with three chief methods for the treatment of stuttering, it seems worth while to note how they stand toward each other and toward the Freudian which promises to supersede the others. Slightly in harmony with it is the Liebmann (method); distinctly antagonistic is the best known, the Gutzmann; and boldly combined with it is the last of the three, the Scripture.

Because this paper will be confined to stuttering, to avoid

misunderstanding it may be well to state here, in the beginning, the difference between stuttering and stammering—for they are not interchangeable terms, as many publications in English would lead us to infer. Concisely given the distinction is this:

The continuity of the stutterer's speech is interrupted by spasms of the muscles involved in speech-production; the continuity of the stammerer's speech is not broken, but his pronunciation is at fault. The stutterer *can* make every sound and combination of sounds, the stammerer cannot. In other words:

1) The stutterer has cramps of the speech muscles; the *stammerer* has *not*.

2) The stutterer cannot speak fluently; the *stammerer can*.

3) The stutterer can pronounce correctly; the *stammerer cannot*.

(To these should be added:)

4) The stutterer suffers from accessory muscle-movements ("Mitbewegungen"); the *stammerer never*.

Gutzmann describes the difference in one sentence by saying: "Stottern ist ein Fehler der Rede; Stammeln ein Fehler der Aussprache." (Sphhk., p. 490.)

Before leaving this comparison, one other matter must be mentioned, as it gives ground for wide divergence in treatment. The greater conscious effort a stutterer makes to talk in a normal manner, the worse his speech is obstructed; but the closer concentration a stammerer gives to overcome his difficulty, the better the result. Therefore the stutterer's attention must be diverted; the stammerer's attention, stimulated. The stutterer must learn to speak with less concentration, the stammerer with greater. (St. K., p. 73.)

Logically then, we might conclude at once—that stuttering and stammering are not open to the same process of correction—that a kind of treatment beneficial to the latter trouble may be harmful to the former. Liebmann is convinced that, on principle, the therapy of stammering must be different, in general, from that of stuttering. (St. K., p. 73.) In regard to harm it appears to be true that any exercise *whatsoever* which turns the stutterer's attention selfward in a morbid way is harmful; but if he can become so absorbed in what he is doing as to forget himself, then even an unnecessary exercise has relieved the patient for the *time being* and done that much good.

This brings us to a second point raised. Are certain exercises superfluous? Take another of the above given *comparisons* and see if it is not justifiable to question thus: The

stutterer being *able* to produce all possible sounds, why should he be bored with exercises in vocalization and articulation?

Here we strike another subject of contention. Liebmann confidently asserts that all such exercises can be entirely dispensed with—"that one arrives at the goal quicker without them." (St. K., p. 8.) Much that is done for the stutterer is sheer waste of time and strength. There is much misdirected effort. Also, a method requiring the patient to speak in an unnatural manner long enough to form an annoying habit, may fix a peculiarity as difficult to remove as the stuttering itself. To avoid these pitfalls, exercises thought necessary by Gutzmann and his followers, Liebmann declines to use, and then proves quite superfluous, as his success testifies.

Upon what further theory and practice this success depends, we can discover by a more extended search. For now, having disposed of preliminaries, we may divide our investigation into three parts, and take up here

Part I. THE LIEBMANN METHOD¹

In this method there are important things to be noticed, such as the following: The stutterer does not need a course in phonation. He can speak as well as anybody, if his extreme *self-consciousness* and his painful anxiety are removed. His unnatural breathing is caused by anxiety—hence, do not bother with breathing-exercises; but exorcise the fear. So Liebmann believes that the physician's chief aim should be to free the patient from anxiety. This purpose is in harmony with that of psycho-analysis; but there the similarity ends, save that both methods necessitate individual treatment. He says it must be "*primarily psychic*," and though an observer soon becomes aware that its best results are from the effect of soul upon soul and perforce educational, yet they are not so in the deeply penetrating way distinctive of psycho-analysis. Liebmann's method is based largely upon the personal influence of the physician and upon the power of suggestion. A gentle, persuasive sympathy soothes the patient's excitability and overcomes reluctance and hesitation. Praise is one of the most potent agents in casting out fear; and a little flattery raises the patient's self-esteem while erasing the memory of the cruel sting of past ridicule. Timidity gives place to courage; because there will be no such thing as failure, it is excluded. If perchance he stutters, it is overlooked. The doctor's imperturbable calm remains unmoved. Perhaps he did not hear. Maybe it was *insignificant* anyway. With a

¹ See "*Stotternde Kinder*" von Dr. (Med.) Albert Liebmann, Berlin. Verlag von Reuther u. Reichard, 1903.

glad heart the patient begins to think so, and then progress is rapid. From the initial half-hour on the first day to the last treatment of the series stuttering is *prevented*. This is brought about 1) by assigning him only what he will be able to do, either with or without help; 2) by speaking and reading together; 3) by gradual withdrawal of assistance; 4) by interrupting him when he seems on the verge of stuttering; 5) by giving him "psychic preparation" when a strain upon his nerves is likely to occur—for instance, if he is to converse with strangers.

Of course a stutterer out of childhood will wish to know and will ask why he stutters. But even a child can understand the so-called resistance-theory—" *Der konsonantische Widerstand* "—also known as the theory of the exaggeration of the consonants. A child can distinguish between vowels and consonants. With the aid of a plaster-cast, a child can be made to realize that when consonants are sounded, then at the larynx, the palate (hard and soft) the teeth, the lips—as the case may be—the outgoing breath is kept from having free passage into the open air—in other words, meets with greater or less resistance. Next he is told that in stuttering the resistance is *too strong* and lasts *too long*. The consonants are held longer than is natural; *they are exaggerated*; and pauses take place, only ending when the vowel comes at last. (St. K., p. 11.)

The child can *feel* how much easier it is to sound the vowels—that no special resistance is offered then. Finally he sees that singing must be easier yet because the vowels are lengthened. Nearly all of the patients are very young children from five to seven or eight years of age. It would be senseless to talk to them about voluntary and involuntary incoördinate breathing and speech-movements, so the doctor fits the explanation to the patient.

This insight gained, he is ready to go through the various requirements in the approved succession from the least to the most difficult, as follows: 1) Singing. 2) Use of lengthened vowels in separate words and in short sentences spoken with instructor. 3) Short sentences repeated after the instructor who ceases gradually to lengthen the vowels. 4) Question containing part of answer. 5) Reading with no omissions and no changes of text. 6) Short story given sentence by sentence, patient repeating word for word. 7) Same story given connectedly. Patient repeats it. 8) Long story given connectedly but once; patient tells what he remembers. 9) Patient must read through a story of several pages and give it in his own words as a connected whole. 10) Ques-

tions in Mathematics, Physics, Geography, History, etc. 11) Topics of the day. Spontaneous speech. 12) Conversation in foreign languages.

During all this time the doctor's effort has been to establish complete coördination of the speech-movements. This harmony cannot be gained while the patient's thoughts are constantly occupied with his feelings. To turn his mind elsewhere has been one aim of the speech-training. Little children are given picture-cards with one object shown on a card; then follow picture-books with one picture and perhaps a short story on a page. The text must be simple and offer material for question and answer. After a while larger books with more interesting pictures and longer stories increase the difficulties but also the fascination, until finally very large pictures mounted on card-board and having movable parts—representing birds, bridges, tools, men, women, children, etc.—accomplish the desired end. The child-stutterer is far, far away from his troubles, and he talks freely and fluently without shyness, embarrassment, or fear. Thus the coördination is *conditioned* upon the removal of fear—the general fear of speaking (Sprechangst) and the special fear of certain sounds (Lautfurcht).

Of what is the patient afraid? Seemingly of the *act* of speaking; or he may be afraid of some sound difficult for him to make. Liebmann does not specify that the stutterer shrinks from some *other* difficulty buried in the depths of his being, or that he may really be afraid of himself; and that the fear is often transferred to these conscious acts—as Freud has taught us. Every thinking human-being will seek to give a reasonable explanation of his fear. The stutterer appears to be doing this; but his anxiety is entirely out of proportion to the *ostensible* cause, and the adequate one is far “out of sight, out of mind” in the depths of the subconscious. This illustrates the light that was darkness before the advent of psycho-analysis.

So it is seen that the “psychic treatment” and speech-training are inseparable. Liebmann concedes that many roads lead to the Rome of success; but he condemns utterly some of the “helps along the way”—Ex.—The use of a book of exercises. He says: “The children are obliged to read the same stories, learn and repeat the same poems, answer the same lists of questions over and over again. A parrot-like facility is attained; but this is poor preparation for daily life.” It must be admitted that the little Übungsbuch arranged by Albert Gutzmann, and recommended by his son, Professor Hermann Gutzmann, falls in line with this criticism.

In the Berlin public schools any visitor may have the pleasure of seeing how well adapted such exercises are to class work; yet he can seldom manage to go home with a pupil to find out whether hesitating speech has ceased there.

On a number of important matters Liebmann is at variance with Gutzmann and has classed his method as among the less serviceable ("weniger brauchbar.") In this connection it will be of much advantage to consider the principles upon which the latter method is founded.

Part II. THE GUTZMANN METHOD

Perhaps we shall arrive sooner at the heart of the matter by making quotations now and then.

First Gutzmann wishes us to understand that in spite of every effort, one will never be able to cure stuttering by psychic means alone—because the Kussmaul definition still holds good that stuttering is a spastic coördination-neurosis resting upon an inborn (congenital, "angeboren") weakness of the articulation apparatus.² For this reason hypnotic treatment has been of no avail except when employed in connection with a drill-therapy ("mit einer physiologisch-gymnastischen Übungstherapie.") So likewise suggestion apart from hypnosis, is absolutely of no use, if the stutterer is not shown correct speech-coördination ("die richtige Koordination der Sprache.") The mere removal of wrong ideas and anxious imaginings will accomplish nothing. (Sphhk., p. 394.)

Nevertheless, as we have seen, Liebmann reports success through simple suggestion and without the aid of physiological-gymnastic exercises. In his opinion the sole value of the latter lies in their psychic effect. He writes, "If the doctor succeeds in impressing upon the patient the conviction that by means of these exercises in breathing, vocalization, and articulation, he will learn to speak better—then, gradually the desired result will be brought about." (St. K., p. 51.)

Fröschel is of like mind for he says, "It lies far from me to doubt the *serviceableness* of the Gutzmann method, especially since I myself have used it for years, only I explain its worth otherwise than does Gutzmann. Namely, aside from the training of muscles grown accustomed to wrong action in breathing, I attribute to it solely (lediglich) suggestive value, and it seems to me no less adapted to this purpose than the other methods which I also use as helps."³

² See "*Sprachheilkunde*" von Prof. Dr. Hermann Gutzmann. Berlin, Fischer's Medizin. Buchhandlung H. Kornfeld, 1912.

³ See "Über die Behandlung des Stotterns" von Emil Fröschel (Wien Univ.), vol. III, 1913. "Zentralblatt für Psychoanalyse u. Psychotherapie, p. 497.

Gutzmann finds in his own drill-therapy an extraordinarily strong suggestive factor that of itself works psychotherapeutically. Further he adds: "*It is questionable* whether those speech-disturbances (Stuttering, Cluttering, Phonasthenia, etc.) where the morbid activity of the emotions makes itself very plainly apparent, require a special psycho-therapy besides." (Sphhk., p. 191.)

In another place we read: When the patient becomes aware of the fact—I must speak thus and so; that is the way all other people speak; if I speak as directed, I cannot stutter—then the problem (Rätsel) of psychic treatment is solved. There is need of no other ("Es bedarf eben keiner mehr.") (Sphhk., p. 437.) Also—"He who follows the physiological method aright needs no special psychic method of treatment—the psychic treatment lies within the *conscious physiological practice*, being its very essence." (Sphhk., p. 437.)

From similar sentences we feel certain that Gutzmann will not look upon psycho-analysis with favor. This expectation is realized when his criticism of Stekel is before us. To be sure more leniency is exhibited toward Frank and Laubi. (Sphhk., p. 397, 438, 444) yet the general remarks are somewhat acrimonious—possibly not without cause as may presently appear.

Gutzmann declares that "*in all cases*" the psychic depression is ("eine Folgeerscheinung") a manifestation resulting from and hence following the stuttering. Thus he believes the speech-disturbance to be the primary evil and the depression, the secondary one. (Sphhk., p. 391.) But psycho-analysis considers the emotional disturbance primary—the stuttering secondary. The obvious impossibility of maintaining at the same time, two opinions so conflicting that one is a complete reversal of the other, tells us why Gutzmann *must* be hostile to the Freudian method, if he wishes to hold his own. Are not signs of irritation, on his part, a good indication that the antagonist is formidable?

Both Liebmann and Gutzmann interest the stutterer in something. Now one might think it of small consequence whether pictures or gymnastic exercises, for example, held the child's attention, but such would be a mistaken idea. Liebmann's patient is really able to forget, for a while, his own existence, but Gutzmann's patient is reminded every moment of his body and of his affliction. The relation between self and the important task is ever kept in the foreground of consciousness. Everything is for self, through self, and to a large extent by self. A lazy or an indifferent stutterer will

never bring about the desired cure, because part of the treatment is *conscious* self help. He can hire no substitute; the ego must work out its own freedom. In this there is resemblance to psycho-analysis. The master-mind of the physician, furnishes the necessary knowledge, and directs the various efforts required of the patient who, however, is obliged to use his own brain powers.

Liebmann would have the stutterer's transformation wrought naturally, by a process as unobtrusive as growth. Gutzmann calls "*conscious* physiological practice" the chief thing, "*the soul*" of his method. (Sphhk., p. 436.)

Now when the emotions have been relegated to second place, then the treatment has to consider will-power before feelings. The supreme thing for the patient is to acquire good control of the body. In the particular matter of normal speech production, Gutzmann insists on correct breathing as the first essential. If the stutterer is to perform a miracle, he must gain strength of the respiratory muscles, and skill in their use. To this end breathing is combined with gymnastic exercises. Conscious control of the breath is imperative; and the energy can be developed in the average patient. One fine exercise demands the conscious separation of associated muscular movements. Usually, however, the more or less difficult attempt is made to coördinate certain muscular actions which do not function together as they should. Even though, as a rule, one cannot locate anatomically a definite central lesion to account for the stuttering, yet we are assured that the seat of the trouble is central. Moreover, as Gutzmann says, cultivating vigor of will constitutes also an exercise of the center or centers which control coördination of the muscular activities. So in this way we make a direct attack upon "*den Sitz des Stotterübels*." (Sphhk., p. 154.)

The Gutzmann patient must know both what he is doing and the reason why. Hence with each exercise is given a question or a set of questions which he must answer as instructed. When he has memorized the printed explanations, then he cannot be ignorant of the subject-matter, and the right replies will be forthcoming. These exercises and accompanying questions are intended to form part of the daily program.

In vocalization we are shown at once that in passing from (1) Breath to (2) Whisper, and from (2) Whisper to (3) Voice—during a single expiration—we have "*the foundation exercise*" for every systematic voice-practice (training.) (Sphhk., p. 17, and p. 158.)

Moreover, it is important to observe the succession as in-

dicated—"for by keeping to this normal order those muscles move (one after the other) which must work together in *immediate* voice-production. A complicated, coördinated action (*Bewegung*) of the involved muscles is thus split up, or separated, into its several components—first separated and then reunited to produce *voice*. When this is effected the so-called "*Stimmkoordination*" is again restored.

After the patient has learned to do this, then he is thoroughly drilled in the three different modes of attack—1) the hard (or direct), 2) the aspirated, 3) the soft (or indirect)—*der feste Stimmeinsatz, der gehauchte, der leise*. All the words must be practised in this manner. As to pitch and intensity, the *one* should be as low and the *other* as slight as possible, depending on the individual concerned.—When single words are taken, the patient is trained to give the initial vowels gently, softly, and considerably lengthened. The same is true of the first vowel of the first word after any pause for breath—thus, of course, at the beginning of every sentence.

To avoid unnatural pauses and to increase fluency, the words of a sentence are linked to each other and are spoken like one long word. In this way smooth, unbroken speech is secured in the progress of time. Frequently some preparatory work is of advantage before entering upon the difficulties of perfect articulation. This is indispensable if the patient is backward in speech development: Lip-gymnastics, tongue-gymnastics, jaw-movements serve to gain flexibility and thus to strengthen weak muscles. So when the stutterer comes to the consonant exercises, he can take correct positions and give the various sounds with less exertion. He receives the necessary directions, and soon he thinks himself able to tackle any sound-combination in the language. The consonants, in turn, all have attention; and they are used in syllables, in words, in sentences—as the case may be. The same consonant may occur many times in the same sentence; or a certain rule may be illustrated by a group of sentences.

From single sentences unconnected in thought, the stutterer passes to short stories, then to longer stories, poems, and dialogues. These are made more valuable through free conversation, narration, declamation, etc. Thirteen rules for speaking (*Sprechregeln*) are learned by heart, and if the patient can remember to carry them out, day after day, his self help has become practical.

Liebmann has referred to this method as among the "less serviceable" because he thinks that very young children cannot hold to "conscious practice" all the time—and that for older children and adults the course is a very roundabout

way of reaching their heart's desire. Also he sees that the patient runs a risk of being made ridiculous. The sharply distinguished vowel-positions, the speaking in a soft, low-pitched voice, the lengthening of the first vowel in the Sprechsatz (whatever can be spoken in one breath)—these all encourage speech habits too conspicuous to escape notice. The quick, deep breath *drawn through the mouth* just before speaking, seemed to be the most objectionable *requirement* made in the speech defect classes in the Berlin public schools when the present writer visited them not long ago.

Now from over-drill the numerous exercises can be given automatically, thus destroying their value. Gutzmann warns against mechanical work. Such a contingency need hardly be planned for under the Liebmann method where an infinite variety of material is offered and where repetition is discouraged.

Gutzmann says it is easy to prove stuttering a coördination-neurosis. This can be done by examining the stutterer, and testing separately the different components of speech when the element of anxiety is excluded—"mit Ausschluss der Angstafekte." Evidently he does not mean excluded from the patient, but excluded from the patient's speech. We read:

Test I. "For example, when I test the patient's ability to make a long, even expiration—such as is necessary for fluent speech—then I do not allow him to speak at all. Hence in the stutterer, the anxiety-affect, *too*, cannot *emerge* for that reason—and as a matter of fact he imitates the slow expiration at once." The word "*emerge*" (auftauchen) is significant. Its use implies not that the anxiety has been actually banished, but that it is in repression. The little word "*too*" (auch) indicates the same thing. Therefore we are not surprised over what comes next: "But if we see how he makes that expiration, then we find in every stutterer *without exception*, gross faults in the mechanism—we find, for instance, that the expiration comes to an end within (schon nach) a very short space of time, that after from four to six seconds no more air stands at (the patient's) disposal; or else, that what may be there goes out irregularly, in jerks—'*sac-cadiert*.' The total volume of air is not, however, diminished thereby—for the vital capacity of stutterers is entirely normal. Ergo, it has to do with faulty functioning—with the wrong use of the necessary, sufficient volume of air." (Sphhk., p. 392-3.)

Since it is a well-known fact that fear and anxiety make the breathing shallow, quick and irregular, why may not this

"faulty functioning" be due to the anxiety-affect which has been prevented from having outlet in speech?

Test II. As speech cannot be divorced from breath, so a voice-test must be made subject to that condition. Gutzmann continues: "But there are stutterers enough who can sustain a given vowel quietly, without difficulty and without stumbling who also do not even stutter upon beginning the vowel." Here a voice-test will show departures from the normal. "One finds a slight tremolo, varying intensity, inability to keep the same pitch, etc." (Sphhk., p. 393.)

Test III. Gutzmann then adds: "Likewise one can very easily convince one's self that the stutterer is making wrong movements even when he appears to be speaking fluently." (Sphhk., p. 393.) His trouble shows itself in the characteristic faulty respiration. Gutzmann mentions having often observed cases of this kind; and he draws the conclusion that stuttering may not be identified with stumbling (Anstossen.) He says: "Stuttering is the general disease taken as a whole; Anstossen on the other hand, only the especially clearly visible and audible manifestations. Consequently there are stutterers who do not stumble in speech and nevertheless stutter. That sounds paradoxical, but it is a fact. I have had under treatment stutterers whom I have never heard stutter; and I would not have known where a drill-therapy should begin with them, if—with the help of the respiration-tests described—I had not laid bare the disturbances which had *not* become apparent upon superficial observation." (Sphhk., p. 408.)

This broad conception of stuttering is thus made to include cases which do not have the usual outward manifestations, cases which would be quite mystifying were it not for the revelations of the respiratory-curve. In other words, they appear to be cases marked only by a disturbance of breathing. But since fear (anxiety) may produce the same "faulty functioning," how is anyone to tell which is the foundation-cause, stuttering or "angst-affekt"? Has not the respiratory-curve much interest for the psycho-analyst in connection with hysterical conversion?

Some of the most fruitful results have been obtained in experimental-phonetics by the study of "respiratory-curves." A graphic representation of the stutterer's peculiarities of breathing may indicate the true difficulty in obscure cases.

The study of respiratory-curves is most satisfying, and Scripture has devoted much time to it. With this statement we have come to the place where an insight into his method will be the next step.

THE SCRIPTURE METHOD

Scripture has utilized psycho-analytic principles to re-enforce a melody-cure of stuttering.⁴ We are asked to think of stuttering as "a diseased state of mind," as a serious disturbance whose cause is "*purely mental*," below the threshold of consciousness, and hence unknown to the sufferer. Since it is quite possible that conflicting desires may delay, or prevent, a cure, therefore his self-concealed motives must be lured from their place of retreat, and the physician must make the patient acquainted with himself. Consciously he may wish to be cured; subconsciously, *not*. The reason may be surprisingly simple. Thus Scripture suggests that an extremely timid person instinctively may seize upon stuttering in order to secure much loved solitude. *Certainly*,—a human being in an infantile stage of *development* may take such means to an end; and it should not be forgotten that stuttering begins in most cases so early in life—it may even appear when a child is but two years of age—that the mind has not yet been trained in discernment. Then by the time the stuttering is firmly fixed, the original motive for it has probably passed out of consciousness and cannot be produced upon inquiry. To establish in the patient a conscious connection with the infantile period of his existence is the most certain way to make his obstinate symptoms vanish when their true causes become known to him. This duty can only be performed through psycho-analysis.

Liebmann explains the stutterer's fear as chiefly the cumulative effect of many "psychic insults," while Scripture accounts for the anxiety as due "*partly to past failures, and partly to underlying causes*" well worth painstaking search. He mentions fear, anxiety, embarrassment, etc.—but he seems to prefer the milder term "timidity" to describe the stutterer's attitude toward his environment. Whether timidity comes from stuttering or stuttering from timidity is a question which Scripture answers in favor of the latter view. First he writes: "It may well be that timidity is the basis on which stuttering arises. If this be true, stuttering would then be a condition in which timidity shows itself by a peculiarity of speech." (S. & L., p. 39.) Further on he concludes,—"*Stuttering is therefore a diseased state of mind which arises from excessive timidity*," etc. (S. & L., p. 41.) But why do not all timid people stutter? Why do not neurasthenics and psychasthenics have speech-difficulty, when their mental condition is often found to be similar to that of the stutterer?

⁴ See "*Stuttering and Lispings*" by E. W. Scripture, Ph. D. (Leipsic), M. D. (Munich). Macmillan Co., New York, 1912.

Scripture says,—“When the normal speech-mechanism is strong, the psychasthenic impulse must find some other outlet.” (S. & L., p. 41.) Here we recall the recognized fact that little girls learn to talk at an earlier age than little boys and speak more fluently. The normal speech-mechanism of the normal little girl is remarkably strong. May not this indicate why girls are more likely to become hysteria-subjects than stutterers? In a comparatively recent article Fletcher⁵ gives the following as one reason for rejecting psycho-analysis in the treatment of stuttering. He writes,—“The hysterical conditions supposed to be caused by the suppression of the sexual complexes seem to be more characteristic of females than of males, while stuttering is many times more common in males than in females.” (p. 244.) But Stekel speaks of stuttering as “eine Form der Angsthysterie.”

Could not stuttering be considered the equivalent (the substitute) among males for hysteria among females?

Now even though Scripture has referred to timidity as “the basis upon which stuttering arises,” yet he places anxiety (fear, embarrassment) second in the list of symptoms. There we find named first—“psychic *hypertonicity* and spasms of the muscles of speech.” Moreover this overtension appears only when the stutterer intends to speak. Also, if he is unheard—or thinks himself so—he has little or no difficulty in giving oral expression to what is passing through his mind. Scripture’s observation confirms that of Liebmann, but is contrary to Gutzmann’s. Scripture reports,—“When a stutterer who has become so accustomed to me that he speaks perfectly in my presence, is placed at the telephone, he will continue to speak perfectly as long as he sees my finger on the switch that cuts it off; the moment it is removed he knows that ‘central’ will hear him and he begins to stutter.” (S. & L., p. 36.) He must be virtually *alone*. Scripture calls attention to the existence of these stutter-symptoms *only* in the presence of other people. So the stutterer’s *retiring disposition* is explained as either a natural inclination, or as a measure of self-protection.

More or less severe cramps or spasms of the speech-muscles are the most distressing symptoms of stuttering; and to remove this over-tension is the object of the “melody-cure.” In this method as in others, the normal speaking-voice is approached by way of the *singing-voice*. The patient’s high-strung, emotional condition must be relieved by practice in general relaxation, and there must be exercises to correct

⁵ See “An Experimental Study of Stuttering,” by John Madison Fletcher, *Amer. Jour. of Psychology*, April, 1914, pp. 201-255.

abnormal functioning. We find abdominal-cramps, diaphragm-cramps, laryngeal-cramps; indeed, cramps of all the muscles connected with speech. To overcome the first two hindrances to fluency, the patient is required to devote some time to calisthenics; to practice control of the breath in singing, reading, and speaking; and to make frequent use of the "*octave-twist*" which will be described presently. Scripture says,—“The abnormality in breathing usually disappears when the stutterer speaks with the octave-twist. (S. & L., p. 85.)

The stutter-voice, being caused by laryngeal cramps, is characterized by the monotonous laryngeal tone which we are assured is *present in every case of stuttering*. “For when the muscles cannot have free action, the vocal-cords in vibrating must produce hard, unmusical tones.” To correct this there are many fine melody-exercises where words and sentences are sung or spoken with every possible variation of pitch. The “octave-twist” is recommended, in particular, for flexibility.

In the octave-twist the laryngeal tone passes over an octave while the first important vowel of a word is being given. In doing this the voice changes from the *chest-register* to the *head-register*; this exercise forces the patient to make a new adjustment of the vocal-cords, thus relaxing the muscles. Scripture cautions that it will not be easy and the patient will probably fall short, going only from C to G—but unless he reaches the full octave there will be no benefit. (See p. 79, S. & L.) This is doubtless an excellent exercise; the patient cannot help feeling very self-conscious, however, and imagining himself an object of ridicule.

There are numerous exercises for general indistinctness and for expression. The use of the *breath-indicator* is a help toward securing perfect enunciation. The lips, the tongue, the jaw, all must be relieved of muscular tension, so directions are given for that. In reading there is the familiar linking of words and lengthening of the first vowel, or else giving it with the octave-twist.

After the patient is able to repeat anything said by the instructor, and to read well with him, *then* spontaneous speech and self-confidence are to be developed. Scenes-from-life form part of the play that is nevertheless work for the stutterer. He takes the different rôles in turn. There is no lack of variety, though he may have a hard time. Question and answer, descriptions and narrations, also reading alone—these things foster independence and a degree of self-assertion hitherto foreign to his shrinking self. Scripture thinks that

the boldness or indifference exhibited by some stutterers is only a kind of bravado to cover up timidity.

Soon the patient is obliged to show what he can do before other people. He plays store, sells tickets, introduces people to each other, plays games, recites poems, delivers speeches, etc. A strong, commanding voice is cultivated by shouting, by speaking through a megaphone, or by the use of a private telephone.

Not a few stutterers are lively beyond bounds. Such children need to be suppressed, to be shown how to control themselves. They speak with too great haste. They must be required to speak slowly—in time to the metronome, or to the beating of sticks. Reading with prolonged vowels is good practice for these excited, over-impulsive patients. Above all things they must learn to keep *silence*—not to interrupt other people when they are talking, and not to take more than a fair share of the conversation.

In contrast to these emotional *jumping Jacks* come the representatives of the other extreme of feeling. These patients are shy, timid, ashamed or afraid to speak—and many of them are tearful and depressed. In cases of this kind the first essential to cure is a hopeful and cheerful frame of mind. Encouragement must be given even up to the breaking-point of truth—but not beyond, never beyond, lest confidence break also.

Throughout the treatment one thing should go along parallel with all the other efforts. The stutterer's habits of thought must be changed. It is quite apparent that his mental action is abnormal most of the time. The least excitement throws him into a state of confusion. When asked a question, he simply cannot think. He cannot concentrate his mind upon anything. He does not know what he wants to say. His hesitating thought makes hesitating speech. By degrees, however, it is possible, at the cost of infinite patience, to alter this. A stutterer can be trained to observe carefully, describe accurately, think quickly, decide promptly, keep to the subject chosen, and to be sure of what he knows. It is not necessary to enter into details as to how this is accomplished; but one exercise in association-of-ideas is of interest as leading up to the "Jung Association Test." The exercise is given "to quicken mental processes" and help the stutterer to go directly to the point every time. The first call is for simple association. Ex.—Flower, rose. The next step is association in a series. Ex.—Garden, flowers, seeds, roots, earth, etc. The third request is for association of part to whole. Ex.—Lumber, house,—or from whole to part—Ex.—Room, floor.

From words suggesting other words—under partial control, as one might say, it is a near matter to let the patient take “a starter” and move along as inclined. These running associations are eagerly followed in the hope of obtaining clues to the life-mysteries which influence conduct. The final but ever-present purpose is to modify or to remove peculiarities of character very obvious to the family and friends of the stutterer. This real education deals with his repressed natural instincts, with his emotional history from *babyhood*, with his conscious and his unconscious aims, with his attitude toward other people and toward himself, with his fancies, and with his dreams. In their interpretation the subconscious region of the mind is explored; and a new map of the divided country is laid out for the edification of the ego. As psycho-analytic patients will testify—after such a view of the land, we not only “see ourselves as others see us,” but we see everything within ourselves; and that what we accuse others of being, *that* is largely what we are.

Revelations so wonderful as to be almost incredible must “make a new man” of the patient, if there is anything left when these labors are ended. At any rate whether there be much or little, he may make a new beginning with what he has. He may pluck up courage and go forward relieved of his burden. He always could sing; and now it will be the praises of psycho-analysis.