

TANGLED TONGUES

My Tangled Tongue

by Walter Sturdivant

At around the age of four or five my mother told me to speak "low and slow." I wasn't at all sure why I should do this and simply ignored the request. It wasn't until I was in the second grade that my normal routine of walking home from school with a friend was interrupted twice a week on those afternoons. My mother took me to a speech therapy clinic where I sat at a table with a few other children who stuttered and literally blew out candles. The words "when," "why," "where," "who" were elongated so that if one of us extinguished four candles he or she was complimented and given a prize.

As these sessions progressed and as I continued to hear promptings from my parents to speak more slowly, no doubt my sub-conscious began to whisper to my conscious that I was not talking very well and that I must try harder to talk better. Quite possibly I was "learning" how to stutter, or I was one of the children Dr. Wendell Johnson referred to when he said, "Parents teach their children to stutter when they teach them to fear speech by being ashamed at their best attempts at speaking."

For me the key word in this statement is fear. During my elementary school years I accepted stuttering as simply part of my personality, unaware that within some pocket of the left side of my brain fear was breeding. When I entered a New England preparatory school I was teased not only about my Southern accent but also for my stuttering. Some of my classmates believed southerners were poorly educated and that one who stuttered was, most probably, stupid. For the first time, I found myself substituting a synonym for a word that usually gave me trouble. In the vernacular of speech pathology I had "anticipatory anxiety" which is a result of stuttering and not the cause. I would have a decent thought composed, but within it lurked a feared word. Generally, I would not raise my hand in class to answer the question correctly, nor would I say exactly what I desired during social conversations. Ironically, because I was a mild stutterer (though with occasionally severe blocks), I was teased more often than those who stuttered severely. I never accepted this attitude. The most egregious example of this treatment occurred when a teacher imitated my stuttering in front of the class after I had answered a question.

At my school all graduating seniors were required to make a speech on a topic of their choice to the entire student body and faculty. As weeks shriveled to mere days before the dreaded event, I began to feel dissociated from sports and other usually pleasant activities. I felt adrift and believed that I would somehow be spared the ordeal. Yet a speech was required for graduation and I was definitely ready to leave New England. When I began to speak behind the lectern I oddly felt that I was hearing someone else's voice. The words came acceptably and continued fluently throughout the talk. Afterwards, the English teacher in charge of public speaking told me that I did all right but spoke in a monotone. Perhaps this slight alteration in my delivery enabled fluency as when the person who stutters sings, whispers or speaks loudly stuttering diminishes. This victory soon dissipated when I became increasingly concerned about my freshman year at the University of North Carolina. There would be social events, visits to fraternities and most probably trips here and there with "the boys". I asked my parents

what could be done about my speech and my mother was told that the best clinic in the country at that time (1954) was at the University of Iowa, directed by Dr. Wendell Johnson.

There were about 10 of us sitting in a room not saying a word when Dr. Johnson — a jovial, portly fellow — entered. He introduced himself by gently repeating the initial syllable of every word. I was astounded and dismayed, sensing that this fellow had to be joking and was he even possibly mocking us? He asked everyone to say our name and hometown. When my turn came I spoke without hesitation and fluently. Dr. Johnson looked at me suspiciously as did a few others.

That afternoon, he asked my parents why was I here, since he did not experience me stuttering. Only years later did I conclude how unprofessional to initially judge someone who merely had a moment of fluency. At that time I was still having moderate to severe blocks.

My therapist and I visited public places such as grocery, hardware, drug stores and restaurants where I practiced the gentle repetition of initial sounds in asking for an item or ordering a meal. To my astonishment my listener did not look past me, smirk or say the word for me. I was treated as a normal, fluent person. As I progressed with this exercise my sub-conscious no doubt began to realize that my old stutter with tension was being replaced with a repetition lacking tension. I sensed an emerging control over my speech that had never been present before. Moreover, these speaking events in public places helped desensitize stuttering and lessen the anxiety of certain sounds.

While at Iowa, I came to know a medical student whose severe stutter had so depressed him that he was convinced he would never become a surgeon. To ask fluently for the proper instrument during an operation was overwhelming. While it is highly likely that Dr. Johnson's methods enabled this aspiring doctor to gain more control over his speech, the stutter that remained most probably deterred him from pursuing a career in medicine. He is typical of many talented people who stutter, in that they tend to turn inward and settle for the mediocre.

Whatever happened to me in Iowa was, as I reflect upon it, a wondrous oddity in that not only was I completely fluent, I did not seem particularly impressed about such an achievement. Moreover, the only 'A' I received at the University of North Carolina was, ironically, in public speaking! During my senior year a friend told me that I had an "irregular" speech pattern. Apparently I paused between words, or spoke quickly, hesitated then resumed. As an officer in the Marine Corps I had to speak before troops, and, occasionally, before an audience in an assembly room. Was I a miracle in the making? Hardly.

During the early sixties in a north Georgia rural town I became the editor and reporter of a weekly newspaper. Whereas the position strengthened my ego, the unrelenting pressure of producing a 6 to 12 page journal with the assistance of only a secretary began to test my resolve. I shall always remember a significant moment that occurred one afternoon. While speaking over the telephone, my stutter so rudely returned that, initially, I discredited its substance, merely attributing the moment to an absurdity resulting from fatigue. Yet on following days when using the telephone, my foe returned with conviction and, as I would discover throughout the remainder of my professional career, it would remain permanent.

During the early seventies I attended a speech clinic on the Hollins College campus in Roanoke, Virginia. The method was based the theory that we speak the way we hear, and that if the inner ear senses disruption then stuttering would ensue. However, if the ear hears a soothing rhythm, fluency would result. The three-week program known as “fluency shaping” consisted of dramatically stretching words lllllllllike thlllllllls. During the second week stretching was reduced, and in the final week normal fluency was attempted and nearly everyone succeeded. But for me, and I dare say for many of the others, the experience was merely a temporary fix not only because we never ventured into the city and spoke in public places, we were merely attempting to manage symptoms and not digging deeper into the psyche.

I abandoned therapy until the late eighties when a female therapist believed that my speech would improve if I practiced optimal voicing of vowels by keeping the shape of the oral cavity ready for the vowel only and to breathe through the abdomen. So I would drive around in the car saying, “pAy”, “kEy”, “pUt”, “tOp”, feeling, indeed, like there’s no fool like an old fool. Although some sounds became more manageable I was concluding that I would always stutter.

As the 21st Century dawned, and as I began to feel my seniority deepen, stuttering became more an annoyance rather than an embarrassment. Why was I fluent in most speaking situations except the telephone? Was there anything more I could do here in Atlanta, as the thought of traveling to yet another disappointing clinic was hardly appealing.

When telling my story to a group of speech pathology students at Georgia State University in July 2004 Tim Mackesey’s name was mentioned and his Neuro Linguistic Programming (NLP) was briefly discussed. What caught my attention were the cognitive or emotional issues that he confronted.

In August I had my initial interview with Tim, was sufficiently impressed with his approach and therapy began.

We initially revisited specific moments in my past when I had encountered severe blocks either on the telephone or in mixed company. We “edited movies” of these events so that they became insignificant and anxiety-free. Then I learned that stuttering followed a 1-2-3 pattern: 1) I would sense a “feared” word approaching that set off...2) anticipatory anxiety in my throat or chest that would pose the...3) fight/flight option, meaning that I would either inhale then stutter through the word or simply substitute words (flight).

To successfully reduce initial anxiety as the stuttering moment approached, I learned that the thought of experiencing a feared sound (plosive or fricative for me) precedes the anxious feeling and the anxious feeling precedes the actual stutter. I learned that the initial fear, the thought that I was going to stutter, could be significantly reduced by knowing I had a way to “re-frame” the moment—that being to welcome the feeling, exhale and let the word slide out. Also pausing before initiating the sound often helped to deliver the word fluently. Since option 3) was no longer valid, I concentrated on 1) and 2) and began to realize that the plosives and fricatives that had for so long plagued me were actually harmless. Hence, the old panic began to wane and I became increasingly aware that I could control them by this new approach in “managing my state”. Most important, I realized the therapy taught at Iowa and at the Hollins campus treated only the symptom — the moment at which the stutter occurred.

State Management requires dedication but, at least for me, I am convinced that this therapy is the answer, and that I can reverse the “mind-to-muscle” idea that I stutter. That I can become fluent in all speaking situations all the time is now a distinct reality. I have been having more victories on the telephone and those once troublesome sounds, now free of tension, are “anchored” in my subconscious.

What causes stuttering and why it persists into adulthood is still debatable. Yet I sincerely believe that, at last, permanent relief from this most embarrassing, and humiliating affliction is possible through NLP methodology.

Finally, for me, the winner’s circle where fluency is commonplace is no longer a mirage. Its clarity strengthens daily and during this year I shall return to that fluent person I once was—that child who never doubted the first sounds he made.

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