

## STAMMERING AS A PSYCHONEUROSIS<sup>1</sup>

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**I**NVESTIGATIONS of the last few years have shown that the anxiety neuroses may manifest themselves in the most manifold forms. Most fruitful of results have been the recent applications of the psychoanalytic method to the treatment of stammering and the demonstration that the psychogenesis of this disorder is one of the protean forms of an anxiety neurosis or anxiety-hysteria, and not merely a tic, an obsession, an auditory amnesia or a spastic neurosis of muscular co-ordination originating in childhood on a strong hereditary basis. All who have observed and treated cases of stammering have been impressed by two significant facts, namely: — that in the large majority of cases the child did not begin to stammer until it had been talking freely and normally for several years, and secondly, that the individual stammers only in specific situations or in the presence of certain individuals and then solely as the result of definite emotional reactions. For the most part, the motivating mechanism which causes the stammering is unknown to the sufferer, that is, it is unconscious, the only conscious reaction being that of anxiety and fear. In fact, the fear in stammerers, as in all cases of anxiety neurosis, at the beginning of the disorder, is merely a protective mechanism to prevent betrayal through speech, and consequently is a protector from the attacks of anxiety. What then is the cause of this disturbance of speech, which, more than any other form of an anxiety neurosis, unfits the sufferer from carrying out the duties of life and renders him more or less unsocial, if not actually anti-social? How and why does the stammering arise out of the normal co-ordinative speech mechanism?

The few cases of stammering reported as having been investigated and treated by the psychoanalytic method have led to the belief that the disturbing mechanism is mental and not physical, or in other words, it is more than

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a mere inco-ordination of the muscular apparatus of speech. It is a significant fact that all stammerers show a dread of speaking with a feeling of inhibition only in certain situations, and that these psychic accompaniments of stammering can be temporarily removed through hypnosis, or the disturbing unconscious mental mechanism itself relieved through psychoanalysis. Heredity, neurotic disposition and wilful imitation have in the past been too largely incriminated as the causes of stammering. In fact, we are dealing with a form of morbid anxiety due to unconscious emotional complexes and manifesting themselves in speech, and therefore, paradoxical as it may seem, stammering is not primarily a defect of speech. The proper treatment of stammering, therefore, is purely psychological, for it is useless to teach the sufferer *how* to speak, because under certain circumstances, the stammerer experiences no difficulty in speaking. The proper method is to remove the deeply rooted anxiety or dread from the unconscious, and this can only be accomplished through psychoanalysis. Therefore, all stammering is a central disturbance and not a peripheral disorder of expression.

Heredity enters to a certain extent into many cases of stammering, in fact, my material shows a history of stammering in some member of the family in about fifty per cent of the cases. In one family, out of thirteen cases in which data could be obtained, there were five stammerers. Yet, in spite of the strong familial history of speech disorders in stammering, I am very skeptical concerning the absolute effect of heredity in causing the disorder, because all carefully analyzed cases have shown that the speech defect arose in childhood as a type of morbid anxiety. I am also very skeptical concerning the part played by imitation in the etiology of stammering, because if this were so, all the children of a stammering father and mother would stammer. That this is not the case can be shown through carefully constructed genealogical trees, and furthermore, cases in which imitation has been incriminated, will, on careful analysis, reveal entirely different factors. That many children develop an anxiety neurosis which betrays itself in speech on the basis of a functional inadequacy has been

shown through some of my material. This functional inadequacy, which lays upon the organs of speech an undue emotional stress due to an effort at compensation or concealment, makes the condition very difficult to cure or even ameliorate through psychoanalysis. We may thus apply Adler's conception, and state that in some cases the stammering neurosis is built out of an inadequate function of speech, because the mechanism of speech cannot completely conceal the repressed secret and thus there arises a constant fear of betrayal through words. This theory of functional inadequacy finds abundant confirmation in the analyses of stammerers. The stammerer attempts to fortify his defective speech organs, because he lays upon these organs undue emotional stress in the effort to conceal and to prevent betrayal, and thus arises the conflict between defective speech and the situations under which defective speech is most apt to occur, thus developing into morbid anxiety and fear. In those cases in which this inadequacy could be demonstrated, cure becomes especially difficult, because a continuously recurring uncertainty of speech acts as a constant resistance, and thus all attempts at adjustment and compensation are defeated through this resistance. It is of interest, also, that in many cases of spastic aphonia, which clinically is a form of an anxiety neurosis, the heredity is less marked (only about fourteen per cent), and the functional inadequacy less pronounced. Because of the slight form of this latter, such cases yield more readily to treatment than genuine stammering.

The attempt to repress from consciousness into the unconscious certain trends of thought or emotions, usually of a sexual nature, is the chief mechanism in stammering. Thus the repressed thought, because of fear of betrayal, comes into conflict with the wish to speak and not to betray. Hence, the hesitation in speech arises, and as the repressed thoughts gradually are forced into the unconscious, there finally develops the defective speech automatism, either stammering or a spastic aphonia. This arises in childhood after the child has learned to speak, and the original speech defect itself may sometimes be manifested in adult life in the form of a persistence of infantile speech, as in one of my

patients, who constantly inserted a *G* or *K* before words beginning with a vowel, because in her childhood she had done the same thing for fear of betrayal, or as she expressed it, in order to "gain time." In another case, speech was interrupted by sucking movements of the mouth and a copious flow of saliva, because in childhood, the subject persistently attempted thumb sucking, an act which was the source of great pleasure (libido), and when finally, the actual thumb sucking was forbidden, the lip movements continued because they alone offered the same amount of pleasure. In adult life, too, the dreams of stammerers are interesting, either dreams of inadequacy with efforts at compensation (not getting there, missing trains, etc.) or typical wish fulfilments, such as talking freely in company or addressing an assembly like an orator. If they actually stammer in a dream, this stammering will be found to be a form of resistance, a kind of a reversion to the infantile, when the speech defect was utilized to gain time in order to hide something pleasurable. Thus, the fear in stammering is a deflection of the repressed sexual impulse or wish.

The hesitation of stammerers on certain words or letters is due to disturbing complexes. The stammering does not cause the inhibition, it is the inhibition which is at the bottom of the stammering. Every stammerer should have a psychoanalysis, it teaches the sufferer his disturbing complexes, that is, what to avoid and what not to avoid, how to master certain situations and not to be mastered by them, and thus to fully appreciate and know his various paradoxical, phonetic and mental reactions. The phonetic or physiological treatment attacks only inadequately the physical aspects of the disorder, it leaves untouched the mental cause.

My work on the association tests in cases of stammering shows that we are dealing with a form of morbid anxiety due to unconscious emotional complexes, because, as each complex is struck in the test, the typical reaction of the complex indicator follows. Many of the associations of stammerers are very egocentric, referring to their fears or their phobias in certain situations and these complexes, as well as those relating to actual repressed thoughts, lead either to no result at all or to a marked lengthening of the

reaction time. Appelt states, "The act of repression, though a normal psychic process, can, owing to the predominance of the unconscious, easily meet with ill success, inasmuch as the repressed impulses continue to exist in the unconscious and are liable to send a disguised substitute into consciousness, stammering or any other neurotic symptom. When treating stammering, for example, it can invariably be found that the emotion (dread of speaking) connected with the infliction is due to stimuli, which are contained in the repressing of the unconscious only, and he who undertakes to free stammerers of those tantalizing emotions must needs know how to analyze their "unconscious."

Two types of stimuli lead to stammering, either internal conflicts, or external instigators which throw these conflicts into activity. The internal conflicts are either conscious or unconscious fear of betrayal (and therefore a wish to retain a secret), and this mental attitude leads to the dread of speaking, a genuine conversion of morbid anxiety into defective speech. Thus the phobia of speaking has the same psychogenesis as other phobias from morbid anxiety. The external stimuli act like dream instigators, for instance, the dread of speaking to relatives or to intimate friends may be based upon the fear that the unconscious wishes may be discovered and this stimulates the unconscious anxiety, whereas with strangers, speech is free, because the dread of discovery is absent. Steckel truly states, "An unconscious complex crowds or presses between the syllable and the word. It is inner resistances which inhibit the free flow of speech and not false articulation, failure of respiration or defective vocalization."

In order to understand the psychogenesis of stammering, we must analyze its simplest elements, much in the same way that we can only comprehend the composition of a complex chemical compound by an analysis of its elements. By this is meant, under what conditions do normal, free-speaking subjects stutter? And, in those individuals who hesitate only on certain letters, producing stuttering or temporary or spastic aphonia, what are the disturbing complexes at work? Thus, by reducing the complex disturbance to its simplest constituents, we may perhaps throw light

on the disorder. To interpret temporary stammering in a normal individual as a phonetic difficulty fails as signally as explaining a slip of the tongue as a phonetic difficulty. Slips of the tongue are manifestations of a suppressed thought which obtrudes itself in speech, like repressive forgetting. Both are purposeful and not accidental. So it is in stammerers, particularly if through a searching psychoanalysis we can in childhood often reveal such a disturbing mechanism, relating at first to a word with a certain initial letter referring to some emotional episode and gradually spreading to indifferent words, but beginning with the same initial letter. These initial letters act as complex disturbers, the same as the complex indicators in the association tests, which often lead to stammering after the complex has been struck. All stammering, with its hesitation, its fear, its disturbing emotions, is a kind of an association test in everyday life, and not a phonetic disturbance. It is a situation phobia, the same as phobias of open or closed places. Thus the beginning of stammering in early childhood is not a phonetic difficulty, but is caused by the action of unconscious repressed thoughts upon the speech mechanism, the repressed thought obtruding itself in speech. Sometimes, as in one of my cases, sexual phantasies may lay the foundation for these forbidden thoughts, and thus the fear of betraying these forbidden sexual thoughts may cause the stammering. The phantasies thus being pleasurable, the developed stammering is used as an excuse for remaining alone for further pleasurable phantasies, and not because of the embarrassment caused by the defective speech. As a result of this mental reaction, a situation phobia develops. Thus the stammering may arise as a defense or compensation mechanism to keep from consciousness certain painful memories and undesirable thoughts, so that they may not be betrayed in speech. For instance, in one of my cases, who had the most difficulty with *A* and with hard *C* or *K*, the psychoanalysis revealed that at a very early age, about six, there was an attempt at sexual relations with a cousin of the same age, whose name began with *A*. He was very secretive about this episode and during the day was constantly on the alert concerning his speech for fear of be-

trayal, because from something he had overheard, he knew that his mother was watching him for certain sexual errors (masturbation). When he thought of the episode during the day, he would have trouble in speaking, his voice would "catch" on words, he would "watch" his thoughts, so that he might not say anything which might be misconstrued, and so betray himself. He was particularly desirous of concealing the words "A" and "cousin." B, likewise, was difficult, because at the episode, his cousin crawled into bed. After the situation was cleared up by the analysis, the difficulties with A, hard C or K and B disappeared. In another case, the difficulty with letter M disappeared after I had thoroughly succeeded in awaking certain memories of a sexual nature at four years of age. A similar psychogenesis could be traced in Dattner's case, where the substitution of certain particles denoting gender reminded the subject of an early sexual misdeed and the effort to pronounce, and at the same time to conceal these, caused his stammering.

The types of repressed complexes in childhood which may produce stammering may be summarized as follows:<sup>1</sup>

1. Repression of sexual acts or secrets and the fear of betrayal.

2. Typical Œdipus-complexes, with a fear of betrayal of the hate for the father, and a consequent embarrassment of speech in his presence.

3. Masochistic phantasies, wondering and imitating how it would sound to talk with the tongue cut out.

4. The fear of pronouncing or saying certain sexual and, therefore, tabooed words, and thus betray what the child thinks, his hidden thoughts. Thus there is a strong relation between taboo and psychoneurotic symptoms. The stammering may then arise as a wish to say or think certain tabooed words and the wish encounters a prohibition from within. These words may relate to certain anal, urinary or sexual functions which are recognized by the child as unclean, and thus forbidden to pronounce. In these cases the stammering is a speech taboo, which arises because of strong obsessive or compulsive tendencies to think or

<sup>1</sup>In this and other portions of the paper I quote from my own clinical material.

speaking certain tabooed words or to find a substitute for them. In confirmation of this, Sperber has shown that many primitive speech sounds were used for sexual activities and that, therefore, the different aspects of sexuality must be recognized as the main source from which speech developed.

5. As a manifestation of anal eroticism, that is, holding the *fæces* so that he could talk while trying to conceal the act, thus putting forth all the energies to contract the abdominal muscles and sphincters. Talking at these times would be difficult, because talking would take away the muscular tension for withholding the *fæces*. In one case, where this mechanism actually occurred, he would talk in a "strange, whispering kind of voice," stumble over the letters and fearing that he would betray himself by soiling his clothes.

The attacks of anxiety in stammerers have the usual physical accompaniments of morbid anxiety (sweating, trembling, palpitation of the heart), to which are added frequently tics of the facial and respiratory muscles, and sometimes after prolonged efforts at talking, an almost myasthenic reaction of the facial muscles takes place. In stammering, as in the anxiety states, the difficulty of speaking and the *angst* are definite situation phobias — that is the stammerer can talk well when alone, but experiences the greatest difficulty in certain situations or before certain individuals. An analysis of the difficulty in speaking in a certain situation or before a certain individual will frequently remove the dread of talking under these circumstances by definitely eliminating the anxiety or bringing about an appreciation, and therefore a conquest of the difficulty. For instance, in one stammerer, after many of the complexes had been cleared up through analysis, it was found that the subject had great difficulty in talking to an older woman, and a further analysis of the situation demonstrated that the difficulty arose because the woman resembled his mother. Since in this subject there had been a concealed *Œdipus* trend persisting to adult life, the clearing up of this situation at the same time removed the difficulty in talking with this particular woman.

The dreams of stammerers are interesting because

these dreams reveal their wishes to talk freely, their resistances and transferences and, also, their reversion to childhood when the stammering arose as an embarrassment complex or as a gainer of time to conceal their sexual thoughts or libido. In fact the difficulty in curing stammering is due to the strong disinclination (or resistance) which the stammerer has to giving up his childhood pleasure of libido, because it is a pleasure which at one time he thought he had successfully concealed and still wishes to conceal and enjoy in his adult life. Thus the reversion to the infantile is not only a sign of the resistant stammering, but as I have previously pointed out, it may show itself in childhood speech, in dreams and in symptomatic actions. The stammering is used as a social asset, because by it, the stammerer gained time and thus offset betrayal of his thoughts. It is not a defect of phonation or speech, but a form of an anxiety neurosis, which manifests itself through an inco-ordination of the speech mechanism.

Examples of the wish and reversion dreams of stammerers and of dreams revealing the complexes, as follows. (These dreams are taken from different cases.)

1. *Dream.* "He was in a department store and seemed to go to a toilet room and partially disrobed and sat down upon the seat. After he sat down, he looked up and saw that the door of the toilet had a glass window through which he could see a number of girls at their work. He was not embarrassed, however, when he found that the girls paid no attention to him."

This is a typical anal erotic dream, in fact the same dream through which I was able to trace the cause of the stammering in childhood, earlier in the course of this paper, as arising from an anal eroticism. This dream also is a resistance dream, since it represents a wish to continue the pleasure of the anal eroticism in adult life through the stammering. In this patient also, the resistance is shown by a number of dreams in which (in the dream) he stammered badly while talking. The conflict in this patient however, the wish to talk freely, is seen in the following transference dream. "He was buying a talking machine,

did not stammer, and the salesman said, at the end of the demonstration, 'Now we shall put on a stuttering song.'"

2. Typical anxiety dreams or dreams of inadequacy, such as being in a train, losing money, sensations of breathlessness in going up and down a rapidly moving elevator.

3. Typical dreams showing family conflicts, and the Œdipus-complex, for instance—"I was in a barroom and the barkeeper was angry at me for something or another. I thought he wanted to fight and I picked up a large bottle and threatened to hit him with it. Then we started to fight, and I found that I was fighting my father."

In another case, the Œdipus-complex was shown in the following dreams. In the first dream, he seemed to speak to some one who was at the same time his mother or wife, and the next night dreamed that his father had been killed at a railroad crossing by an express train. Now in these and other cases the Œdipus-complex could be traced to childhood phantasies, and these phantasies bore a strong relationship to the origin of the stammering, namely, the concealment of the hate of the father and the incestuous love for the mother, with a fear of betraying these in speech.

4. Sometimes the resistance to treatment, and, therefore, the resistance dreams are very strong, as in the following dream of a young woman. This patient I found great difficulty in handling. In one dream she seemed to say to me that "she had two dreams last night which she could not remember." In another dream she came to my office, and I remarked that she was improving. She replied, "I am not," and I said, "I insist you are," whereupon she became very angry and threw a bottle of ink at me. As showing the relation of resistance dreams to rapidity of improvement, unconscious resistance or easy transference, I might relate a dream in which a patient talked freely and advised another stammering friend to consult a psychoanalyst if he wanted to get well. This patient responded quickly to treatment, the lack of resistance being shown by the dreams. Another type of dream shows the functional inadequacy of the stammerer and the wish to overcome this inadequacy.

Thus the dreams not only furnish the unconscious

pathogenic material for the origin of the stammering, but likewise reveal the various resistances and transferences of the stammerer, his difficult complexes and the tendencies to childhood reversions.

Symptomatic reactions during the analysis are of interest, for instance, all stammerers talk worse when complex is struck in the dream analysis, or in the free associations. In the association tests likewise, there are the typical lengthened reaction times to complex-indicators. For instance, in the free associations of one case, causeless laughter and protruding of the tongue recurred when there was uncovered a childhood masochistic phantasy of cutting out the tongue. In another case, a very severe stammerer, who could scarcely talk, showed perfect smoothness of talking and a symptomatic speech emphasis when referring to an early incest phantasy concerning his sister.

The unconscious anxiety which leads to stammering is seen in the occasional history of nightmares before the difficulties in speech begin. As in all psychoanalyses, particularly, as I have previously pointed out, in homosexuality, there is either no change or a marked change in the character of the dreams, thus demonstrating whether or not the subject is improving and how much resistance is present.

Stammering is therefore a form of anxiety neurosis or hysteria, and the removal of the dread of speaking can only be accomplished through psychoanalysis. The cure of stammering can be attained only through an exploration of the unconscious, a complete breaking down of resistances, and of the tendency to stick to the infantile effort at concealment with its consequent embarrassment.

A completely satisfactory theory of stammering must explain the abnormal mental reactions, conscious or unconscious of the stammerer, as well as the various paradoxical disturbances of speech. The various modern theories of stammering, such as transient auditory amnesia, spastic neurosis of speech, localized motor obsessional neurosis, or as a form of hereditary tic, leave much to be desired. The only adequate explanation of stammering, an explanation which stands the etiological and therapeutic test, is the

psychogenetic one, namely, that we are dealing with a form of anxiety-neurosis or anxiety hysteria which manifests itself mentally as morbid anxiety and a consequent dread of speaking, and physically, as the usual somatic accompaniment of morbid anxiety with the added mental tic of the motor speech mechanism. In the mental state of the stammerer, various sexual manifestations of true etiological importance can be demonstrated and removed through psychoanalysis.

Sometimes, too, the morbid anxiety assumes the form of occasional mere inability to pronounce a word, or temporary complete and spastic aphonia. This, as in the true stammerer, usually occurs under certain emotional stress, for instance, the inability to talk before strangers or to answer a question quickly. Parallel with the temporary aphonia, there are the typical somatic symptoms of morbid anxiety with a strong tendency to morbid blushing. These cases likewise have a sexual psychogenesis in childhood, usually masturbation and the wish to conceal it or perhaps thinking that the tone of voice might betray them, leads to a temporary embarrassment and a consequent hesitation or temporary absence of speech — in fact, like stammering, it is a typical emotional reaction.

The psychoanalytic treatment of stammering must be directed along the lines of breaking down the resistances which lead to constant reversions and stickings to the infantile libido with its tendency to conceal itself, to an analysis of the various components which lead to a dread of speaking in certain situations and before certain individuals and to a sublimation of the effort to conceal the libido in the unconscious for the pleasure desired. Phonetic training can accomplish little, or at the most temporary results in a stammerer, unless we know his complexes, conscious and unconscious and his various dreads and situation phobias.

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## DISCUSSION

### *American Psychopathological Association (Continued)*<sup>1</sup>

DR. PUTNAM, Boston: I have not had much experience in this field, but in the two or three cases that I have carefully examined I have not found that the patients stammered always on the same letters. Some letters and combinations are more inherently difficult than others, and this fact undoubtedly played its part.

DR. WALTER B. SWIFT, Boston: I should like to ask Dr. Coriat how he knows that stammering begins by "concealing something."

He who places stuttering alone on the present mental plane as an anxiety neurosis falls far short of the etiological background. One might ask what causes the anxiety.

The first step in making a stutterer is a personality retraction caused by a psychic trauma. This retraction results in a change of stand toward a world outside. A difficulty in initiative may be better words to express it. Then we have the condition just mentioned by Dr. Putnam and as just illustrated by Dr. Williams where something important is to be said or something that counts. In other words, when an attempt is made to take a personality stand as a community member then the retracted personality cannot function normally and stutter results. I should like to ask how many cases Dr. Coriat has had and psychoanalyzed. I am glad he claims no cures. Relapses are so frequent that one has to

<sup>1</sup>See last number of the JOURNAL, page 356.