SIDETRACKING OF STUTTERING BY " STARTERS "

WALTER B. SWIFT, M. D., Boston, Mass.
MISS JENNIE HEDRICK, Washington, D. C.

The object of this paper is to collect from patients methods and means used by stutterers to start their own speech.

The so-called " starter " is not a symptom or sign of stuttering. It is not always present in uniform shape; but varies according to the ingenuity of the patient and according to the methods he happened to stumble upon. As it is not a symptom or part of the disease itself, a definition is therefore apropos under such circumstances.

A " starter " consists in any sort of a makeshift, start, action or attitude that a stutterer consciously or unconsciously invents in order to facilitate the flow of language. More detail can hardly be taken without encroaching upon the main part of the paper. Perhaps one illustration will suffice to clarify this definition. For example, a stutterer comes to me and tries to say " Good-morning, Teacher," but the " g " sticks in his throat and he is unable to utter it till he moves both elbows outward. This he claims starts his speech somewhat better than without it. To the external observer he is able to utter the " g " in " good " and the word " teacher " runs off easily itself afterwards.

The patient has consciously invented this speech helper and consciously employs it to start his speech and finally it may become an unconscious motion.

A word about what the " starter " is not. The starter is not a cure. The starter is not something that has been told the patient by another; otherwise it would be a method of cure or at least a method of relief. Starters are not the same in their form. Finally they are not any part of the disease whatever. A starter is not tic; and not chorea.

With this, I think it will be clear just what a starter is and what it is not. Let us proceed then to describe what they stand for and do when used by patients.

The principle of starters is simple and always the same. The sole and only reason for employing a starter is for the obvious reason of diverting the attention from the throat contraction and throat spasm and the accompanying mental strain that prevents utterance.

We come next to the forms and varieties of "Starters." Out of our entire list of stuttering patients, 123 cases, we have tabulated the various forms and shapes of starters that were used by some of these patients. The varieties of starters consist of the following:

Of 123 patients
Of these
- 45 have starters.
- 1 was arm motion.
- 2 were leg motion.
- 1 was body motion.
- 9 were hand motion.
- 8 were head motion.
- 7 were parts of face.

A complete list of all these starters follows:

Taps with little finger and bobs head up and down.
Occasional repetition of syllables.
Speech accompanied by excessively stiff and open jaws.
Frequent inhalations.
Deep inhalations.
Laugh.
The word "For."
Marked contortions consisting of throwing the head to one side with strained and forced open mouth, contraction of neck muscles which spread to the back, arms and sometimes legs; also frequently long closing of eyes.
Speaks slowly and clasps hands.
Hand and leg motion.
Whisper.
Click of the tongue.
Laughs, blows and wobbles her head about; also says, "Let me see."
Raises leg or arm.
Closing fist and moving hand as in pounding.
Says a short sentence three or four times under his breath.
Also repeats a vowel or consonant over five to six times, then utters his sentence.
Holds breath before starting a sentence and says, "See-see-see."
Rapidity in utterance 2 cases.
"Breathing and thinking ahead what he had to say."
Tapping and talking slowly, gasps and throws back his head with deep inspiration.
Bobs head up and down as if saying yes and no in rapid succession.
"S" as a starter.

Gasps frequent and severe.
Hard jerk and jaw drops.
"I wait and then I can say it."
Crossed fingers behind her back, flaps her hands to side; also stamps feet three or four times before beginning to talk.
Pounds hand or fist on knee, table or chair.
Twists or puckers her mouth.
Puts hands together and opens and closes them like a shell.
Breathing 2 cases.
Inhalation 3 cases.
High note as a starter; also repeats initial syllable. Sometimes strikes three or four high notes, going higher and higher till this works as a starter.
Helps himself by stopping and thinking.
Stops and starts all over again.
Movement of head to right and left.
Bows his head and holds it down and tries to blow out his words.
Moves her hands and sometimes takes a deep breath.
Holds mouth open in hesitation before speaking.
Motion of body.
Breathes to start his talk.

We come now to a consideration of the psychological analysis of some of these cases.

By this is meant an introspection of the patient himself before starting the starter, the effect of that starter, and the comparison of his speech with or without that "starter."

This can be shown by presentation of the following case analyzed in the way mentioned above.

That is, the psychological side can be easily seen by a report of some introspections by patients as follows:

Puts hands together and opens and closes the fingers like a shell.

The instant trouble is anticipated the patient tries for slowness of speech as a "starter" and secures it through the hand motion. The slowness partly diverts his attention, but it doesn't cure—that is, he has the same trouble the next time on the same word. Help is merely for that occasion.

Pounds knee, table or chair with fist.

The starter is used when the patient stutters very hard. Boy says, "When the stutter comes back" he applies the starter in the middle of a hard stutter. Boy says, "Helps to make stutter go away." Pounds with right hand mostly

but sometimes both together, to "make stutter stop." Patient can not introspect very well. He says the sentence goes along easily after "the hit." After stutter is relieved by activity, the following words are easier. After suggestion he says that he anticipates trouble and uses the "starter" to sidetrack the stutter, but usually uses it after the stutter has begun.

Twitch of mouth.

Pucker of mouth.

"Starter" consists of puckering her lips to help speech along. She uses it at the beginning of a stutter.

It is used pretty constantly, yet on some days when stutter is not so bad it is not used so much.

She sees trouble coming ahead on certain words. When the stutter is to be severe she uses the "starter," which is left out when little trouble is anticipated.

Help is momentary. Just as much trouble on same words next time.

To summarize these psychological activities, we would say that the data in these few cases of introspection show:

First: That "starters" originate as entirely conscious matters. After long use they may become almost unconscious but not quite so, although they are held to be so by the patient.

Second: That they are used just after trouble is anticipated and mostly when severe trouble is anticipated. In other words the patient sees trouble coming, then consciously inserts the "starter" to sidetrack it.

Third: "Starters" are entirely a matter of volition and may be inserted or omitted at the will of the patient.

We next come to the explanation of the inefficiency of starters. They fail to cure. They fail to relieve more than temporarily. They only relieve for the instant. It is up to us now to give the psychological reasons for this inefficiency.

The reason is because a "starter" is merely a temporary diversion of the attention.

Completion of the treatment of stuttering is made through and comes from the development of the visualization process.[1] A momentary sidetracking of the attention can hardly ever attain to the dignity of developing such processes whence comes its inefficiency as treatment.

Summary: To recapitulate, a "starter" consists in any invented motion or action gotten up by the patient to help his

[1] Swift, Walter B: "The Developmental Psychology of Stuttering." *Journal of Abnormal Psychology,* Oct.-Nov., 1916.

speech action. From analyses these are shown to be movements of head, arms, body, face. To the variety of 41 in 45 cases out of 123 cases examined, they are merely instant helps. They are no cure. They are usually different in different patients. They are usually the same in the same patient. Their momentary efficiency consists merely in a diversion of the attention. Their failure to cure consists in the lack of any profound development of visualization processes.