

# REPORT OF A CASE OF STUTTERING AS A PROBLEM OF VOCATIONAL READJUSTMENT

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**S**TUTTERING is generally treated not as a disease, but as a symptom of an emotional disturbance resulting from failure on the part of the individual to adapt himself to a social situation. In view of this, a thorough study is made in each case of the patient's personality, to obtain an understanding of his difficulties, of the reason for these difficulties, and of the available personal assets that might be utilized in overcoming them.

It is, therefore, not enough to get a cross section of the patient's life, for we know that disorders of the personality only exceptionally come into being suddenly, but are often the climax of a series of faulty or infantile reactions that the patient has been building up for years.

Vocational readjustment is the ultimate end toward which the treatment of every disabled man should be directed. No matter how nearly normal the condition of his speech may be when he leaves the hospital, if he goes back into his old environment or to a job for which he is unfitted, either by training or inclination, the usual result is that his old symptoms soon reappear, and he is eventually returned to the hospital.

The following case is reported in detail, because it is the best example I have seen of the use of vocational readjustment, as representing, not only the end to be attained, but also the means to that end.

## CASE

A was a private in the late World War; white; single; Catholic; education 8th grade; prewar occupation barber.

## FAMILY HISTORY

Patient comes from German born parentage. His father (57) is in good health, and is a successful business man. He came to the United States at the age of 18, so as to avoid military service in Germany. He has been employed by the Metropolitan Life

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Insurance Co. for many years. He is an only child. Patient's mother is extremely nervous, worries excessively, is overactive and overreligious. Notwithstanding her extreme piety, however, she had not spoken to her only sister in this country for 15 years prior to her sister's death, although they both lived in the same town and went to the same church. Patient does not know the reason for this estrangement. Says, "I've often wanted to ask my mother, but didn't like to." The family lives in a poor neighborhood, but the home is comfortable and well kept. Mother was one of 12 children, several of whom died in infancy. Grandparents all lived to be old except paternal grandmother, who died comparatively young of erysipelas.

Patient is one of 8 children, 5 of whom died in infancy, probably owing to the fact that the mother could not nurse them sufficiently (her statement). One died from measles. An older sister was always delicate though not sickly. She has had better health since she married, however. A brother, two years younger, is a husky fellow and a good business man. The whole family is talented in music, on both sides. No history of cancer, insanity, alcoholism, tuberculosis, epilepsy in family.

#### PERSONAL HISTORY

Patient had a normal birth, was breast fed. Although frail in physique, he was not sickly according to mother. Had measles at 7, and a light attack of typhoid fever. Went to school from 7 to 14 completing 8th grade.

His main hobby has always been music, and he plays the mandolin very well. Probably inherits a taste for music from both sides of the family.

Sex habits are normal according to his statements. Love affairs have never been successful, however, and he feels his love has never been reciprocated.

Apparently he has been given to daydreaming most of his life. The subject of one of his most frequent daydreams is a small cottage on the side of a mountain, far away from the noisy city. Here he would live with a wife and some children and give as much time as he wished to his music.

#### WAR RECORD

Enlisted in service February 11, 1918 "just in time to miss the draft." Trained in Camp Lee, Va., until May. Not sick in training. Overseas May 17, 1918. His ship was attacked by a sub-

marine and he was very nervous for a short time. Was a runner on the following fronts: Arras (Artoise sector), St. Mihiel (in reserve), and the Meuse-Argonne. In September he heard a shell explode as it hit nearby and he was dazed. Was gassed in October and hospitalized until December 3d when he was returned to the U. S. Discharged S. C. D. 10 per cent disability January 27, 1919.

#### POST-WAR RECORD

After his return home, he made two attempts to return to his prewar occupation of barber, but could not keep it up on account of nervousness and stuttering. Was hospitalized in October 1919 and had an operation for varicocele and hemorrhoids but his nervousness did not improve. Sent here for special treatment in speech clinic September 19, 1921, with a diagnosis of "psychasthenia and stuttering".

#### PHYSICAL-NEUROLOGICAL POSITIVE FINDINGS

Patient is a slender young man, 5 ft. 8 in. tall and weighs 144 pounds. Is exceedingly neat in appearance and appears to be in good health. Physical examination reveals nothing of significance except flat feet, enlarged tonsils, and a few decayed teeth.

On the neuropsychiatric side, he shows marked symptoms; is nervous, easily worried, has many fears and phobias, and a marked speech defect. His worries center around the state of his health. Says, "I feel all run-down and I don't care for anything. I have the feeling that I may have tuberculosis sometime." On other occasions he fears that he may be going insane. Again, he feels that the operation he once had for varicocele may not have been successful, and that his system has been weakened thereby. Says he feels like an old man, and that he will never be his old self again.

He has such a marked fear of dirt as to almost amount to a phobia, and is overscrupulous about his appearance and the way he keeps his room. He has vague apprehensions. Says that when he does feel good, which is very seldom, that he does not enjoy himself for he knows that it means there is a sick spell coming. One of his greatest fears, the one he keeps repeating over and over again, is the fear that he may be discharged from the hospital before he is really cured. Thus, he gives evidence of a very deep feeling of uncertainty and insecurity. He is bothered by anxiety dreams and dreams of snakes. Often dreams, too, of being back in France and of being fired at from airships. He is especially sensitive to changes in the weather. On a rainy damp day he says

he gets the blues and aches all over. He has always been over-conscientious and fears that he has done something wrong. Sometimes fears that he may be held accountable in the day of judgment for many deaths in France. When asked if he ever really killed anyone, he says, "No", but that he carried ammunition.

Intellectually, he rates average by the Stanford Revision of the Binet. I.Q. is 94. Scores highest on visual constructive imagination and on arithmetical reasoning and lowest on vocabulary. This last may be explained, however, by the fact that he spoke German before he spoke English.

#### SPEECH HISTORY AND EXAMINATION

Patient learned to talk early but mother is not sure just how old he was. Says there were so many children that she has forgotten, but that they all talked and walked early. As a child, he talked plainly, but often repeated the words "like" and "why" when he wasn't sure just what to say next. Spoke both German and English at home but in school he was ashamed to speak German, hence always spoke English. This point is important, as being one of the possible factors in the development of his speech defect later, for thinking in one language and being forced to speak in another often forms the basis of a serious emotional disturbance, especially in unstable individuals. He was always right handed.

He had a very marked speech defect on admission which consisted of a repetition of initial consonants and syllables. There was an overinnervation of the muscles of the mouth, throat, and chest. He said, "My throat gets excited and my jaws seem to lock so that I can't say a word. If I get much excited and feel I have to answer somebody, I perspire and get so tense that I sometimes grab hold of something until my hands cramp. I'm worse with people I know, especially with the home folks for I feel I worry them. With strangers I'm not so bad for I can sort of camouflage. I cannot talk on the telephone. When I try, I get so tense that it actually pains me and I get all worked up. I feel my speech is a great handicap."

Dates onset from September 1919 in the Argonne Forest when he was dazed by an exploding shell that hit nearby. When he regained consciousness, his ears buzzed and he was mute. After about an hour, his voice returned, but he stuttered. It did not seriously interfere with his duties, however, and he remained with his outfit. On October 11, 1919, he was gassed, after which he stuttered worse, but remained with his outfit until October

19th when he was sent to a hospital. He saw no more active duty. Speech gradually improved until after he came home when his mother noticed it, and began to worry excessively. When he was being examined by the U. S. Public Health physician prior to coming here, he could not speak at all, he says.

#### ANALYSIS OF CASE

Analysis of his case shows that he very early began to develop a feeling of inferiority, based on a sensitive disposition and fostered by faulty training on the part of his mother. He was overprotected in childhood, and as a result, poorly equipped to meet the demands of later life. It is not surprising, therefore, that he had an hysterical breakdown in service, in response to a definite shock, thereby finding refuge in defense reactions. These, together with memories of other fears in the subconscious mind, crystallized themselves into the various symptoms for which he was finally hospitalized. Chief among these is stuttering. His economic history before service had been good. After service, however, his feelings of inferiority manifested themselves in the choice of a vocation. He began to compare himself unfavorably with his father and his brother, both of whom were successful business men and he—only a barber—hence his feeling of inferiority was intensified. He soon developed symptoms which were so severe as to prevent his return to his prewar occupation of barber. His father suggested that he take up work in the life insurance business with him, but his speech defect served as an excuse for his not attempting that. In September 1920 he was granted vocational training under section II but could not make up his mind what to take. He has said on numerous occasions, "I know I can't make good at anything, and I'm afraid to begin anything. I never could face my parents and admit that I am a complete failure." Blames his condition on the government, saying, "If the government had only taken me in time, there might have been some hope for me. As it is, I'm gone too far." The only thing he was willing to discuss with any sign of interest was his symptoms, in which he seemed to get a sort of morbid thrill.

#### TREATMENT

Attention was directed, first of all, to the few organic factors in the case. He had an operation on his right foot, which was successful in relieving the symptoms, and later a tonsillectomy

which was likewise successful. All dental work was completed. He was given relaxation and breathing exercises with a view to relieving his tension and developing his general personality. He was advised to take long walks with careful attention to posture.

The main part of the treatment, however, consisted in intensive psychotherapy. After making a careful analysis of his case, we decided to make our main method of approach one of vocational readjustment, using his intellect as a keystone to the treatment whenever possible, but not overlooking the importance of suggestion. He was given reading exercises along with deep breathing chiefly for the suggestive value. Attention was directed to the breathing more than to speech. He was given as much insight into his own difficulties as possible. Accordingly, he was shown the X-rays of his lungs (all of which were negative) and thereby finally convinced that there was no danger of tuberculosis. Care was taken to utilize all his assets. Accordingly, he was given a place in the hospital orchestra so as to give him every opportunity to use his musical ability which had been his main hobby from childhood. Soon he became so interested that he decided to take up music as his life's work, saying it was the only thing in the world that he really liked to do, and moreover the only thing he felt he could do. Incidentally, he felt it would be a step upward in the social scale, and would, at the same time, give him an excuse for being somewhat "different", thus proving what his mother had always said, and what he himself had come to believe—namely, that he was "not like the average fellow, but was more refined".

It was felt that this was impracticable and he was told so very frankly. It was suggested that the only sensible thing to do was to return to his prewar occupation of barber, a work for which he was eminently fitted both by training and experience. It was explained that this was an honorable job and one for which there would always be a demand, so that he could make a good living at it. Moreover, he could be a better barber than the average because of the fact that he appreciated the importance of cleanliness and of pleasing the public, etc. It was suggested that he could always use his music as an avocation and as a social asset. He admitted that this sounded sensible, but said he did not have the confidence to begin and that he would rather die than to return home and admit to his people that he had been a failure.

It was finally arranged to let him begin work as the hospital barber, where he would be among people who understood him and where he could still receive hospital treatment, if necessary. In this way he could make enough money to put him on his feet

until he could start a little business of his own. This met with his hearty approval. The staff agreed and he was discharged June 30, 1922.

The following is a copy of a follow-up note dated March 15, 1923: "Since patient's discharge from the hospital, he has remained here as the hospital barber and in this line of work he has been very efficient, as both patients and the personnel can testify. Some of his personal characteristics, although so marked as to be a disadvantage to the average person, have been utilized in his particular vocation and turned into a distinct advantage. Chief among these are his overscrupulousness, his attention to details, his extreme fear of dirt, and his desire to please. His shop is as immaculate as his person, and he usually has an attractive flower in the window. His general attitude is excellent—not a trace of his old pessimism is apparent. One would never know from a casual conversation with him that he has ever had a speech defect. In fact, we often cite him to the new speech cases as an example of complete recovery. He has gained twenty pounds in weight. On March 30, —, he leaves for his old home to establish a business for himself. Says this year's results have proved to him that he can succeed, and that he has no fear whatever. He still uses his music as an avocation. He has married in the meantime, and no doubt this has been an additional factor in his final adjustment."

I wish to thank Dr. Smiley Blanton, under whose direction the case was originally studied, and also the various members of the staff of U. S. V. Hospital, Waukesha, Wis., for their criticism of this paper.